

Media Stigmatising of Alcohol and Drug Use



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Table of Contents

Acknowledgements	1
Executive Summary	2
Glossary.....	5
1. Background	6
1.1 Introduction	6
1.2 Stigma	7
2. Aim and Objectives	10
3. Methods.....	11
4. Interviews with media practitioners.....	12
4.1 Background	12
4.2 Case study: Mark Aiston	12
4.3 Case study: Jenny Valentish.....	14
4.4 Discussion	15
5. Review of existing guidelines.....	16
6. Evaluation Rubric	19
7. Analysis and Rubric Application.....	22
7.1 AOD Rehabilitation Centre reports.....	22
7.2 Life Stories reports.....	33
8. Recommendations.....	46
References	47
Appendix A - Language Guideline.....	52
Appendix B - Imagery-induced stigma by setting.....	54
Appendix C - News Report from The Advertiser titled “Anger over Jetty Rd drug rehab clinic proposal ‘We don't want it to be Junkie Road’”	55
Appendix D – Checklist for Journalists.....	56

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About South Australian Network of Drug and Alcohol Services (SANDAS)

SANDAS is a prominent organisation dedicated to advancing the interests of the alcohol and other drugs (AOD) NGO sector in South Australia. Comprising a diverse range of member agencies, SANDAS collaborates with government bodies, non-profit organisations, and individuals to promote evidence-based policies, prevention strategies, and treatment options for individuals affected by AOD issues and strengthen community responses to the harms caused by AOD. Through advocacy, education, and support, SANDAS strives to enhance the quality and accessibility of services in this field, ultimately aiming to improve the well-being and outcomes of those impacted by substance use in the region.

About Magill Community Outreach Centre (COC)

The Magill Community Outreach Centre (COC) sits within UniSA Justice and Society and is the first community centre in the world to be situated within a Social Work and Human Services discipline in a university. COC offers unique placement experiences including project and research work involving collaborative project design, grant writing, developing surveys, data collection and analysis, report writing, as well as community development and engagement activities. All staff members are qualified and experienced social workers, and they provide overall supervision of projects as well as meeting the formal supervision requirements of the Australian Association of Social Workers (AASW) and the Australian Community Worker Association (ACWA).

Executive Summary

When analysing the media in the Australian context, it is clear that a war on drugs (and those who use them) has been underway a long time. Stigma and misapprehensions surrounding drug use lie at the roots of hostile alcohol and other drugs (AOD) depictions in media narratives. This consequently creates a ripple effect whereby the community rejects those struggling with AOD dependence, and social services may resist offering supportive services to those who would have benefited greatly from them. Ironically, these attitudes prolong issues faced by those using AOD, which in turn affects their surrounding environments. The media in essence is perpetuating the very thing it claims to be against, which is a community of unhealthy individuals who only have the option to use drugs in self-destructive manners as the stigma they experience creates barriers to accessing treatment.

Given the need to improve the Australian media's approach to AOD, this research was conducted with three aims in mind. The first was providing media organisations with a rubric by which they can evaluate their content prior to publishing on AOD issues and adjust their content according to the rubric's proposed standards. The second was analysing various examples of South Australian media reports to rate their presentation on AOD. The third was proposing improvements that relevant stakeholders and policymakers could make to existing guidelines, as well as suggesting further strategies that can help create a holistic positive impact in the representation of harmful AOD use in the media.

To achieve these aims, five existing guidelines were analysed, namely AOD Media Watch Reporting on Alcohol & Other Drugs: Guidelines for Journalists (2021), Mindframe for Alcohol and Other Drugs: Guidelines for communicating about alcohol and other drugs (2019), World Health Organization Reporting about alcohol: a guide for journalists (2023), Australian Press Council: Guidelines for drugs and drug addiction (n.d.), and Australian Press Council: Statement of Principles (n.d.). Additionally, Mr. Mark Aiston and Ms. Jenny Valentish were individually interviewed, both renowned media practitioners and AOD and mental health advocates in Australia who had also experienced a phase of AOD dependence in their past. Lastly, six media segments in various formats were examined based on five criteria: headline, language, context, images/captions, and resources. The articles were given a rating in each criterion as either inadequate, adequate, very good, or excellent.

The findings show that five out of the six samples reviewed were mostly inadequate, with only one being rated as excellent. Overall, these articles contained unethical, biased AOD reporting including stigmatising language, alarmist and misleading content, lack of context, not addressing external factors influencing AOD use, they violated privacy, contained inaccuracies, and highlighted few AOD expert and health practitioner viewpoints (if any). They included no links to prevention/intervention resources. They focused on sensationalism, often using inappropriate images, and non-factual/uncited sources. Although only six reports were selected, they were representative of the majority of narratives taken from the respective channels investigated, mainly 7 News, The Advertiser, and ABC. They were found to lack medical insight, fairness, and objectivity in addressing the problems faced by those using AOD in problematic ways.

The current report tackles the deficiencies highlighted above in the by proposing the following recommendations. These fall in to three main categories: journalistic content, training/education, and policy/community leaders (including politicians).

A - Advocacy for media practitioners

There is a need for the Australian Press Council to modify their existing guidelines to more specifically address reporting on substance use. These modifications should emphasise the importance of ethical reporting, avoiding stigmatising language, and the responsible portrayal of individuals with lived experience of AOD. In addition, the scope of what is considered private in the statement of privacy principles could be broadened to provide better alignment regarding human rights and respect, preventing the unintentional disclosure of sensitive details and avoiding potential negative consequences for individuals seeking assistance for AOD-related concerns.

- Language: Use first-person language and non-stigmatising terms. Avoid sensationalising.
- Images: Do not show children, people who use AOD, their families, or where they live.
- Context: Investigate an individual's background, barriers to treatment, and factors affecting AOD use. Present balanced views and give a comprehensive picture rather than focusing narrowly and one-dimensionally on AOD.
- Privacy protection: Protect the privacy of individuals involved in AOD-related stories. Do not include names of people in treatment or post treatment, location details of treatment facilities, and identifying information.
- Narrative: Provide factual information but do not include details to encourage or enable the purchase of illicit drugs.
- Clearly identify AOD as a health issue rather than a moral issue, refrain from alarmist tones and avoid an overfocus on crime related AOD content.
- Education: Provide expert opinions and contact information for easily accessible service resources.

B - Direct training /education for journalists: deliver workshops that provide a space to address misconceptions among journalists towards AOD

- Provide training workshops to journalists on AOD as a health issue and on the effects of stigma.
- Mandate stronger guidelines that require journalists to provide data, referral to support services, cite sources, and to involve health professionals in any AOD report (similar to guidelines on reporting suicide and mental health issues).
- Arrange for information sessions by AOD experts to discuss stigma towards those with AOD dependence problems. This is especially significant for any future plans of opening AOD support centres in specific locations.

C- Policy and community leaders including politicians

- Provide training and education to community leaders including politicians to ensure that they have the knowledge necessary to speak in a health informed way about AOD issues
- Provide guidance to policy advisers and community leaders on the risks associated with politicising AOD treatment and support issues in the media.
- Incorporate media engagement as an essential element of planning AOD treatment and support services implementation as the media's negative involvement may disrupt progress and the sense of inclusiveness among those seeking AOD assistance.

In conclusion, aside from the issue of compromised ethics in reporting in general, the current media coverage of AOD issues ultimately negatively affects Australian society at large. It creates hindrances for those who would have otherwise sought support and thus would have become healthy contributing members of the community. It is vital that media platforms take ownership of their power and serve the public in better ways.

Glossary

Agenda-Setting	Describes a process in which media outlets prioritise certain topics, influencing the public to perceive these as more important. This practice can shape public opinion by highlighting specific issues, creating a hierarchy of news prevalence, and often involves media bias towards politics, economy, culture, etc. It can also reinforce societal stigmas by how it portrays certain behaviours or groups.
AOD	Alcohol and Other Drugs
AOD Residential Rehabilitation Centres	Provide intensive, live-in care for those working to address their substance dependencies. Programs are tailored to individuals' needs and focus on recovery in a supportive, drug-free environment.
Anti-oppressive Practice (AOP)	A framework aimed at promoting social justice by identifying, challenging, and transforming oppressive structures and power imbalances (Strier & Binyamin, 2014). With the aim of empowering marginalised individuals, an AOP lens is incorporated in this report to analyse and address stigma and stereotypes in media narratives. This will ensure more accurate, empathetic, and compassionate representation. It advocates for inclusive perspectives and the use of evidence-based information to rectify injustices, including the stigmatisation of people with substance issues. These oppressive media narratives surrounding AOD issues can have a profound influence in limiting their willingness and opportunities to find support.
Dependence	A condition marked by an overpowering priority given to substance use, over other previously valued behaviours, accompanied by a strong desire to consume the substance, whether it is a drug, alcohol, or tobacco. It is characterised by a set of physiological, behavioural, and cognitive symptoms and can manifest in both physical and psychological forms.
Ecological Systemic Theory	A framework by Bronfenbrenner (1979, as cited in O'Donoghue & Maidment, 2005) that examines how varying levels of societal influences, from personal beliefs to broad cultural norms, impact media portrayal of subjects like AOD use. At the microsystem level, it considers individual media professionals' biases. The mesosystem examines the effects of media on personal social environments. The macrosystem looks at wider societal beliefs and structural factors shaping the portrayal and public perception of drug use.
Ice	A street name for methamphetamine. Using "crystal meth" or "methamphetamine" would be more accurate and appropriate.
Social Learning Theory	Developed by Bandura (1977) suggests learning is a social process occurring through observation, imitation, and modelling. It is influenced by various psychological factors. In the context of AOD, media can play a significant role in shaping behaviours related to substance use by either stigmatising or normalising. Biased and unbalanced media portrayals can reinforce stigma towards people who use AOD. Positive depictions, on the other hand, can educate the society about AOD issues and create a supportive environment for treatment and recovery.

1. Background

1.1 Introduction

In Australia, it is common to refer to people who have dependence or other issues with drugs in ways that exclude issues with alcohol. However, alcohol is the drug that after tobacco causes most of the social and health problems associated with AOD issues. The imbalance in media representation of drugs, compared to alcohol, is interesting, especially when considering the problematic use of alcohol and its effects. In Australia, 25% of people aged 14 and above consume more than four drinks in one sitting at least once a month (Sunderland et al., 2023). Recent data from the Australian Institute of Health and Welfare (AIHW, 2023a) reveals that alcohol accounted for approximately 57% of drug-related hospitalisations in 2020-21. Alcohol intoxication remains the primary cause of ambulance attendance from 2015 to 2022 across all Australian jurisdictions (AIHW, 2023b). Regarding treatment seeking, alcohol is the most common principal drug of concern, associated with 42% of treatments, followed by amphetamines at 24% from 2021 to 2022 (AIHW, 2023a; 2023c). Despite causing serious health issues in society, alcohol is the only substance with a higher public approval than disapproval rating (AIHW, 2022). This high acceptance is reflected in the widespread positive media coverage of alcohol (Sunderland et al., 2023).

However, a complete contrast emerges when examining media portrayal and public opinion of other substances, particularly methamphetamine. These illicit drugs whilst used by far fewer people than alcohol receive a significant amount of negative reporting, which ultimately creates stigma around such drugs (Sunderland et al., 2023; Rawstorne et al., 2020). Media tends to frame illicit drug use as a criminal issue rather than a public health concern (Sunderland et al., 2023; Rawstorne et al., 2020; Kay-Lambkin et al., 2018). The descriptions commonly used in the reporting of these drugs involve language that generates threat and fear (Rawstorne et al., 2020). In fact, media coverage of methamphetamine is not proportional to its actual usage in the general population (Sunderland et al., 2023; Rawstorne et al., 2020; Kay-Lambkin et al., 2018). For example, the media's portrayal of methamphetamine use in Australia during the early 2000s was considerably alarming given the actual statistics (Rawstorne et al., 2020), which was that approximately 3% of Australians had used methamphetamine in the last year (AIHW, 2005). Inaccurate representation forms negative public opinions and increases stigma on people who use substances, their families, their friends, service providers and professionals working in this field.

This report highlights the impact of media reports on AOD and how such narrations shape public opinion. It also analyses both positive and negative news samples to produce a guideline for unbiased reporting.

