Mindframe for Alcohol and Other Drugs

Guidelines for communicating about alcohol and other drugs.
This document was developed by Everymind.

Preferred citation: 

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In 2017 Mindframe, a national initiative managed by Everymind, was commissioned by the Australian Government Department of Health to investigate and develop guidelines for the reporting and portrayal of alcohol and other drugs in the Australian media. Since 2002, Mindframe has provided comprehensive national guidance, training and education, to support safe media reporting, portrayal and communication about suicide and mental ill-health. Mindframe does this by building collaborative relationships with the media and other sectors that influence the media. Since the implementation of Mindframe, the quality of reporting on mental ill-health and suicide in the Australian media has significantly improved (Pirkis et al., 2008).

Mindframe’s work has resulted in Australia being recognised by the World Health Organization (WHO) as one of only two countries to achieve behaviour change for media reporting on suicide (World Health Organization, 2014).

The Mindframe team has now applied the same principles and methodologies to another project - Mindframe for Alcohol and Other Drugs. These evidence-informed guidelines aim to positively influence the quality of media reporting on AOD-related issues, improve community attitudes towards people living with issues related to AOD use and increase help-seeking behaviour.

Mindframe would like to acknowledge the collective expertise and collaboration, which has informed and contributed to the development of these guidelines. This includes members of the AOD sector, lived experience representatives, Mindframe AOD Advisory Group members, members of other Mindframe Advisory Groups (media, mental health and university education), the Australian Government Department of Health, and our project partner the University of Newcastle (UoN).

Overview

Mindframe for Alcohol and Other Drugs is a strategy to support the media and other stakeholders to communicate safely, respectfully and responsibly about alcohol and other drugs (AOD). The project uses research evidence to reduce stigma associated with AOD use, increase help-seeking behaviour in people who may require treatment or support, and minimise harm.
Project team

Mindframe for Alcohol and Other Drugs is coordinated and managed by a project team at Everymind, based in Newcastle, Australia. Everymind partnered with the University of Newcastle on this project.

Details of the project team can be found on the Mindframe website: mindframe.org.au.
About

Everymind

Everymind is a leading national Institute dedicated to reducing mental ill-health and suicide rates, and improving wellbeing. Everymind has a reputation for delivering world-leading prevention programs and high-quality translational research. Mindframe has been managed by Everymind since 2002.

"If we can change the way alcohol and other drugs are reported in the media, we have the potential to change countless lives. Let’s allow the truth to get in the way of a good story."

JACK NAGLE, REAL DRUG TALK
MINDFRAME ALCOHOL AND OTHER DRUGS
ADVISORY GROUP MEMBER

The guidelines

Mindframe for Alcohol and Other Drugs is a practical research-informed* resource for communicating about AOD use and related issues. These guidelines are designed to inform, support and empower media to report safely and responsibly on AOD in ways which minimise harm, stigma and discrimination while maximising help-seeking behaviour.

The guidelines are supported by more detailed information online – mindframe.org.au – including quick and comprehensive guides on reporting AOD use and related topics, contact details for organisations, which can provide comment for stories, and detailed evidence about the impact of media reporting.

*References are detailed on the Mindframe website
Communicating about alcohol and other drugs

Public attitudes and beliefs can have a significant impact on individuals who use alcohol and other drugs and have the potential to influence their ability to engage in help-seeking behaviour.

At the same time, national and international media coverage can play a considerable role in shaping the nature of public beliefs and attitudes regarding AOD. Due to this, the media have an opportunity to support prevention, early intervention and treatment efforts for people using AOD and those experiencing problems with that use (Kay-Lambkin et al., 2018).

AOD media portrayals have historically included references such as reports of ‘epidemics’ in the use of particular substances. These and other alarmist forms of reporting can enhance moral panic. Frequent topics have included links to crime, violence and seizures of drugs. There has been less reporting of topics such as education, prevention, early intervention and treatment (Kay-Lambkin et al., 2018).

The beliefs of the community can be both reflective of and impacted by media communications. There are various ways that media can frame stories and use language to discuss AOD issues. These communications can inform public discussion about AOD and influence the perceived credibility of information and opinions.

Government policy and agenda setting related to AOD and AOD issues also have the potential to be influenced by the way the media communicate (Nelson et al., 2015). The media have the potential to both positively or negatively play a role in public health. Ensuring that portrayals of AOD are accurate and do not sensationalise AOD use can assist in preventing panic in the community and stigmatisation of people who have or currently use AOD, as well as the families of those who have used or currently use AOD (N. Lee, 2017).
A recent review of the literature found there is evidence that media portrayals focused on the health, psychological and social risks associated with AOD use, and portrayals that encourage consideration of how AOD fits into individuals’ goals as contributing members of society, can lead to reductions in AOD use. Not only is there a public health benefit to safe portrayals of AOD issues, but there is the added incentive of ensuring credibility (Kay-Lambkin et al., 2018). Evidence suggests that the credibility of media as a reliable and accurate source of information declines when reports focus on moral panic, violence and crime, and when coverage exaggerates the prevalence of AOD issues (Kay-Lambkin et al., 2018).