1.2 Stigma

1.2.1 Concept

The World Health Organisation (WHO, 2001) defines stigma as "a mark of shame, disgrace, or disapproval, leading an individual to experience rejection, discrimination, or exclusion from various societal arenas." This perspective aligns with Goffman's concepts in his ground-breaking work, "Stigma: Notes on the Management of Spoiled Identity", where he describes stigma as a characteristic that diminishes an individual's societal standing, causing discrimination and affecting their self-worth (Goffman, 1963). As noted by Schultze and Angermeyer (2003, as cited in Butt et al., 2008), Goffman argued that such stigma damages the self-perception of those labelled as having favourable traits and creates significant barriers when they engage with those seen as normal (i.e., those not associated with the stigmatised trait).

1.2.2 Components

As defined by Goffman (1963), stigma entails the process of labelling, stereotyping, separating, and discriminating against individuals or groups based on perceived differences or behaviours that deviate from the majority's set of norms. Stereotypes, prejudice, and discrimination are interconnected aspects here (Perry et al., 2020).

A - Stereotypes

First, stigma around AOD is shaped in part by labelling and stereotypes, which are assumptions that frame social attitudes and behaviours toward substance use. Link and Phelan (2001, cited in Nyblade et al., 2019) highlight the association of categorised persons to undesirable characteristics, thereby perpetuating negative stereotypes. Individuals with problematic substance use are not simply seen as having engaged in certain behaviours, they are often portrayed as "dangerous" (Wilson, 2020), reinforcing pessimistic public attitudes. For instance, the general public tends to embrace negative stereotypes and pessimism regarding an individual's dependence on opioids and their capacity to function effectively in daily and social life (Perry et al., 2020). Media portrayals often present people who use drugs as "irresponsible", simultaneously highlighting criminal behaviour (Alcohol and Drug Foundation (ADF), 2019).

B - Prejudice

Prejudice represents the next component in the stigmatisation process, intimately connecting to stereotypes (Kilian et al., 2021). A stereotype is preconceived and conditioned by culture, whereas prejudice is acknowledgment and acceptance of those stereotypes (Kilian et al., 2021). Here, language has a significant influence in shaping one's attitudes and perceptions (ADF, 2019) and deepens the division between "us" and "them" (Link & Phelan, 2001). Creating a clear boundary between "us" (in-group) and "them" (out-group) serves to alienate one group from the other (Link & Phelan, 2001). Moreover, stigma-driven prejudice unequally attributes diverse challenges to individuals with substance use issues, focusing entirely on their substance use to the exclusion of complex contributing factors such as the social and economic determinants of health. This indirectly and unfairly assigns full

personal responsibility for the difficulties faced by people who become AOD dependent (ADF, 2019). This oversimplification obstructs empathy and accurate understanding (ADF, 2019). Importantly, it is not limited to the general public. Health professionals can also hold these unempathetic attitudes. In consequence, treatment delivery and outcomes are compromised (Birtel et al., 2017). Eventually, the acceptance of stereotypes can pave the way for discrimination (Kilian et al., 2021).

C - Discrimination

Discrimination extends beyond disapproval and manifests as a profound erosion of an individual's societal standing (Butt et al., 2008; Kilian et al., 2021), which is often seen as the endpoint of the stigmatisation cycle (Link & Phelan 2001 cited in Nyblade et al., 2019). It can include the desire for social distance, reflecting the individual's or society's inclination to distance themselves from those perceived as stigmatised (Kilian et al., 2021). Furthermore, discrimination takes on structural manifestations, including social exclusion and loss of status resulting from workplace bias or unemployment (Kilian et al., 2021). Individuals with substance dependence issues consistently face severe discrimination, resulting in reduced opportunities across domains such as education, employment, and housing, ultimately diminishing their overall quality of life (Birtel et al., 2017). This alienation is deeply rooted in the negative labels attached to stigmatised individuals, leading to their unjust treatment (Committee on the Science of Changing Behavioral Health Social Norms et al., 2016).

1.2.3 Manifestation

AOD use is subject to pervasive stigma across various levels in our society, and the underlying reasons for this phenomenon are intricate. Despite AOD being categorised as a health disorder, it is still treated as a moral issue (Lancaster et al., 2017). This research report adopts the model developed by Pryor and Reeder (2011) in analysing stigma manifestation. It highlights the interconnected expressions of stigma at structural, public, and individual levels.

A - Structural Stigma

Structural stigma refers to systemic prejudice, institutional discrimination, and the perpetuation of diminished social status perpetrated by governmental bodies and societal organisations (Pryor & Reeder, 2011). It involves policies, practices, and ideologies that, whether intentionally or not, limit opportunities for people experiencing substance dependence. For example, this can take the form of inadequate funding or resources allocated to AOD-related services compared to that of other healthcare services (Borenstein, 2020).

Another typical example is the criminalisation of AOD users by the political and judicial system, contributing to judicial shame and multiple layers of stigma. This may deepen the sense of shame and isolation among the identified group, increase their barriers to accessing treatment and support, and lead to further AOD use. According to Moore et al (2018), individuals involved in the criminal justice system are considered to be responsible for their "criminal" status. They not only encounter societal mistrust and perceived danger due to their criminal record but also face legal restrictions on their post-release activities. This can include prohibition from partaking in particular forms of employment, housing, and community activities (Moore et al., 2018). For example, the antagonistic societal attitude

along with the self-stigma of those involved in AOD criminal offences significantly impact their community engagement after release. In turn, this potentially leads to challenges in job searching, treatment-seeking, and compliance with probation requirements, thus increasing the risk of recidivism (Moore et al., 2018).

Additionally, according to Ecological Systems Theory, this occurs particularly at the macrosystem level which focuses on the broader perspective. It takes into consideration the cultural, societal, and structural influences shaping human behaviour and thinking (Bronfenbrenner 1979 as cited in O'Donoghue & Maidment, 2005). McGinty et al. (2016) mention how the media often frame opioids use as a criminal justice issue, and how they urge on the need for law enforcement solutions in their stories. This is despite most of opioid used by dependent users coming from the health system. Conversely, prevention-oriented approaches receive less attention (McGinty et al., 2016), reinforcing the dominant cultural belief that addressing drug use mainly through corrective measures, such as arrests and prosecutions, is the most effective response. This indicates how the media can create barriers to address substance dependence within a public health framework.

In the latest National Drug Strategy Household Survey (AIHW, 2020), it was revealed that 16.4% of Australians used an illegal drug in the last 12 months. Many of them engage in occasional drug use without causing harm, often for recreation, socialisation, and stress relief, among others (SANDAS, 2022). Many of these people, like this who use alcohol will never need treatment or support for their drug use. Other reasons for AOD use may be associated with adverse risk factors like mental health issues including trauma, domestic violence, social isolation, and financial difficulty.

B - Public Stigma

Public stigma represents stereotypes and biases endorsed by the general population towards individuals with substance dependence issues (Pryor & Reeder, 2011). This form of stigma comprises the cognitive, affective, and behavioural reactions of those stigmatising AOD use (Bos et al., 2013). Throughout history, non-medical drug dependence has carried the most severe stigma among all mental or medical conditions (Perry et al., 2020). This mirrors wider public concerns, misapprehensions about illicit drugs, and fear of people who use substances in general. As underscored by Lloyd (2013), the media undoubtedly plays a significant role in amplifying these fears and dangers. Social behaviour of individuals can be acquired by observing and learning through media settings (Cilliers, 2021). The negative portrayal of substance use in media reports can further contribute to public stigma against AOD. For instance, stigmatising language used in media can fuel misperceptions and stereotypes (Wilson, 2020), leading to social exclusion and alienation, which in turn prevents people from seeking help.

C – Self Stigma

Self-stigma refers to the internalisation of external stigma, negative public attitudes, and stereotypes. It can arise when individuals with stigmatised conditions absorb the societal devaluation associated with their condition, which is often heightened by their awareness of that public stigma (Bos et al., 2013). It results in lower self-esteem, reduced self-efficacy, and a pervasive feeling of hopelessness. Self-stigma may lead individuals who experience substance dependence to believe they are morally

deficient or undeserving, creating a substantial obstacle to seeking assistance or treatment, avoiding treatment, and breaking interpersonal connections (Lancaster et al., 2017).

2. Aim and Objectives

2.1 Aim

The overall aim of this study is to critically examine the role of media in stigmatising AOD use and to establish an evidence-based evaluation rubric with recommendations that promote unbiased, ethical, and responsible reporting on AOD-related topics.

2.2 Objectives

1. Investigate the ethical obligations and practices of media outlets when presenting on AOD-related topics.
2. To conduct a comprehensive analysis of recent South Australian media content related to AOD use including a range of media platforms (such as ABC News and the Advertiser) to identify recurrent themes, languages and narratives that perpetuate stigma.
3. Drawing from the findings of the media content analysis, ethical review, and existing guidelines to design an evaluation rubric. This rubric can be utilised by media to check for and address any stigmatising content in their reports.

In pursuing these objectives, the study aims to make a broader effect by shifting societal attitudes towards AOD use. Media, as an important influencer of public opinion, can play a transformative role by promoting a more nuanced and compassionate understanding of substance use. By addressing media stigmatisation, this study hopes to foster a more inclusive and understanding society where individuals experiencing dependence issues are met with support and empathy rather than bias and exclusion.

3. Methods

The project consists of three interrelated strategies:

1. Interviews;
2. Review of existing guidelines;
3. Development and testing of an Evaluation Rubric.

3.1 Interviews

In-depth interviews were conducted with two well-established media practitioners Mark Aiston and Jenny Valentish, both with their own prior lived experience of substance dependence. The interviews aimed to gain first-hand insights into their perspectives, experiences, and the challenges they faced when covering sensitive subjects like AOD use. These interviews were audio-recorded with the prior consent of the interviewees. From conducting these semi-structured interviews and analysing the content, it is possible to identify common themes, patterns, and variations in their responses. Their perspectives, combined with the identified themes, are invaluable in formulating the rubric, ensuring it resonates with real-world journalistic practices and challenges.

3.2 Review of existing guidelines

The essence of this step was to analyse the current criteria guiding media entities when broaching sensitive narratives, especially in relation to reporting on AOD issues. A systematic review of existing guidelines, along with professional standards at both national and international levels was undertaken to assist in recognising the common elements and areas of improvement.

3.3 Evaluation Rubric

Building upon the insights gleaned from the early activities, the goal was to craft a practical tool that could be used to rate the quality and potential biases in media reports. This tool is a marking rubric comprising key criteria, weightings, and scoring mechanisms to analyse media reports and highlight whether they meet the suggested guidelines. The criteria focused on sensitivity, the use of language, visual aids, the use of evidence and information sharing. The rubric was used to analyse a number of media articles to assess the rubric's usefulness.

4. Interviews with media practitioners

4.1 Background

This project aims to advocate for the elimination of stigma in the media towards individuals experiencing substance dependence by critically analysing media reports on AOD-related topics. In order to gain insight into the nature of South Australian media outlets and their reporting practices, two semi-structured interviews were carried out.

The first interview was conducted with a former South Australian media practitioner named Mark Aiston. Mark had worked for South Australian mainstream media outlets for over thirty years. In 2016, he had publicly disclosed his long personal history of substance use and went to a rehabilitation centre. In recent years, he has been an active advocate of mental health and substance dependence issues. In view of his dual roles and experience, his insights hold practical significance.

The second interviewee was freelance journalist and author Jenny Valentish. Jenny is a consultant for Australia's National Drug & Alcohol Research Centre, an Ambassador for Monash University's Brain and Mental Health Laboratory, and a board member of SMART Recovery Australia. She is also a member of AOD Media Watch, a platform that puts a spotlight on media misinformation and stigma surrounding AOD. Jenny also had lived experience of AOD dependency in her past. During the interview, Jenny shared her views from three dimensions: as a journalist, as a woman, and as someone with first-hand experience of being dependent on AOD. This provides an important gender-informed angle in analysing the media representation of AOD use.

4.2 Case study: Mark Aiston

In the interview, Mark shared his perspectives on the reporting of AOD issues by the media, focusing on three aspects: media ecology, media role and his own experience.

Mark indicated that in the competitive media landscape driven by click-bate culture, practitioners battle for speed, leading to a lack of thoughtful consideration regarding their responsibility and the impact of their content. Mark pointed out that the media, under constant time pressure, tends to prioritise quick publication without fully considering the humane element. Mark stated, *"They just want to get the story out because they are busy. They are doing so many different things and sometimes they forget about the human element of a story. They think more about just getting the story up on their websites, in the newspaper, on the radio station or on the TV station. They don't think about the consequences of that story"*.