Media coverage impacts on the nature of AOD issues in Australia and has the potential to accurately inform and positively influence general community attitudes and behaviours around AOD use. These guidelines provide an opportunity for the media to report on AOD issues safely and generate a positive impact on help-seeking for those who need it.
Stigma, discrimination and help-seeking behaviour

The way in which a person who uses AOD is described or portrayed can have an impact on an individual’s self-esteem, as well as shape community perceptions. Inaccurate or alarmist portrayals of AOD in the media can cause moral panic and can lead to the stigmatisation of people using AOD and their families.

Reducing stigma and misconceptions can be extremely beneficial in empowering individuals to remove barriers to help-seeking. It can also support families and loved ones of those who use AOD, as well as influence policy and funding for AOD services and programs in Australia.

Language, images, footage and various terminology can lead to the stigmatisation of individuals or groups of individuals. As a result, discrimination may occur, whether it is done in an overt or covert manner.

Previous communication focused on people who use drugs has generally involved framing individuals as delinquents, violent, weak, morally unfit, dangerous, predatory and amoral (Keary, 2017).

Communications have mainly portrayed that the negative outcomes of problematic drug use, such as crime and violence, are unavoidable and forgone (Kay-Lambkin et al., 2018). However these stereotypes are inaccurate, influence public perceptions on AOD use and people who use AOD, and negatively affect help-seeking behaviours.

Such portrayals miss the opportunity of having realistic and helpful conversations about AOD use (Keary 2017) and fail to explore the broader issues that can be associated with AOD use such as social, socioeconomic, mental health-related context (Mastroianni & Noto, 2008).
Understanding the complexities of AOD use and medical issues associated with harmful use can assist in preventing unintentional discrimination and miscommunication.

These guidelines have been established with the hope that improved reporting and social commentary on AOD will help to reduce stigma associated with AOD use and increase help-seeking for those who need it.

The guidelines will be evaluated to assess their impact and the outcome of this evaluation will be used to further inform the program, Mindframe for Alcohol and Other Drugs.

The information provided here is expanded on the Mindframe website. However, these resources aren’t exhaustive and Mindframe encourages media and communications professionals to search further afield for well-informed communications that are factual and provide increased understanding and support. Please see ‘Where to get further information’ in this booklet.
The *Mindframe* for Alcohol and Other Drugs guidelines

- Communicating about someone who uses alcohol and other drugs
- Helpful ways to communicate about alcohol and other drugs
- Harmful ways to communicate about alcohol and other drugs
- Language
- Help-seeking
The way in which a person who uses AOD is described or portrayed can have an impact on an individual’s self-esteem, as well as shape community perceptions.

Inaccurate or alarmist portrayals of AOD in the media can lead to the stigmatisation and marginalisation of people impacted by alcohol and other drugs, and their families. People who experience stigma are less likely to seek appropriate help in a timely manner.

When communicating about someone who uses AOD it is helpful to remember:

- Characterising a person by their AOD use is unhelpful and stigmatising. Instead use person-centred language. For example, instead of referring to someone as a ‘cannabis user’ describe the person as ‘a person who uses cannabis.’
- Presenting people who use AOD as delinquent, violent and morally weak is inaccurate and can lead to further stigma and reduce help-seeking.
- When communicating about a person who uses drugs and who has broken the law, or about a drug-related crime, ensure that the information conveyed is factual and accurate and that sensationalist content is omitted.
- Be sensitive and remember that the way in which a person who uses AOD is portrayed can potentially have an impact on their life and the lives of their families and significant others. This includes high-profile individuals and celebrities.
- Where possible, remind the audience that the subject is not only a person who uses drugs, but someone who has other traits. Most people who use AOD function well as parents, partners, participants in the workforce and members of their community.
- Portraying AOD dependence as a treatable condition may contribute to improved understanding and reduced stigma among the general public, who are accustomed to unhelpful stereotypical media portrayals.
Helpful ways to communicate about alcohol and other drugs

There are ways in which AOD can be discussed and portrayed that can be helpful in raising awareness, support help-seeking behaviour and reduce usage.

When communicating about AOD it is helpful to remember:

- Conveying adverse health and social consequences associated with AOD use in a balanced and evidence-informed way can be effective in reducing or modifying AOD use.