Simultaneously, the battle for speed drives a need for exclusive content and pandering to readers' prejudices, which fuels conflicts and garners attention. For example, when reporting on rehabilitation centres, journalists often highlight residents' objections to its establishment. Mark said, *"most people, because of stigma, agree that the facility should not go up near the school and 'those poor kids'"*. That is why some local people think the rehabilitation centre is going to cause trouble, and they are going to be surrounded by paedophiles, drug addicts, and needles, despite this being a totally false set of

assumptions. *“Channel 7 knows that, so they present a lot of people who would have that view”,* Mark mentioned, *“The media likes hard words and arguments, which creates conflicts and attention”.*

In this process, the media serves as gatekeepers, selectively filtering information for reporting. Journalists shape the narrative on AOD use by framing it according to their agenda, influencing public perception of these topics while catering to assumed subscriber preferences. Biased reporting on AOD use in the media deepens existing societal biases and public stigma. Mark underlined the need for rehabilitation centres, *“should be good for people who have substance issues”.* *“Why are they pushing the agenda and saying this facility is not good and will cause harm to the community? Because their main objective is to get ‘good content’ (the conflictual or negative content) so that they get more and more viewers, and then they make more money through advertising”,* he added.

In terms of long-term effects, the influence of media reporting extends beyond the readers themselves. According to Bronfenbrenner's Ecological System Theory (1979), a person's environment comprises five systems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem encompasses the most direct relationships and environment for an individual, including family, friends, classmates, neighbours, and so on. The relationships within the microsystem are reciprocal, where individuals' beliefs and behaviours mutually influence interactions with others and the environment (Sheerin et.al., 2023). Personal biases towards people who use AOD can impact their immediate social circles, leading to extended prejudice against them.

The mesosystem reflects relationships between microsystems; for instance, if an individual harbours biases against people who use AOD, they are less likely to develop a positive attitude towards the family and friends of such individuals. The exosystem comprises broader social and environmental contexts that indirectly influence personal development. Due to the presence of stigmatising media coverage, individuals who require treatment are overwhelmingly excluded at multiple levels of the ecosystem in which they interact. This results in people who use AOD facing challenges in accessing social services and resources. As Mark puts it, *“They (the media) don't really care about the harm or the fact that they could actually help get the facility stopped, which ‘helps’ the residents, but it doesn't help people experiencing substance dependence”.* Media bias can cause significant long-term harm in this circumstance.

Hence, journalistic responsibilities are of paramount importance. Their judgement of events related to AOD use and dependence notably shapes public discourse. Regarding how the media can improve, Mark offered his perspective, *“I think the first and most important thing they need to do is to think carefully about the effect that the story will have on that person's life”.* To achieve balanced reporting, he believed journalists need to present stories impartially, showcasing both sides of the narrative and accurately depicting the unfolding events. *“The actual person who is doing the story if they are sympathetic and empathetic, they will genuinely see both sides which makes a difference”,* however, often, *“They just present part of the truth, and the key fact(s) may be left out and that can change the perception of the whole story”* Mark said.

4.3 Case study: Jenny Valentish

"I think people who are in my position have a moral obligation to be open about drug use", said Jenny Valentish as we concluded an interview with her on media and AOD issues. Journalists keen to present on AOD in balanced ways will find plenty to draw upon from Jenny's insights.

Firstly, she advocated for representing people with a dependence on AOD as "multi-faceted", using a big picture of their wider lives rather than labelling them according to what substance they are dependent on, especially doing so by using stigmatising words. This fair representation extends to finding out factors that may have affected the reasons they use substances, ranging from genetic factors to consequences of physical injuries or environmental triggers. Jenny gave an example of a unique article about a woman who was heavily dependent on AOD, "*One journalist wrote an article about what that woman had experienced in her lifetime. It gave a lot of contexts... She was passed around between family members as a child, and parents did drugs... she had some terrible head injury when she was younger, which affected her behaviour and memory*". Jenny underscored that giving context not only created sympathy for someone with AOD dependence issues but was far more compelling as a journalistic piece.

How and what details are shared is the second point that Jenny emphasised. This encompasses all details ranging from personal information, location of rehabilitation facilities, and names of drugs or accused drug dealers. Emphatic about this, Jenny highlighted how the media often misidentifies a drug, putting people who use the said drug in safety-compromising situations. Thirdly, the media should explore where there have been barriers to treatment for those who sought it. Lastly, and perhaps most empowering, for journalists to post narratives written by people who are or have been AOD-dependent. Integral here is that journalists ought to check with them prior to publishing their story and to ensure that any language or information used is aligned with what the narrators feel comfortable with.

As a female author who has written popular books on women and substance use such as "Woman of Substances", Jenny boldly underlined the media's inadequacy in reporting on women in this area. Aside from most AOD research being done exclusively on males thus completely neglecting female biology and its variations, the most evident deficiency is how mothers are reported on. Mothers who struggle with AOD are often doubly stigmatised and viciously framed as neglectful, bad parents. Adding to that, often other family members (e.g., fathers) who may have child rearing responsibilities are not mentioned at all. In some instances, journalists have scoured a mother's Facebook account for damning pictures of the mother to substantiate her supposed neglect or frame her in a negative light. Ironically, for mothers seeking treatment for AOD dependence, there is very little support, particularly in terms of offering childcare for their children while women are in rehabilitation. This, ultimately, is a huge element in perpetuating a woman's use and lack of access to treatment. Further, Jenny noted the biggest of all factors is often the mother's fear that if she divulged her use and sought help, the Department of Child Protection may take action to remove her children.

When Jenny was asked what would have helped her transition faster into her healing from AOD dependence, she disclosed how certain information in the media would have proven useful. This would have included reports that talked about AOD as a health or mental health issue, linked AOD

with past traumas and shone a light on how harmful AOD use can be when used as a mechanism to self-medicate. She highlighted the need for stories to include information about how and where to seek treatment. On the other hand, Jenny stressed the importance of championing workplaces that acknowledge AOD dependence as a health or mental health issue and allow their staff time away for treatment. Jenny reflected that as an independent journalist, she had more freedom to seek treatment when she needed it. Therefore, she encouraged employers to enable employees to do the same without fearing loss of income or being stigmatised.

To conclude, Jenny fundamentally believes there is a critical and ethical role for journalists in effecting positive change in addressing AOD treatment as well as supporting and encouraging individuals who need assistance to seek it. She provided compelling reasoning in this interview. She has enriched our views, and we hope other journalists take into account the valuable wisdom she graciously offered here.

4.4 Discussion

Mark Aiston and Jenny Valentish highlight significant deficiencies in media reporting on AOD issues. The competitive media landscape often prioritises speed over thoughtful consideration, leading to a neglect of the human element and potential consequences of stories on individuals and families, let alone communities. Sensationalism and conflict-driven reporting exacerbate stigmatisation and biases, particularly in the context of AOD-related topics.

Journalistic gatekeeping practices contribute to the shaping of narratives. Single-perspective reports that lack comprehensive context will potentially deepen existing societal biases and public stigma surrounding AOD use. However, if journalists utilise their role properly, fair, objective and evidence-based information about AOD will be conveyed to the public, contributing to decreasing the stigma towards people who use AOD.

Furthermore, inadequate or misrepresentation of certain groups, especially mothers, in media reports perpetuates negative stereotypes and hinders their access to treatment and support. To improve reporting, it is crucial for journalists to provide context, present both sides of the narrative, and respect privacy and safety concerns. Additionally, addressing gender disparities and advocating for supportive workplaces can lead to more balanced and empathetic coverage of AOD issues. Emphasising the health aspects of substance use and exposing barriers to treatment can elevate public discourse to a more informed level.

5. Review of existing guidelines

5.1 [AOD Media Watch Reporting on alcohol & other drugs: Guidelines for Journalists \(2021\)](#)

AOD Media Watch (a volunteer-based media monitoring project run by a small group of researchers and workers in the AOD field who monitor and comment on media coverage of AOD) has developed a series of standards to assist journalists in covering AOD-related topics ethically. These guidelines are based on four principles: the inclusion of people who use AOD, stigmatisation, accuracy, and harm reduction. Also, the recommendations advocate for an understanding of the systemic inequalities contributing to AOD harms. Additionally, they discourage assigning blame to individuals using substances, therefore promoting empowering reporting.

Emphasising the importance of language, the guidelines reject negative language and derogatory terms, urging the use of “person-first” language to respect individuals’ dignity. Regarding accuracy, journalists are advised against speculating on substances or the causes of an overdose before forensic analysis results, preventing the spread of incorrect information that could increase harm. Seeking expert opinions is encouraged to ensure the balance of views. Furthermore, it highlights the importance of contextualization to avoid stereotypes while presenting accurate statistics that reflect the diversity of individuals affected by AOD use. This helps prevent the misconception that certain drugs are more prevalent than they truly are. Finally, the guidelines advocate for a harm reduction approach, recognising some individuals may not or cannot cease AOD use and should be supported in reducing harm. Rather than focusing solely on legal consequences, harm reduction should empower individuals and deliver services to lessen harm. In a practical sense, the guidelines recommend including information about helplines and how to access services and links to relevant harm reduction resources. This ensures that reporting not only informs but also offers support to individuals seeking help or information related to AOD use.

5.2 [Mindframe for Alcohol and Other Drugs: Guidelines for communicating about alcohol and other drugs \(2019\)](#)

The Mindframe Guidelines (developed by the Matilda Centre in conjunction with journalists and AOD experts) recognise the influential role of public attitudes and media coverage in shaping perceptions of individuals who use AOD. Offering a comprehensive framework, these guidelines encourage responsible reporting on AOD-related issues aiming to support prevention, early intervention, and treatment while minimising harm, stigma, and discrimination. Historically, media portrayals of AOD issues have often sensationalised crime, violence, and drug seizures. As a result, these guidelines encourage a change towards more balanced reporting to reshape public beliefs positively, fostering a supportive environment for those who use AOD.

A key focus is on the impact of media communications on community beliefs and government policies. The Guidelines acknowledge that government policies and agenda-setting can be influenced by media representations and encourage responsible reporting to promote public health approaches to AOD use, discouraging harmful narratives that may lead to stigma and discrimination. Accurate and sensitive portrayals of individuals who use AOD are highlighted to avoid stigmatisation and moral panic, ensuring that language, images, and terminology promote a person-centred approach. To

facilitate constructive communication about AOD, the guidelines recommend presenting health and social consequences in a balanced and evidence-informed manner. This involves including prevalence data in context and seeking expert opinions. Harmful ways of communication, such as alarmist reporting, exaggerating facts, and focusing on violence and crime, are cautioned against. Importantly the guidelines stress the promotion of help-seeking behaviour by incorporating relevant information about support services in all AOD-related reporting. The overarching goal is to reduce barriers to help-seeking and normalise the act of seeking assistance.

5.3 [World Health Organisation Reporting about alcohol: a guide for journalists \(2023\)](#)

The World Health Organisation (WHO) provides an informative guide for media practitioners on alcohol-related reporting, raising awareness of the harmful impact of alcohol consumption on the body and society. This guide also assesses the cultural acceptability of alcohol, and historical trends, while evaluating diverse strategies aimed at reducing alcohol consumption and its associated harm. Complementing these insights, the WHO provides six practical tips for the media covering alcohol-related issues: looking for context, being mindful of conflicts of interest, minimising harm by dispelling misconceptions about safe alcohol limits, careful language use to avoid stigmatisation, evidence-based reporting, and orienting those in need by delivering information on seeking help.

Within this framework, journalists are encouraged to move beyond individual experiences and contextualise their narratives to reveal the broader societal impacts of alcohol. The WHO advises attentiveness against potential conflicts of interest that could compromise reporting integrity. It emphasises the importance of minimising harm by dispelling myths around safe alcohol consumption and recommends language sensitivity to avoid perpetuating stereotypes as well. Additionally, journalists are guided to critically assess evidence and play a powerful role in providing informative resources for individuals who need assistance. Collectively, these guidelines empower journalists to navigate the complexities of alcohol-related reporting responsibly, fostering public awareness and informed discourse. Much of this guidance is also relevant to the treatment of other drugs in the media.

5.4 [Australian Press Council: Guidelines for drugs and drug addiction \(n.d.\)](#)

The Australian Press Council's guidelines offer valuable principles that journalists should consider when reporting on drug-related issues, aiming to strike a balance between freedom of speech, public safety, and ethical journalism. One of the notable aspects of these guidelines is their insistence that the harmful effects of any particular drug should neither be exaggerated nor minimised. This approach reflects the commitment to factual and balanced reporting, ensuring that the public receives accurate information without unnecessary sensationalism.

However, it is important to note some areas where the Australian Press Council guidelines could be improved. They use terms such as "addiction", which can carry stigmatising connotations. Additionally, the guidelines specifically identify young people as an at-risk group but do not highlight other vulnerable populations. Furthermore, they differentiate between alcohol and other drugs, missing an opportunity to emphasise that alcohol is a harmful drug. Therefore, while they include several critical aspects of responsible reporting, some improvements in language and addressing other vulnerable

groups would enhance their effectiveness in aligning with best practices, including those recommended by the AOD Media Watch Guidelines and the Mindframe Guidelines.

5.5 [Australian Press Council: Statement of Principles](#) (n.d.)

Australian Press Council's Statements of Principles provides a comprehensive guide to the standards expected of publications under its jurisdiction. These principles, including both general and privacy considerations, embody fundamental values such as accuracy, fairness, integrity, privacy, and transparency. These principles are crucial in responsible and ethical journalism.

The Statement of General Principles, along with the Statement of Privacy seek to ensure publications maintain a high standard of journalism, urging them to uphold accuracy and clarity in their reports. It also emphasises the importance of providing remedial actions for any inaccurate or misleading material. Furthermore, it insists on fairness and balance in reporting, giving individuals the right to reply if adversely referred to, which is a commendable practice. The parts on privacy and avoidance of harm, as well as integrity and transparency, highlight the council's commitment to ethical journalism, ensuring that individual privacy is respected, and that material is collected through fair and honest means. The Statement of Privacy Principles complements these values, ensuring that personal information is collected and used responsibly, and sources are protected.

However, the statement is limited in exclusively addressing individual privacy rather than adopting a broader focus on sensitive information. This is a notable gap in its coverage, particularly when discussing specific topics such as AOD use. For example, the guide's current focus might inadvertently lead journalists to believe that revealing the location of a treatment or rehabilitation centre is acceptable, when in fact it can breach a client's right to health privacy. It is necessary to expand the statement of privacy principles to include a more comprehensive perspective for journalists to better understand and look into ethical considerations.

6. Evaluation Rubric

The way media frame headlines, report content, language use, and include or exclude specific resources can influence public attitudes and shape the discourse surrounding dependence and recovery. As mentioned by Baumann et al. (2022), journalists may bring their own interpretations to their work which can significantly shape how they frame stories about AOD issues, potentially affecting the tone and language used in media reports.

Rubric for evaluating Alcohol and Other Drug reports

Criteria	Excellent	Very Good	Adequate	Inadequate
Headline: <ul style="list-style-type: none"> • Tone: Does the headline include a negative message? • Framing: How does the message frame AOD use? 	<ul style="list-style-type: none"> • Headline is positive • Does not reinforce myths and misconceptions about AOD issues • Does not use exaggerated fonts/symbols to attract negative attention • Affirms positive views/messages 	<ul style="list-style-type: none"> • Headline is not negative • Does not reinforce myths and misconceptions about AOD issues • Does not use exaggerated fonts/symbols to attract negative attention 	<ul style="list-style-type: none"> • Headline is not negative • Does not reinforce myths and misconceptions about AOD issues 	<ul style="list-style-type: none"> • Headline is negative • Reinforces myths and misconceptions about AOD issues • Uses exaggerated fonts/symbols to attract negative attention
Language: <ul style="list-style-type: none"> • Has the language used in the report been carefully edited (using preferred terms)? 	<ul style="list-style-type: none"> • Consistently uses non-stigmatising language with preferred/accurate vocabulary and terms (empowering language and person-first language) (Language Guideline see Appendix A) 	<ul style="list-style-type: none"> • Sometimes uses appropriate vocabulary and terms 	<ul style="list-style-type: none"> • Does not use stigmatising language but limits the use of “preferred” terms 	<ul style="list-style-type: none"> • Inappropriate vocabulary and terms are used frequently (dehumanising/ stigmatising/ sensational language)

Criteria	Excellent	Very Good	Adequate	Inadequate
<p>Context:</p> <ul style="list-style-type: none"> • Does the report include the expert(s)'s opinion? • Does the context reflect that AOD is a public health issue and avoid linking it to alarmist topics? • Does the report present a moral message about AOD use? • Does the report drive/increase the moral panic? • Does the report take a position to frame the story and address the issue? • Are claims in the article factual and backed by references and/or is the source clearly indicated? 	<ul style="list-style-type: none"> • Includes expert(s) opinion effectively, providing valuable context • When discussing any increases/decreases in AOD use or new trends, the report includes comparative data for other commonly used substances • Emphasises that harmful AOD use is a public health issue, not a moral issue • Does not exaggerate facts and statistics • Claims/ Information regarding AOD include referenced facts and/or statistics • Does not stigmatise particular groups (e.g. mothers/females/ young people etc.) • Balance the report length of different positions • The source of the facts and figures in the article are clearly identifiable or referenced 	<p>Incorporate any 2-3 of the following:</p> <ul style="list-style-type: none"> • includes expert(s) opinion(s) • When discussing any increases/decreases in AOD use or new trends, the report includes comparative data for other commonly used substances • Emphasises that harmful AOD use is a public health issue, not a moral issue • Does not exaggerate facts and statistics • Claims/ Information regarding AOD include referenced facts and/or statistics • Does not stigmatise particular groups (e.g. mothers/females/ young people etc.) • Balance the report length of different positions • The source of the facts and figures in the article are clearly identifiable or referenced 	<ul style="list-style-type: none"> • May include expert(s) opinion • Does not provide detailed accounts of consumption methods or highlighting the emergence of new drugs • Does not conflate issues with drug use (crime/violence/danger/etc.) • Does not misrepresent or overrepresent particular groups (e.g. mothers/females/ young people etc.) • Facts and figures are quoted but sources are not immediately apparent 	<ul style="list-style-type: none"> • Failed to include expert(s) opinion • Provides detailed accounts of consumption methods • Focuses on alarmist issues (crime/violence/danger/etc.) and links AOD use to these topics • Misrepresent/ Overrepresent particular groups (e.g. mothers/females/ young people, etc.) • Either there are no substantiated facts or figures and/or claims are made in the article that is not supported by corroborating information

Criteria	Excellent	Very Good	Adequate	Inadequate
<p>Images/Photo Captions (when applicable):</p> <ul style="list-style-type: none"> • Are the images/ photo captions attached in the report appropriate? • Have the images and photo captions used in the report identified people/substances/cultural insensitivity and/or stigmatise substance use and/or people who use substances, sensationalise/ glamourise substance use? 	<ul style="list-style-type: none"> • Images and photo captions are well-selected, appropriate and without sensationalising alcohol and substance use; • Images and photo captions are selected without exposing sensitive information/privacy. (Imagery Guideline see Appendix B) 	<ul style="list-style-type: none"> • Most images or photo captions are appropriate 	<ul style="list-style-type: none"> • Some chosen images and photo captions are appropriate 	<ul style="list-style-type: none"> • Images and/or photo captions are used in the report to identify people/substances/cultural insensitivity and/or stigmatise substance use and/or people who use substances, sensationalise/ glamourise substance use • Images and/or photo captions expose sensitive information/privacy
<p>Relevant resources:</p> <ul style="list-style-type: none"> • Does the report include relevant information/ resources regarding AOD services? 	<ul style="list-style-type: none"> • Includes relevant resources that are related to report contents • Includes information about helplines and how to access services and links to relevant harm reduction resources 	<ul style="list-style-type: none"> • Includes relevant resources that are related to report contents 	<ul style="list-style-type: none"> • Includes resources but the link is hidden in the context, making it less accessible to readers 	<ul style="list-style-type: none"> • Missing relevant resources and extra information regarding AOD services

The above table can be used as a rubric to evaluate and score AOD reports based on the specified criteria. Each section can be rated as Excellent, Good, Adequate, or Inadequate, depending on how well the report meets the defined standards.

7. Analysis and Rubric Application

With a clear framework in place, the next phase of this research project involved the practical application of the rubric. This step applied the rubric to various media reports related to substance issues. These reports were subjected to a comprehensive analysis based on the five predetermined criteria and the four established standards for each criterion. This systematic evaluation aimed to provide a thorough assessment of the media portrayal of these complex and sensitive issues. By doing so, it provided valuable insights into how media reports align with responsible journalism practices and their potential impact on public perceptions and the stigma associated with substance issues.

7.1 AOD Rehabilitation Centre reports

The rationale for selecting articles related to the AOD Rehabilitation Centre reports published between July and September 2023 is the substantial impact media can have on public perception and understanding of AOD rehabilitation facilities. Three well-known media outlets, The Advertiser, 7 News and ABC News, were selected as sources to examine how they report on proposals and approvals of AOD rehabilitation centres in South Australia in the past 12 months.

7.1.1 Anger over Jetty Rd drug rehab clinic proposal ‘We don’t want it to be Junkie Road

Overall rubric rating: Inadequate

Synopsis: The report revolves around the proposed establishment of a drug and alcohol residential rehabilitation centre in Glenelg, a beachside suburb in Adelaide. Uniting Communities (a not-for-profit organisation) plans to open the state government-funded facility and there is some community concern over its location, garnering much media coverage.

An original report is attached in Appendix C.

Title	Anger over Jetty Rd drug rehab clinic proposal ‘We don’t want it to be Junkie Road	
Platform	The Advertiser	
Date	28 July 2023	
Headlines	Inadequate	The inappropriate use of terms reinforces negative connotations and exaggerates negative emotions.
Language	Inadequate	It contains stigmatising and biased language, such as “Junkie”.
Context	Inadequate	It frames the topic as an alarmist issue without expert opinions and statistical evidence to support its statement.
Images/ Photo captions	Inadequate	Images of a mother with a child and rehabilitation centre.
Relevant resources	Inadequate	Not include any relevant resources.

Headlines (Inadequate):

- The headline reinforces myths and misconceptions about AOD issues using the term “Junkie”. This term can be derogatory and perpetuates negative stereotypes associated with substance dependence.
- The wordplay between “Junkie” and “Jetty” might make the headline catchy and easy to remember, but it also contributes to reinforcing the negative connotations around substance dependence.
- The use of quotation marks in the headline exaggerates the “angry” emotion, potentially sensationalising the issue and targeting a negative message.



Report headline (Agnes Gichuhi, 2023) Screenshot (A)

Language (Inadequate):

- “Junkie” is a stigmatising label.
- Phrases like “blind-sided” can be perceived as negative and they should be avoided. This is especially important when quoting interviewees, as their words may contain stigmatising or negatively biased language.

Context (Inadequate):

Quotes are mentioned in the report, such as *“Glenelg council and locals say it is not the right location because of nearby facilities and schools.”*, *“we bought the property here... because of the safety in the street and what it represents - close to the...shops, schools”*, *“there’s a lot of old people in the streets, families...”* and *“concerned for the safety of young children and the elderly residents”*.

- The report fails to include expert opinions. While it mentions the Uniting Communities service manager and the Health Minister, it does not feature their insights, which could have provided valuable context and a more informed perspective on the proposed AOD rehabilitation centre.

- The report focuses on alarmist issues as it continuously mentions the perceived risks and concerns raised by residents without providing substantial evidence or context to support these claims. This can contribute to sensationalising the topic and may not provide a balanced view.
- The report lacks statistical data or evidence to support the claims made regarding the proposed rehabilitation centre and its impact on the community.
- The report repeatedly brings up concerns about the safety of children and elderly residents, and the impact on schools, but without factual data or clear evidence to substantiate these concerns. This could potentially lead to misrepresenting the situation and overemphasise the perceived harm.

Images/Photo captions (Inadequate):

- The report uses images, such as the business owner showing her anxious body language. These emotionally charged images lack objectivity and may further highlight the negative sentiment towards the rehabilitation centres.
- The image of a mother with a child was used to reinforce the viewpoint of “resident is concerned about rehabilitation centre”. However, including the child’s face is unnecessary, and the content of the report will not change even if the child’s likeness is not used. In this case, the reporter lacks comprehensive and long-term consideration of chosen images, which may infringe the best interest of the child.
- Including an image of the rehabilitation centre is sensational and compromises client confidentiality over both the short and long term.



Image of the local business owner (Kelly Barnes, 2023) Screenshot (B)



Olivia Nixon, with son, is concerned about the centre.

Image of the resident with a child (Agnes Gichuhi, 2023) Screenshot (C)

Relevant resources (Inadequate):

- The report does not include any relevant resources referring people to services they could access for assistance.