- When reporting on increases in use or new AOD trends, include the prevalence of the drug of concern in the context of other AOD use. For example, if reporting on prevalence of crystal methamphetamine use and harms, include comparative data on the prevalence of other drug use and harms such as alcohol and tobacco. The harm of one drug does not disappear with the emergence or increased use of another drug.

- When communicating about AOD it is helpful to seek expert opinion to provide context and ensure accuracy. Experts can assist with providing context based on facts and statistics to ensure exaggeration doesn’t occur. Try to source key informants including researchers, clinicians and people with lived experience of AOD.

- Harmful AOD use is a public health issue, not a moral failing and media portrayals should reflect this.
AOD is widely portrayed in the Australian media. The way in which this is done can often be stigmatising or discriminatory, resulting in moral panic. To avoid this it is important to remember:

- Reporting or portraying AOD in a way that encourages moral panic doesn’t support help-seeking behaviour and can result in further stigma.
- Exaggerating facts and selective statistics associated with AOD can influence public perception, contribute to stigma about people who use drugs, and result in anxiety about the drug of concern.
- Focusing on alarmist issues such as violence and crime, increases in statistics, celebrity alcohol and other drug use, and drug sieges minimises the persisting social issues associated with problematic AOD use. It also takes away from the exploration of potential solutions including treatment and good evidence-based public policy.
- Pro-alcohol media reporting can result in initiation or increased use of alcohol, particularly among young people.
- Avoid reporting stereotypical descriptions of AOD use or people using AOD, including stigmatising images (e.g. needles, people passed out etc.).
- Glamourising AOD use or related activity can contribute to increased use or initiation of that drug.
Language

Language continues to evolve regarding AOD. It is important to note that the language used to describe people who use drugs can have an impact on how they perceive themselves and how others view them. Inaccurate and irresponsible use of language and terminology is stigmatising for people who use AOD.

- Labelling a person by their AOD use can be stigmatising and demoralising. A person is not defined by their alcohol or drug use. It is just one aspect of their life. Instead of using words such as ‘addict’, ‘junkie’ or ‘crackhead’ use ‘person who uses drugs’.
- It is important to use terminology that accurately describe a person’s AOD use. For example, choose the phrasing ‘problematic substance use’ instead of ‘drug habit’.
- Describing someone who uses drugs or previously used drugs as ‘dirty’ or ‘clean’ is stigmatising. Instead use language such as ‘person who uses or no longer uses drugs’.
- The use of combatant language, such as ‘war on drugs’ or ‘fight’, and ‘combat drugs’ to describe measures to address AOD issues can be discriminatory. Alternatively, words like ‘respond’, ‘program’, ‘address’ and ‘manage’ could be used.
- Statements or phrases that describe people who use AOD as ‘hopeless’ or similar may discourage users from seeking help.
- Avoid the use of words such as ‘epidemic’ to describe an increase in drug use. It is both sensationalist and alarmist. Instead, describe trends or patterns as an ‘increase’ or ‘decrease’ in use or prevalence of AOD use. When using descriptive terms such as ‘significant’ be sure that the change is consistent with the scientific meaning of the word.

Mindframe for Alcohol and Other Drugs
Help-seeking

Mindframe encourages media to promote help-seeking information and links to support services in every instance where there is reporting of alcohol and other drugs.

Media have the opportunity to share AOD services that can respond to the needs of the community. This is a key goal of the Mindframe guidelines, which aim to reduce barriers and normalise help-seeking behaviour.

Media issues to consider:

- Include help-seeking information in all reporting and portrayals of AOD. For example, an AOD helpline and/or a specific website that contains relevant information to that particular story and location.
- Listed services should be appropriate and specific to the issues covered in the communication.

To help ensure stories about AOD do not impact negatively on people in the community, add help-seeking information which provides people with immediate access to support. Considerations include:

- Adding at least two 24-hour numbers to any story about AOD.
- If the story is online, linking directly to online support options.
- Matching the helpline or service to the story e.g. regarding age, audience, location and whether it is AOD-related.
- Informing the service when including their details so they can better respond to an increase in contacts.

Page 19 includes information on a variety of services and resources that can be promoted in an easy and concise manner. An information card with these services, that media and the community can use for their stories, is available on the Mindframe website and promoted via the Mindframe Twitter account @MindframeMedia.
Alcohol and other drugs support

National 24/7 Alcohol and Other Drugs Hotline:
1800 250 015

Other 24/7 support services
- Counselling Online counsellingonline.org.au
- Family Drug Support 1300 368 186
- Lifeline 13 11 14
- Kids Helpline 1800 551 800
- Beyond Blue 1300 224 636
- MensLine 1300 789 978

Other resources
- Turning Point turningpoint.org.au
- Alcohol and Drug Foundation adf.org.au
- Positive Choices positivechoices.org.au
- Head to Health headtohealth.gov.au
- headspace headspace.org.au
- ReachOut au.reachout.com

For more information and resources visit:

mindframe.org.au
@MindframeMedia

An initiative of EVERYMIND
The media plays an important role in shaping public opinion about alcohol and other drugs. There is a reciprocal interface between media, drug policy and AOD-related harms. Journalists can create an environment wherein evidence-based drug policy can be debated. They can communicate information that minimises AOD-related harms, provided the media is taken seriously by people who use drugs. This resource provides people working in the media industry with the resources to maximise the potential for the media to promote the wellbeing of Australians when it comes to AOD-related issues.