Analysis:

The headlines overshadow important content in the report, focusing on the anger of some residents without fully conveying the context. This creates a bias and fails to provide a balanced view, as the report should emphasise that the proposed rehabilitation centre is in line with current needs for treatment and the location of other residential facilities. The article also fails to note that consultations with residents have occurred, helping to mitigate concerns. The headlines' bias can mislead readers into thinking that the entire neighbourhood is against the proposal, when, in fact, the opposition may come from a limited number of individuals and the article lacks any factual data to support the statements.

To bring the report to a higher rating, it would be advisable to avoid focusing only on direct quotes from one side of the debate that contains stigmatising vocabulary. Instead, provide a more neutral and balanced summary of the interviews. For instance, replacing terms like "Junkie" with person-centred language. Additionally, diversifying the report's focus and opinions is important to prevent making assumptions. Instead of portraying residents in the rehabilitation centre as having unrestricted access, the story could report on the presence of on-site staff to assure readers about supervision and safety within the facility. Apart from ensuring that the images do not expose sensitive information or violate privacy, carefully choose the images, and photo captions in the report. The latter play a significant role in shaping the reader's perceptions. Also, including information or links about the Uniting Communities and the rehabilitation centre for readers would create a comprehensive report. The report does not seek to validate any of the claims made in reference to the impact of rehabilitation centres, nor does it reference research on the impact of establishing one in a community.

7.1.2 Outrage over planned drug and alcohol rehab centre near Glenelg schools

Overall rubric rating: Inadequate

Synopsis: same as the above synopsis but in video format.

An original video report can be accessed [here](#).

Title	Outrage over planned drug and alcohol rehab centre near Glenelg schools	
Platform	7 News	
Date	9 June 2023	
Headlines	Inadequate	The word "outrage" to presuppose a stance of disapproval towards the proposed AOD rehabilitation centre, framing it as a potential threat to the community.
Language	Inadequate	Use dehumanising terms, such as "addicts".
Context	Inadequate	The video presents opinions in an imbalance way, which portrays the residents as victims suffering due to the proposed rehabilitation centre.
Images/ Photo captions	Inadequate	Disclosing the location and building outlook of the AOD rehabilitation.
Relevant resources	Inadequate	Not include any referral to any relevant resources.

Outrage over planned drug and alcohol rehab centre near Glenelg schools | 7NEWS



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EXCLUSIVE: Glenelg residents are up in arms over plans for a new drug and alcohol rehab centre within walking distance of primary schools and Jetty Road.

The operator insists addicts will be supervised around the clock but parents say it is too close for comfort.

Video title and description (7 News, 2023) Screenshot (D)

Headline (Inadequate):

- Starting the title with "Outrage" immediately invokes a powerful emotional response from the audience, potentially influencing their perception before they fully understand the events unfolding in this suburb. The title sets a tone of disapproval and indignation.
- The implicit message implies dangerousness around the rehabilitation centre, specifically posing a threat to nearby schools. It frames the situation as a safety issue, perpetuating existing misperceptions and intensifying the perceived adverse consequences of the facility opening, possibly to incite a moral panic.

Language (Inadequate):

- The term "addicts" is repeatedly used in the report by the politician and the journalist. This is a choice of language that is dehumanising as it defines individuals solely by the problem they face. It is more respectful to say, "People dealing with alcohol and other drugs related health issues". The journalist could have quoted the politician without adopting their stigmatising language use.
- The video description corroborates our critique of the report's headline, highlighting its tendency to escalate the situation. By painting a bleak and contentious image, the story is sensationalised, with phrases like "up in arms" vividly illustrating a scene of turmoil and disagreement.
- The comments made by the resident interviewed specifically "*Children can be exposed to things that they will never be able to unsee*" and "*The only recourse we have is to the police,*" serve to intensify the perception of the rehabilitation centre as a dangerous entity contrary to evidence provided to the community by the organisation establishing it.

Context (Inadequate):

- The video presents disproportionate coverage for the parties opposing the centre, featuring seven snippets of interview extracts. Only a brief segment (from 0:38 to 0:43) is allocated to the service provider, whereas six segments are dedicated to the same representative resident (at 0:08-0:11, 0:44-0:50, 0:57-1:02, 1:13-1:15, and 1:33-1:40), in addition to a snippet from a

politician (from 1:20 to 1:28) who aligns with the resident's viewpoint. In a report spanning two minutes, the cumulative time allotted to both perspectives amounts to 5 seconds for the service provider and 26 seconds for the resident and politician. This is a significant imbalance in the presentation of opposing opinions.

- The video editor's choice to predominantly use clips of the resident and politician contributes to a pervasive atmosphere of negativity. The conflict over the proposed rehabilitation centre is portrayed as a narrative where the residents are cast as victims, suffering due to a government decision, and in need of public backing to challenge the authorities. There is little or no focus on the needs of clients of the service, rather they are misrepresented and characterised in a range of negative ways.
- The solitary clip featuring the service provider is framed by a suggestive question from the journalist, asking "Do you think it's too late, though?" This particular editing choice seems strategically placed to uphold the prior assertion that "Uniting Communities insists there was no reason to tell them about it before it opened," thereby creating a narrative that appears to validate the concerns raised in the report.
- Claims are not examined and few factual statements are included. It was learned from the report made by The Advertiser on the same facility that "several community meetings with residents, local schools and representatives have been held" (Gichuhi, 2023). This is evidence against the claims of "Local say they've been kept in the dark" and "information has been in short supply".
- Drawing on previous analyses, the report demonstrates a marked bias, veering away from a balanced viewpoint and emphasising a tendency to provoke conflict instead of presenting thorough information and precise context to help objectively depict the disagreement.

Images/Photo captions (Inadequate):

- The report discloses the rehabilitation facility's location and couples it with a negatively charged and contentious ambience, potentially deterring individuals in need from reaching out for assistance. The video's thumbnail features the rehabilitation's entrance, and throughout the video, the building's exterior is prominently displayed, showcasing specific elements like its windows.
- A particular clip capturing a man in a soiled jacket as he enters the building subtly conveys an unfavourable image of the individuals who may utilise this facility. The man is in fact a tradesman involved in refurbishing the building.



Video shot of a man in a soiled jacket entering the facility
(7 News, 2023)
Screenshot (E)



Exposure of the rehabilitation centre location
(7 News, 2023)
Screenshot (F)

Relevant resources (Inadequate):

- The report does not include any relevant resources.

Analysis:

The report manifests a pronounced stigmatisation of people who use AOD and service providers. Sensationalist headlines, images, and language employed in the report contribute to bias, hindering the provision of unbiased and accurate information on the subject. This approach contradicts three of four general principles set by the Australian Press Council, which are accuracy and clarity, fairness and balance, privacy and avoidance of harm and integrity. Instead, the report justifies the actions of local residents towards certain groups. Politicians also play a pivotal role in this scenario. Rather than working to address the issue through well-informed discourse, the media perpetuates conflict, catering to specific demographics and neglecting the needs of those at risk. The conflict sparked by the media in July 2023 remains unresolved, persisting until October when this analysis was finalised.

In line with the Ecological Systems Theory, societal norms at the macrosystem level heavily influence the media's portrayal of drug use. Taylor's analysis (2008, as cited in Baumann et al., 2022) indicates a concerning alignment between media coverage and governmental beliefs, both converging on the perspective that drug use is a severe problem linked to danger and potential criminality. In this context, there is a shared focus on framing drug use through a primarily negative and punitive lens; and as structural factors within society, where drug-related issues are often addressed through legal and punitive frameworks. The media, as a reflection of societal values, tends to amplify these perspectives, contributing to biased reporting and perpetuating harmful stereotypes.

To enhance the overall quality and rating of this report, it is recommended that the journalist steer clear of sensational language and opt for a more constructive approach, focusing on informative content rather than amplifying emotions. A key improvement involves presenting a balanced view of different perspectives, fostering a comprehensive understanding of the subject matter. Additionally, providing detailed information on the operation of the rehabilitation facility can alleviate concerns among residents and prevent the perpetuation of stigma. Through this approach, the media can function as a platform for communication, rather than as an instrument catering to privileged groups and increasing the stigmatisation of people seeking treatment.

7.1.3 Mount Gambier drug and alcohol rehabilitation centre approved despite residents' objections

Overall rubric rating: Very Good

Synopsis: The article discusses the confirmed approval of a drug and alcohol rehabilitation centre in Mount Gambier run by Uniting Communities and hosting up to six residents. The report features varying opinions voicing concern over its location on grounds of safety, some more agreeable attitudes, as well as experts highlighting positive aspects of the facility in Mount Gambier specifically.

An original online news report can be accessed [here](#).

Title	Mount Gambier drug and alcohol rehabilitation centre approved despite residents' objections	
Platform	ABC News	
Date	16 August 2023	
Headlines	Inadequate	<i>"Despite residents' objections"</i> puts a negative light and emphasises opposition.
Language	Adequate	Overall it fulfils the "Adequate" standard, except for <i>"addicts"</i> and phrases creating othering narrative and negative tone.
Context	Very Good	It provides a balanced view by presenting opinions of supporters and opponents of the rehabilitation centre. Also, it includes expert's viewpoints that noted AOD is a health issue.
Images/ Photo captions	Inadequate	Images involving a child and the rehabilitation building.
Relevant resources	Inadequate	Does not include any relevant resources or information about accessing services.

Headline (Inadequate):

- Highlighting "residents' objections" implies a negative tone and emphasises opposition. It portrays the drug and alcohol rehabilitation centre in a negative light that contributes to stigmatisation rather than addressing the issue.
- The headline focuses mainly on objections, which may overshadow any positive aspects of the approval of the rehabilitation centre. It does not affirm positive views or messages related to the importance of such facilities in the community, missing an opportunity to provide an educational and constructive perspective.

Language (Adequate):

- Although some language in the report is adequate, the use of the term "addicts" and the phrase *"we're overrun with them - they're out of control"* separate "us" versus "them" and frame an "Othering" narrative that marginalised people who use AOD. Such wording is not aligned with preferred language guidelines. The phrase *"Push for addicts to get help"*, acknowledges the need for rehabilitation and may not contain explicit dehumanising language, but it does carry a negative tone.

Push for addicts to get help

Another member of the planning panel — Ian Von Stanke — said people trying to get off drugs or alcohol deserved a chance to rehabilitate, considering [the rise in substance abuse and related crime in Mount Gambier](#).

"We're overrun with them — they're out of control," he said.

Uniting Communities senior manager for community services, Cheryl Lierton, welcomed the decision.

"It's a really good step forward for the community to address their concerns and to respond to community members who are seeking to address their alcohol and other drug issues," she said.

Part of the report's content
(Eugene Boisvert & Sam Bradbrook, 2023)
Screenshot (G)

Context (Very Good):

- Using a larger font size and putting the positive aspects in a prominent position within the report draw attention to the positive viewpoint and links the rehabilitation centre to the community's well-being.
- The report provides a good balanced view of the situation regarding the approval of the drug and alcohol rehabilitation centre in Mount Gambier, acknowledging the concerns of some residents while also emphasising the positive aspects of the centre.
- Includes the perspective of the rehabilitation centre's senior manager for community services who explains the significance of the rehabilitation centre for the community's health. This viewpoint aligns with the notion that AOD is a public health issue more than a moral one.
- While the report mentions the number of nearby residents who objected to the proposal, saying "*Thirty-seven nearby residents also put objections to the proposal...*", it does not investigate how many residents live in the area. To make the report more convincing, it should provide context by indicating the total number of residents in the neighbourhood.

Images/Photo Captions (Inadequate):

- The choice of portrait photography is ill-considered. It attempts to heighten fear by using photos that present information about early learning centres and portraits of children. The image provides the audience with a persuasive message that emphasises the rehabilitation centre is a risk for children in the community. Another thing to note is that photos of single children rather than blurred group photos are more likely to put specific individuals at risk. When advocating for the promotion of children's rights, attention should be paid to protecting the best interests of each child over any other consideration (United Nations International Children's Emergency Fund, n.d.).
- Including an image of the rehabilitation building may have raised concerns about exposing sensitive information. It attempts to prevent people from approaching the building, directly preventing people in need from receiving support from here.



Image of the rehabilitation building
(Eugene Boisvert & Sam Bradbrook, 2023)
Screenshot (H)



Image involving a child
(Eugene Boisvert & Sam Bradbrook, 2023)
Screenshot (I)

Relevant resources (Inadequate):

- The report does not include referral to any relevant resources.

Analysis:

The headline and context of the report present a somewhat contradictory message. While the headline tends to underscore opposition, the context offers a more balanced view. Similarly, the report's headline and language fall short of promoting a balanced and non-stigmatising perspective on drug and alcohol rehabilitation. An alternative headline that focuses on the positive aspect of the rehabilitation centre's approval, such as emphasising its significance for the community's health, would contribute to a more constructive public perception of such facilities.

To improve the language, it is suggested to use more appropriate and respectful terminology when referring to individuals with substance use issues, for example, "individuals in recovery" or "people with a dependence on substance". This adjustment aligns with best practices and fosters a more inclusive narrative. Also, the report could be improved by delivering relevant resources, such as the services provided by the rehabilitation facility and a link to the Uniting Communities' website.

7.1.4 Discussion

When putting all three reports together, there are five commonalities that mirror patterns in coverage of AOD rehabilitation centres. At the heart of these narratives is a deep bias and the following shows how it manifests in different journalistic strategies directed at those who have AOD dependence issues.

A - Framing:

This is the action of portraying something in an inaccurate light and more often than not creating harmful misconceptions. The reports use this technique in multiple ways. First, AOD rehabilitation centres are portrayed as a threat to the security of the neighbours. There is repeated reference to the safety of children and the elderly. Meanwhile, the reality of AOD rehabilitation residents being drug-free (having gone through the detox stage) and having on-site staff at all times is not highlighted. This links to the second framing tactic which involves only selecting information that aligns with a particular narrative. For instance, there is a stress on how Uniting Communities (the service provider) chose not to share its project with the community, alluding to sinister intentions from the former. The perception of Uniting Communities intentionally hiding facts is emphasised when the journalist asks its manager a leading question then edits the manager's words to a few short seconds. The interviewee can only be seen in a negative position as a consequence. Exaggerating numbers with no context is the third method used. A prime example of this is indicating how many residents oppose the centre without providing the total number of those who are neutral/approving of it. Images of angry residents add to this, and this incomplete depiction implies the majority of the community are resistant to such facilities, which may not be true if the journalists are only seeking individuals who are in line with the channel's oppositional view.

B - Sensationalising:

All three reports amplify the public's emotions and exaggerate different elements of the story to prompt strong attitudes. This is mainly observable through the use of bigger fonts and punctuation on certain sentimental words such as "outrage" and opting to use phrases like "children will never be able to unsee what they see". The other aspect of this second strategy is use of images, especially those of children and schools, which provoke a visceral protective instinct within the viewer and what appears to be a request to protect the young and old from the residents of the AOD rehabilitation facility. This sensationalising compliments the need for speed in media organisations where "click-bait" through a shocking title/image can quickly garner a bigger audience, albeit at the expense of those seeking treatment.

C - Violation of privacy:

Not revealing identifying information is already in the existing guidelines for journalists. Nonetheless, these reports disclose the location of the rehabilitation facilities along with the image of the actual building and street. This has a doubly negative effect. First, it may deter any future facility residents-to-be from entering as their identity may be exposed. There is fear of loss of employment and social alienation when people's challenges with AOD use become known. Secondly, and perhaps more indirectly and collectively, it sends a harmful message. That is because the revealing of the location has an undertone of shaming and exclusion. So, when readers see this, they subconsciously learn that treatment for AOD and anything in that sphere is worthy of punishment and alienation. Relevant here is social learning theory which states how individuals learn by observing the consequences of others' behaviours, how the public learns to avoid behaviours that lead to punishment or disparagement, and to imitate actions that are rewarded and praised (Nabavi, 2012).

D - Non-portrayal of AOD as a public health/medical issue:

All reports poorly described AOD dependence as a medical issue, if at all. This is evidenced by lack of AOD medical expert input, limited resources on accessing clinical support, and not addressing the link between AOD and past traumas/injuries. Furthermore, little discussion was directed to the benefits of AOD rehabilitation centres to the communities they are in and how their presence fosters a sympathetic connection between its members and those going through treatment programs.

E - Unreliability of sources:

There is a lack of validity and accuracy in most sources that the reports cited. At many instances, 'facts' presented are not fact-checked and journalists do not include research of where they obtained their information from. In another concerning manner, a politician was interviewed making inflammatory stigmatising statements without balancing these comments with evidence-informed content from other sources. The problem with this specifically is that it awards a sense of plausibility to the report and thus the viewer is more inclined to believe its content is sound.

All in all, these reflect both a lack of empathy and accuracy. Most of all, they miss a valuable opportunity to enable support for people experiencing drug dependence as well as for their loved ones and immediate communities by extension.

7.2 Life Stories reports

Through analysing real-life stories to investigate how personal narratives, as presented by the media, influence public perception, awareness, and the stigma associated with AOD issues. The selected stories from ABC News and News Corp Australia cover various AOD experiences and this analysis examines how these narratives contribute to empathy and meaningful change. Also, it evaluates the ethical aspects of presenting these stories, ensuring alignment with responsible journalism principles.

7.2.1 How to cope with your sibling's substance use issues

Overall rubric rating: Excellent

Synopsis: The article puts a spotlight on how a person can support their substance-dependent sibling. It features a non-using sister and a brother who had become drug dependent. It explores the start of his use from the sibling's perspective and the journey to his current non-use. The content includes practical insights and resources on best approaches, self-care for non-using siblings, and recovery process expectations.

An original online story can be accessed [here](#).

Title	How to cope with your sibling's substance use issues	
Platform	ABC Everyday	
Date	3 Feb 2022	
Headlines	Excellent	Uses the preferred term <i>“substance use issues”</i> to convey educational message.
Language	Excellent	Consistently uses neutral and non-stigmatising language with preferred and accurate terms like <i>“intoxicated”</i> , <i>“substance use”</i> , and <i>“doing cocaine”</i> .
Context	Excellent	The content aims to provide constructive and practical guidance on dealing with substance use issues within families, with evidence support from experts.
Images/ Photo captions	Excellent	Uses neutral images, with explanatory information and explicit citations.
Relevant resources	Excellent	Embeds hyperlinks within the content and provides a side-column snapshot of relevant services and contact information.

Headline (Excellent):

- The headline is concise, affirming a positive message by helpfully addressing a challenging topic, thereby promoting understanding and empathy among readers dealing with similar situations.
- The phrase *“How to cope”* has a constructive, educational focus, offering guidance and support rather than sensationalising the issue.
- *“Substance use issues”* is an appropriate labelling of the issue.

Language (Excellent):

- The report consistently uses non-stigmatising language with preferred and accurate vocabulary and terms.
- It employs objective and neutral language throughout, avoiding sensationalism or emotional overtones. For example, it uses terms like *“intoxicated”*, *“substance use”*, and *“doing cocaine”* to describe drug usage/states, which is objective and free from stigmatising connotations.
- However, the phrase *“being clean”* could be improved by using person-first language, such as *“in recovery”* or *“no longer using drugs”* to enhance the report’s adherence to empowering language.

Context (Excellent):

Supporting quotes from the report: *“Some people think they should be supporting the person with substance use issues, some think they should be tougher”, “Once you've worked out what that looks like, the experts say you should be consistent in the support you offer, whether you've suggested that judgement conversation, offered to help them get treatment or to go to a counselling session or a GP together — even if it isn't taken up immediately”* and *“Try to forget everything you ‘learned’ from TV*

and movie depictions of substance use issues and treatment (they rarely mirror reality) and get information from experts and reputable organisations like the ones we just touched on instead”.

- The story includes expert opinions. It features insights and advice from a psychologist (Ms Ross), a registered clinical counsellor (Ms Jurcik) and a deputy clinic director (Dr. Arunogiri) who specialises in working with families dealing with substance use. These experts provide guidance on how to navigate the complex dynamics of substance use within a family.
- While the report does not explicitly state that AOD use is a public health issue, it subliminally does so by promoting mental health and well-being for family members as part of the recovery process. This focus on mental health aligns with the idea that harmful AOD use is a public health concern rather than a personal moral issue.
- The report avoids exaggeration and stigmatisation. It gives practical and realistic guidance, setting reasonable expectations for the treatment and support of individuals with substance use issues. The discussion begins with an exploration of self-care, followed by an examination of the delicate balance between supporting a loved one on their journey and ensuring the well-being and safety of the caregiver. After that, it illustrates *“what can and should be done to help”*.
- The content offers a balanced approach by presenting multiple views and steps to guide individuals dealing with substance use issues within their families.
- The story content does not attribute blame or fault to any specific individuals or groups about the issue of AOD use, rather it provides information, support, and assistance to individuals experiencing dependence.

Images/Photo captions (Excellent):

- The report uses images that have no implicit negative indications. The images are neutral and do not sensationalise or glamourise substance use. This reflects a responsible and unbiased approach to visual content.
- When using images, the report provides citations. This practice adds to the report’s transparency and credibility. It ensures that readers can verify the source of the images, promoting trustworthiness.
- The story includes explanatory information within brackets in the image captions. For instance, one image clarifies that the person presented is not the interviewee but a shadow image. This explanation: *“Liza (not pictured) says her brother’s recovery...”* serves to convey that privacy is a significant concern and underscores the importance of protecting the identity of individuals involved in this sensitive report.



Liza found it hard to respond to the issues that came with her brother's substance use (like money) the same way as her parents. (Adobe Stock)

Neutral image with clear referencing (Adobe Stock, n.d.) Screenshot (J)

Relevant resources (Excellent):

- The story involves a side snapshot of relevant services and contacts, making it convenient for readers to find additional information that could be life-saving in a time of crisis or when someone decides to seek treatment for themselves or someone they care for.
- Throughout the story, there are hyperlinks embedded within the content. These in-context links lead to additional resources, providing readers with the opportunity to explore further information.

If you need help:

- **National Alcohol and Other Drug Hotline:** 1800 250 015 — 24/7 information, counselling support and referrals ([webchat is also available](#) Monday to Friday 8:30am-5pm)
- **Family Drug Support:** 1300 368 186 — 24/7 support and information for families, friends and carers of people with problematic alcohol and drug use.
- **Al-Anon:** 1300 252 666 — counselling and support groups for friends and family of alcoholics.
- **Path2Help:** an online tool that assesses the problem and connects you to nearby support services

A side-column link box (Yasmin Jeffery, 2022) Screenshot (K)

Hyperlinks
 (Yasmin Jeffery, 2022)
 Screenshot (L)

Shalini Arunogiri, deputy clinical director at Turning Point and a senior research fellow at Monash University, recommends looking at the [Australian Drug Foundation](#), the [Counselling Online](#) and [Family Drug Support](#) websites to begin.

"And there are some support networks and education for families online, like [Cracks In The Ice](#), that go through situations around aggression and when to seek other help."

Analysis:

This online report sets a high standard for responsible and ethical journalism. It effectively informs, educates, and supports readers while avoiding sensationalism, stigma, or inadequate language. Its focus on expert opinions, practical guidance, and the protection of privacy makes it an outstanding example of media coverage on the topic of substance use in families. By providing relevant resources through various means, the story goes the extra mile to empower its audience with accessible information and support, eventually contributing to a positive and empathetic understanding of this complex issue.

7.2.2 Bunbury mother uses social media to provide support for families affected by ice addiction

Overall rubric rating: Adequate

Synopsis: The story delves into the struggles of a mother whose son is recovering from a methamphetamine addiction. The son had been taken to hospital in a medical emergency after what she presumes to be a drug reaction. She elaborates on the challenges for mothers of drug-affected individuals while stressing the lack of family support services in this area. She has set up a Facebook page for parents in similar situations.

An original online story can be accessed [here](#).

Title	Bunbury mother uses social media to provide support for families affected by ice addiction	
Platform	ABC News	
Date	1 April 2016	
Headlines	Adequate	Generally maintains a neutral tone and conveys an uplifting message, except for the term “ice addiction” could be improved.
Language	Inadequate	It includes some inappropriate terms like “ice”, “addiction” and “stopped use of substance”, and the use of street names of drugs can cause stigma.
Context	Inadequate	It raises public consciousness of AOD use but lack deeper discussion about addressing such issues.
Images/ Photo captions	Inadequate	The photo of a person with substance dependence raises privacy concerns.
Relevant resources	Inadequate	The included hyperlink resource is inaccessible.

Headline (Adequate):

- It conveys an uplifting message, highlighting a mother's dedication to raising public consciousness and garnering support for families in need. For families grappling with substance dependence issues, actively seeking, and utilising available resources is essential to their enduring strength and stability.
- In general, the headline maintains a neutral tone; however, the term "*ice addiction*" is an exception. To ensure clarity and precision in language, it would be advisable to substitute "*addiction*" with "*dependence*". Additionally, rather than using "*ice*"—the street name of crystal methamphetamine—it would be accurate and appropriate to use "*crystal meth*" or "*methamphetamine*". The street name includes negative connotations connected with danger and fear.

Language (Inadequate):

- As mentioned in the headline section, it is advised to substitute the colloquial term "*ice*" with more precise and scientific terminology like "*crystal meth*" or "*methamphetamine*". Utilising street names of drugs can perpetuate stigma and potentially hinder the effectiveness of communication.
- As highlighted in the headline section, the term "*addiction*" may be substituted with "*substance dependence*" for a more precise and medically aligned language choice with a neutral tone.
- The phrase "*stopped use of substance*" is a preferable alternative to "*drug-free*" for clearer and more direct language.

Context (Inadequate):

- There are various encouraging messages scattered throughout the text. For instance, the remark from the interviewee, "*We are just ordinary people with wonderful kids who have made a few wrong choices*", helps separate the individual's actions from their character. Moreover, the document spreads awareness about a coming event tailored for families dealing with similar challenges, with details provided at the conclusion of the piece. Nonetheless, the report falls short of addressing the underlying issues. It misses the opportunity to delve into the social factors connected to this story, leaving questions about the lack of support for families unanswered. It could have explored issues like insufficient government funding for adequate treatment or the complexities of navigating the system. Alternatively, the report could have offered pertinent resources for readers.
- The article raises concerns as it appears the interviewee is raising public consciousness at the cost of the privacy of the AOD user. Although the story showcases a degree of bravery, it moralises the issue of substance dependence by disclosing sensitive health details. As professionals in the field of public communication, journalists should uphold a higher standard of ethics and professionalism when tackling such stories. A more responsible approach would involve providing additional context to the story, enhancing its overall value while mitigating any potential adverse effects.

Images/Photo captions (Inadequate):

- The privacy concerns discussed in the context section are also applicable here. The photos of the interviewee's son in the intensive care unit have the potential to cause harm, particularly

with regard to future employment opportunities. This exposure could potentially have lasting negative effects on both the mother's life and more importantly the son's future professional life.

- Many terms used in the report carry negative connotations, such as "*addiction*", "*be addicted to*", and "*ice*". As suggested in previous sections of this discussion, these could be replaced with more neutral and preferable alternatives, to ensure more objectivity and fairness.



Image of a person with substance dependence
(Georgia Loney, 2016)
Screenshot (M)

Relevant resources (Inadequate):

- The report includes relevant resources, but it is inaccessible now. More resources should be included to create a more valuable report with longstanding effectiveness including links to local services and helplines.

More information can be found at [Ice in Bunbury: A Mother's Nightmare](#).

Inaccessible hyperlink
(Georgia Loney, 2016)
Screenshot (N)

Analysis:

While this document promotes advocacy and calls for support, its narrative style and insufficient context diminish its impact. The report would benefit from a more in-depth exploration of the social determinants involved, which would enhance its potential for positive influence. There is a need for additional investigation into the reasons behind the lack of support for families affected by methamphetamine use in Bunbury. Furthermore, the report employs stigmatising language throughout. Journalists must exercise caution and be mindful of their word choices, as language plays a crucial role in either perpetuating or alleviating stigma. On a final note, the report touches upon an ethical issue concerning the basic human rights of individuals who use AOD. The advocacy presented here, unfortunately, comes at the expense of the users' privacy, as it involves the disclosure of personal health information and images accompanied by negative undertones. To truly address these shortcomings, it is imperative that guidelines for journalists be improved, ensuring a comprehensive, context-rich narrative that respects the privacy and dignity of all individuals involved.

7.2.3 'I hated myself': How crystal meth ravaged Mitch's life

Overall rubric rating: Excellent

Synopsis: This article features multiple people from different backgrounds who had been dependent on methamphetamine and other drugs. These are first-person narratives of their personal family environments growing up, their psychological drivers for using AOD, aspects of their recovery, as well as misconceptions about those who become dependent on methamphetamine.

An original online story can be accessed [here](#).

Title	'I hated myself': How crystal meth ravaged Mitch's life	
Platform	News.com.au	
Date	16 November 2019	
Headlines	Inadequate	It fails to accurately reflect the content of the article and the word "ravaged" creates a sensationalised tone.
Language	Inadequate	It states the exact price of the drug.
Context	Excellent	The story is evident-based, non-judgmental and well-balanced, providing a comprehensive view of individual experience of struggling with substance use.
Images/ Photo captions	Very good	Most of the images and captions are well-selected, despite the image of crystal methamphetamine may bring negative emotions.
Relevant resources	Adequate	Include relevant resource but need more introduction.

'I hated myself': How crystal meth ravaged Mitch's life

Mitch was 20 and desperately trying to impress a girl he liked when he spent \$40 on something that changed the course of his entire life.

Story headline and description
(Ginger Gorman, 2019)
Screenshot (O)

Headline (Inadequate):

- The use of the strong word "ravaged" can create a sensationalised and dramatic tone in the headline. Using this intense language may not accurately reflect the content of the report and contribute to misconceptions and stigma surrounding substance use.
- "I hate myself" can be seen as misleading and over theatrical because it hints that substance use caused self-hatred, while the actual story content suggests a more complex narrative where substance use delivered relief or other experiences. Readers may be misled about the cause-and-effect relationship between substance use and self-esteem.

Language (Inadequate):

- The story respects the interviewees' preferences for the term "addict" or "recovering addict", showing sensitivity to their choices.
- The report uses an alternative respectful preferred term "substance-dependent".
- The story appears to be aware of the word choice and makes an effort to use more respectful and non-stigmatising language. For example, they refer to individuals dealing with substance issues as "people with addiction issues", which is person-first language. However, using "people with substance dependence issues" is even more appropriate and precise. This terminology not only avoids stigmatisation but also provides a clearer and more accurate description of the situation.
- Stating the exact price of the drug, "around \$40", conveys a message that drugs are readily available and affordable. Readers might interpret the statement to mean that the drug is easily obtainable for a low cost, potentially encouraging experimentation with its use.

Context (Excellent):

- The story carries a non-judgmental tone throughout, reflecting empathy towards individuals with drug dependence issues. A relevant sentence from the story is "There's always a reason beyond why people do it, you know...People don't just become drug addicts overnight because they use drugs", alluding to the complex drivers of AOD dependence that extend beyond the surface desire to use.
- The impact of generational trauma is aptly demonstrated as the article delves into the interviewee's family background; researchers have proved that individuals who grow up in homes where parents experience substance dependence are at greater risk of using AOD (Hansen & Botzet, 2014). One of this report's quotes says, "Mitch grew up in a family of addiction...His family lived in a stream of rental properties and Mitch constantly witnessed his mother come to harm at the hands of various 'very violent' boyfriends". The article continues to reveal how family experiences, such as growing up in violent, poor, and chaotic homes can contribute to dependence. By putting a spotlight on this generational aspect, it offers a broad view on how trauma within the family unit interconnects with the individual's tendencies to use AOD. This also prompts readers to consider the social context of individuals who use AOD, such as their social circles and status, instead of holding them exclusively accountable for lack of balanced AOD use.
- The narrative refrains from blaming individuals for their behaviour and dependence. Instead, it suggests that there are underlying reasons and experiences that lead to substance use. For example, it illustrates that people use drugs to cope with inner pain and trauma, quote from the story, "Drugs are their answer to dealing with the pain inside them that they can't deal with themselves".
- The report includes references to data supporting its claims. It cites the 2016 National Drug Strategy Household Survey and insights from experts in the field, such as Paul Dillion (who is the director of Drug and Alcohol Research and Training Australia) to provide a factual basis for the discussion. It suggests that the "ice epidemic" is not as straightforward as media reports suggest. This demonstrates a commitment to providing a balanced view of the issue.
- The story is well-balanced in terms of length and does not disproportionately emphasise any particular viewpoint. It gives a comprehensive view of the experiences of individuals struggling with drug dependence and recovery.

Images/Photo captions (Very good):

- The images chosen for the interviewees express positive aspects of their lives, allowing readers to see them beyond their addiction. This contributes to destigmatising substance use and presenting a more holistic view of individuals with dependence issues.
- The first interviewee's picture with a guitar is an example of how the images aim to show the multi-dimensional aspects of their lives. This encourages the humanisation of the interviewees and strengthens the idea that they are more than their dependence.
- The second interviewee's photo from childhood is a thoughtful choice as it provides insight into their life before being in their drug dependence phase, focusing on the impact of generational trauma and early experiences.
- While most of the images and captions are well-selected, the picture of crystal methamphetamine is inappropriate. It may bring negative emotions and associations, potentially detracting from the overall message of hope, recovery and understanding presented in the story.



Positive image
(Hilary Wardhaugh, 2019)
Screenshot (P)



A picture of crystal methamphetamine
(Hilary Wardhaugh, 2019)
Screenshot (Q)

Relevant resources (Adequate):

- While the story includes valuable information and directs readers to the "*Cracks in the Ice*" website, there is an opportunity for improvement in the introduction to the website. Providing insight into the purpose and scope of the website can better prepare readers for what to expect.

Citing data from the 2016 National Drug Strategy Household Survey, the Federal Government website [Cracks in the Ice](#) states "... overall rates of methamphetamine (including ice) use in the general population declined over the previous five years".

Hyperlink (Ginger Gorman, 2019) Screenshot (R)

Analysis:

The report presents a compassionate perspective on individuals with substance dependence. However, upon deeper analysis, it is advisable to choose more neutral and factual language in the headline to ensure a balanced representation. The headline should be revised to accurately reflect the content and not oversimplify the individual's experience. While the language used is generally respectful, there remain opportunities to employ more precise terminology to eliminate any room for misinterpretation and further diminish the stigma associated with substance use. Also, to increase accessibility and utility for readers, resources could be made more readily available. One approach would be to incorporate direct hyperlinks within the text with clarification. Additionally, the report could feature a dedicated section, prominently displayed, listings and briefly explain these resources. This way, readers seeking information or assistance related to AOD issues would have a more convenient and user-friendly means of accessing the valuable resources mentioned in the story.

7.3 Discussion

A different approach to the discussion of the "life stories" section was adopted as opposed to the rehabilitation reports discussion section. The life stories reports were collectively examined and a list of four metrics was collated to inform journalists, particularly when publishing *individual stories*:

A - Tone and message of the report: This revolves around how negatively or positively AOD issues are represented, and what attitudes the reader formulates about said issues after reading. To incorporate an appropriate tone/message journalists can focus on:

- **Intent:** having an intention to produce an action-oriented article raising awareness of AOD as a health issue is a primary step to writing fairly.
- **Neutrality:** this includes remaining objective and presenting the views of everyone involved, especially the person with the substance dependence issue. Journalist Jenny Valentish, as mentioned in the interview, highlights how this empowers those with dependence issues by hearing their voice on whether articles reflect their truth. Being neutral also means editing the story without disproportionately allocating more lines for certain perspectives over others.
- **Language:** it is best to use terminology put forth by AOD experts and avoid words that incite fear such as "a mother's nightmare". It is important to not use a drug's street name as a default, it should only be used in a direct quote. This can build negative associations in the reader's mind but, more significantly, can lead people who use drugs to misidentify a drug or use synthetic versions of it, leading to harm.
- **Images:** use of pictures of a person with substance dependence in a coma, for example, builds fear and an automatic association of AOD with crisis, irrespective of written content. It is advised that the pictures chosen should not evoke strong negative emotion.

B - Education: A focus on educating the reader on AOD dependence has a sustainable advantage. This encompasses:

- **Resources:** links, hyperlinks within the article, and side column of services with brief explanations. These are best incorporated in a user-friendly format.
- **Experts:** invite AOD and health professionals to speak. Treatment expectations and how to help someone with an AOD dependence start their journey of recovery are just few of many hugely beneficial tips that would weigh heavily for those seeking support.
- **Events:** seek, organise, and link to gatherings where people can discuss AOD issues.
- **Terminology:** use each article to introduce and explain respectful terminology. It is worthwhile to mention that individuals with substance dependence may be accepting of labelling language. This is a form of internalised stigma to be aware of and resist using. At the microsystem level, ecological systems theory affirms that individuals experiencing dependence often internalise the stigmatising messages perpetuated by the media (Wilson, 2020).
- **Transparency:** like the first and third report did, alluding that AOD portrayal in movies and media should not be a definitive source for guidance and that they are sometimes inaccurate informs readers to be mindful of misinformation.

C - A holistic and comprehensive perspective: In plain terms, “giving the big picture” and therefore expanding the scope beyond the specific person who has the substance dependence issue. To do this, journalists may:

- **Underline AOD being used as a form of self-medication:** in the third report, the individual referred to how he used drugs to tackle self-esteem issues. Illustrating how AOD was a method to navigate psychological struggles enlightens readers on subtle reasons behind problematic AOD use and how it can start.
- **Engage family members:** the inclusion of family members as a support network draws importance to both the role and well-being of all individuals in the family unit. Moreover, this hints at the significance of not alienating or stigmatising those who use.
- **Explore home environment and generational trauma:** accentuating previous struggles and challenging childhood settings generates a wider view and gives context to why certain individuals are more likely to depend on substances while others are less inclined.
- **Underline gaps in available services:** using a person’s story to investigate the availability of services and how easily accessible is advantageous. The latter is essential to starting conversations on facilitating/establishing easily accessible AOD support regardless of location or other variables.
- **Put a spotlight on the individual’s life outside AOD:** showing childhood photos or current pictures doing non-AOD related activities/hobbies (such as the third report presenting the person holding a guitar and smiling) promotes a non-limiting view. It illustrates that individuals with AOD dependence are no different to everyone else and have multidimensional lives despite their dependence. This does however contrast to the use of children’s photos as seen in the previous section where the message was one of fear and security rather than a simple happy snapshot of one’s past or present.

D - Privacy: As with rehabilitation reports, this is a matter of significance. Nevertheless, life stories put a spotlight directly on the individual, which has far more damaging effects than exposing the location of a support centre. To respect privacy in reporting on individual stories, it is paramount to:

- **Not disclose identifying details or images:** this can hinder employment prospects as well as social relationships even post-treatment.
- **Highlight the significance:** point out to the reader the reasons for concealing the identity of the individuals portrayed and why that is crucial to preserve privacy.
- **Consistently consult with ethical guidelines:** this is relevant since individuals with AOD dependence may not be in a fitting mental state to understand the consequences of consenting to disclosure. Even if said individual or their family, do not comprehend the negative consequences, it is the journalist's professional obligation to refrain from publishing such information.

8. Recommendations

A - Advocacy for media practitioners

There is a need for the Australian Press Council to modify their existing guidelines to more specifically address reporting on substance use. These modifications should emphasise the importance of ethical reporting, avoiding stigmatising language, and the responsible portrayal of individuals with lived experience of AOD. In addition, the scope of what is considered private in the statement of privacy principles could be broadened to provide better alignment regarding human rights and respect, preventing the unintentional disclosure of sensitive details and avoiding potential negative consequences for individuals seeking assistance for AOD-related concerns.

- Language: Use first-person language and non-stigmatising terms. Avoid sensationalising.
- Images: Do not show children, people who use AOD, their families, or where they live.
- Context: Investigate an individual's background, barriers to treatment, and factors affecting AOD use. Present balanced views and give a comprehensive picture rather than focusing narrowly and one-dimensionally on AOD.
- Privacy protection: Protect the privacy of individuals involved in AOD-related stories. Do not include names of people in treatment or post treatment, location details of treatment facilities, and identifying information.
- Narrative: Provide factual information but do not include details to encourage or enable the purchase of illicit drugs.
- Clearly identify AOD as a health issue rather than a moral issue, refrain from alarmist tones and avoid an overfocus on crime related AOD content.
- Education: Provide expert opinions and contact information for easily accessible service resources.

B - Direct training /education for journalists: deliver workshops that provide a space to address misconceptions among journalists towards AOD

- Provide training workshops to journalists on AOD as a health issue and on the effects of stigma.
- Mandate stronger guidelines that require journalists to provide data, referral to support services, cite sources, and to involve health professionals in any AOD report (similar to guidelines on reporting suicide and mental health issues).
- Arrange for information sessions by AOD experts to discuss stigma towards those with AOD dependence problems. This is especially significant for any future plans of opening AOD support centres in specific locations.

C- Policy and community leaders including politicians:

- Provide training and education to community leaders including politicians to ensure that they have the knowledge necessary to speak in a health informed way about AOD issues
- Provide guidance to policy advisers and community leaders on the risks associated with politicising AOD treatment and support issues in the media.
- Incorporate media engagement as an essential element of planning AOD treatment and support services implementation as the media's negative involvement may disrupt progress and the sense of inclusiveness among those seeking AOD assistance.

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Appendix A - Language Guideline

Language matters

Language is powerful—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.

When working with people who use alcohol and other drugs...

 try this	 instead of this
substance use, non-prescribed use	abuse misuse problem use non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict junkie druggie alcoholic
person experiencing drug dependence	suffering from addiction has a drug habit
person who has stopped using drugs	clean sober drug-free
person with lived experience of drug dependence	ex-addict former addict used to be a...
person disagrees	lacks insight in denial resistant unmotivated
treatment has not been effective/chooses not to	not engaged non-compliant
person's needs are not being met	drug seeking manipulative splitting
currently using drugs	using again fallen off the wagon had a setback
no longer using drugs	stayed clean maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle dirties
pharmacotherapy is treatment	replacing one drug for another

Adapted from *Language Matters* from the National Council for Behavioural Health, United States (2015) and Matua Raki, New Zealand (2016).



Person-centred language in non government AOD services

About this resource

Person-centred language focuses on the person, not their substance use. It is a simple and effective way of showing you respect a person's agency, dignity and worth.

This resource has been developed for people working in non government alcohol and other drugs (AOD) services. It has been developed in consultation with people who use drugs.

The purpose of this resource is to provide workers with guidelines on how to use language to empower clients and reinforce a person-centred approach.

Why have we developed this resource?

Our attitudes towards AOD use and how we respond rests on the concepts and language we use.

Words like 'addict', 'clean' and 'dirty' reinforce negative stereotypes and encourage judgement, blaming and shaming.

Fear of stigma and being labelled as a 'drug user' can and does prevent people from accessing treatment and support. Use of such language also contributes to poorer treatment outcomes.

Being mindful about the words we use is not about being politically correct. Language is powerful and it is the power of language which makes it an important practice tool; a tool to empower clients and fight stigma.

What this resource is not

This resource is not an exhaustive list of 'dos' and 'don'ts'. Language is complex. What is considered 'person-centred' will depend on the individual and the context. Terms, like 'recovery' for example, might be stigmatising for some, while others may prefer such terminology. There is no one-size-fits-all approach. What is important is that we are respectful and person-centred in our approach.



To learn more, visit the International Network of People who Use Drugs website: www.inpud.net.

Better practice guidelines

When working with people who use drugs:

- Don't define a person by their substance use or diagnosis —emphasise the person first. For example, say 'person who injects drugs' instead of 'injecting drug user' or 'person living with hepatitis C' instead of 'they're infected with hep C.'
- Don't impose your language on others. Where appropriate ask the person what language they prefer and respect their wishes.
- Choose terms that are strengths-based and empowering. Avoid terms like 'non-compliant'; use terms like 'chooses not to' or 'decided against' which affirm a person's agency, choice, and preferences.
- Be mindful of the implications of your language. Avoid terms like 'clean' and 'dirty' when talking about urine drug screen results. Consider also the implications of referring to opioid pharmacotherapies as 'substitution' or 'replacement' treatment.
- Avoid expressions like 'has a drug habit' or 'suffering from addiction' which can disempower a person by trivialising or sensationalising their AOD use.
- Use language that is accessible. Don't speak above a person's level of understanding or assume that a person is not capable of understanding. Avoid slang and medical jargon which can be misinterpreted or cause confusion when used incorrectly.
- Don't make assumptions about a person's identity—be inclusive. For example, ask about a person's preferred gender pronouns or, if you are unsure, use gender neutral terms like 'their', 'they' or 'them'. Better still, avoid unnecessary references to gender altogether by using the person's name.
- Be aware of the context of the language being used. Some terms are ok when used by members of a specific community as a means of claiming identity; the same terms can be stigmatising when used by people outside that community.
- The community of people who use drugs, like all communities, can suffer from lateral discrimination. Be careful not to take on the biases of others. Your language should respect a diversity of experience and empower the person who is looking to you for help.
- Remember, we don't just use words to communicate. Use non-verbal cues, like eye contact, tone of voice and body language to demonstrate you respect the dignity and worth of all people.

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Appendix B - Imagery-induced stigma by setting (Hulsey et al. 2023)

Category	Non-Stigmatizing Imagery	Stigmatizing Imagery
Treatment/Patients	Holding hands, group therapy, support groups, people helping to support a peer Stethoscopes, medical icons, external and internal photos of a hospital without patients present, prescription pads, and doctors without patients in frame with racial diversity	Distressed or unhappy individuals, overly-dramatized photos
Types of SUD	Molecular symbols of the SUD type, definitions from the dictionary, and typography	Images of drugs, alcohol, pills, and paraphernalia; images of individuals using or preparing substances
Law Enforcement	Images with police cars, sirens, police stations, and police officers without other individuals in the image Images with equal representation across different races and ethnicities in images, from depictions of law enforcement or other positions of authority to images of those who are justice-involved or requiring SUD services Images where the representation of officers are alone (without an individual being arrested or depicted unfavorably) and helping in the community in pro-social activities	Images of people being arrested or in handcuffs Images of White law enforcement officers and those being arrested represented by African American or Hispanic/Latino individuals
Courts	Photos of empty courtrooms, a gavel, or the scales of justice to convey material or information related to the judicial system	Depictions of individuals in prison jumpsuits or handcuffs
Jail/Prison	Images that focus on positive activities during incarceration and photos of modern, updated common areas, cafeterias, prison libraries, and individuals in classrooms and vocational trainings to indicate prison settings	Images of bars, rows of cells, individuals behind bars, and images of prison or jail structures that include barbed wire or gun towers
Reentry	Photos of roads and pathways with hopeful coloring, doors opening with a hopeful theme and abstract images of the community Aspirational, hopeful images to represent the promise of reentry and community reintegration. Participants suggested more community activity photos and employment-focused imagery	Images of individuals still in prison jumpsuits or handcuffs in these settings, or any image that reflects despair Unrealistic photos and descriptions of reentry and supervision

Appendix D – Best Practice checklist for journalists

The table below is a brief checklist that consolidates some of the best practice suggestions identified in this research project. It is provided as a quick and easy guide to assist journalists prior to developing their story.

A BEST PRACTICE CHECKLIST FOR JOURNALISTS	
EDUCATION	
Invite contributions from AOD experts and medical professionals with expertise on the topic.	
Acknowledge the drivers of AOD use e.g., past traumas, social determinants of health, accessibility etc.	
Provide easily accessible links and websites to AOD support (i.e., a side column with links to and a brief explanation on what the services provide).	
Highlight the advantages of local AOD services to the wider community.	
Give links to events such as consultations where experts, the community, and service users can have a dialogue around AOD issues and treatment services.	
Always use the correct terminology and inform the audience why you use this language.	
Highlight that AOD representation in movies and other media is often inaccurate where appropriate.	
POSITIVE-FRAMING	
Accurately present details about services and staff roles in treatment services (e.g., what really happens in treatment and rehabilitation centres, staff roles and qualifications).	
Give equal airtime to all sides of the story, especially presenting the issues for people with lived experience of AOD dependence/service use and their families.	
PRIVACY	
Conform to ethics and privacy guidelines. Be cautious of sharing private information or images of the AOD-dependent individual or their family even with their consent.	
Explain the ramifications of disclosing AOD issues to interview participants prior to interview.	
Highlight the importance of respecting the privacy of people in treatment to your audience.	
Respect the privacy of services, especially in relation to locations where treatment may be provided to individuals who wish to retain anonymity. Limit identifying information (e.g., service location) unless there are clear grounds for disclosure.	
AUTHENTICITY	
Cite any sources used and fact-check information (including media releases) before publishing.	
COMPREHENSIVENESS	
Bring attention to drivers behind AOD dependence and to AOD as a coping mechanism for deeper personal struggles.	
Engage family members in reports, with a self-care focus for non-using individuals in the family.	
Identify and report any gaps in accessing AOD services, funding, and availability.	
Showcase individuals with alcohol and drug issues as multidimensional (i.e., point out hobbies, positive attributes, employment etc.).	



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