STEPHEN BRIGHT, EDITH COWAN UNIVERSITY
MINDFRAME ALCOHOL AND OTHER DRUGS ADVISORY GROUP MEMBER
Development of the guidelines

Mindframe for Alcohol and Other Drugs builds on the most recent research relevant to Australia, previous guidelines and existing knowledge from experts in a range of fields.

Mindframe received funding to begin the guidelines for Mindframe for Alcohol and Other Drugs investigation and development in 2017. This was initiated through stakeholder mapping of the alcohol and other drugs sector in Australia and the establishment of the Mindframe for Alcohol and Other Drugs Advisory Group (MAODAG).

Established in September 2017, the MAODAG were consulted at key stages of the project for expert opinion around the development of the project.

Everymind would like to acknowledge the Mindframe for Alcohol and Other Drugs Advisory Group for supporting the development of Mindframe for Alcohol and Other Drugs. A full list of the Advisory Group can be found at the Mindframe website.

Mindframe also consulted and collaborated with other representatives during this development process including journalists, university educators and communications managers from the mental health and suicide prevention sector.

The Mindframe for Alcohol and Other Drugs guidelines were developed following an extensive review of the evidence, including a thematic analysis of qualitative content from consultation with advisory groups.

There was also a particular focus on content and feedback from the MAODAG and from existing AOD guidelines.

The guidelines will continue to be further refined through the results of the following:

- A comprehensive survey of the community and sector (Media, AOD, health, education, researchers)
- Evaluation of guideline dissemination
- Ongoing reviews of literature

As part of these core guidelines, collateral will continue to be created by the Mindframe team, to support the media in implementation of the guidelines and via dissemination on the Mindframe website.
The evidence

The Australian Government Department of Health commissioned Mindframe, managed by Everymind to investigate and develop guidelines for the reporting and portrayal of AOD in the Australian media.

As part of this process, Everymind partnered with the University of Newcastle (UoN) to conduct a review of the evidence on media reporting of AOD issue’s which involved a UoN research team conducting a rapid review of the evidence.

This resulted in the production of the Media Reporting of Alcohol and Drug Use, which was finalised in 2018.

The purpose of the review was to summarise the media reporting of AOD use worldwide in order to examine the impact of media portrayals of AOD use on stigma and AOD behaviours.

This evidence base was then used to develop and present recommendations on how media reporting of AOD can potentially support and maximise public health benefits.

The rapid review sought to address the following questions:

- What is the portrayal of AOD use in the media?
- What is the impact of the media portrayal of AOD on the general community?
- What (if any) are the existing media reporting guidelines in Australia or elsewhere?

As a result of the findings, this study has contributed to the presentation of the following key recommendations:

- Update of media guidelines for AOD issues
- Development of an implementation plan to encourage guidelines uptake
- Evaluation of implementation in order to determine the effectiveness on media reporting and stigma/behaviours with regards to AOD
- Development of a fact-checking strategy for media consumers

A summary or a full copy of the rapid review is available on request.
Where to get further information

Facts and statistics on Australian use of alcohol and other drugs

- Australian Bureau of Statistics, see www.abs.gov.au
- For an up-to-date summary of key trends in Australian AOD availability, consumption, harms and treatments see the following web report by the Australian Institute of Health and Welfare www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/introduction
- For more information on publicly-funded AOD treatment services please see the AOD Treatment Services 2016-17 data visualisations by the Australian Institute of Health and Welfare at www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2016-17-data-visualisations/contents/data-visualisations
- National Drug and Alcohol Research Centre: https://ndarc.med.unsw.edu.au/
About specific drugs and their effects

- To find more information on specific drugs, the Alcohol and Drug Foundation has a directory on their website which includes facts on a range of drugs. For more information see adf.org.au/drug-facts/

- Positive Choices is an online portal to help school communities access accurate, up-to-date drug education resources and prevention programs. As such they have a range of resources which include evidence-based factsheets that are written for people in high school and older. For more information see positivechoices.org.au/drugs-a-z/

- Cracks in the Ice is an online toolkit funded by the Australian Government Department of Health and reviewed by NHMRC Centre for Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, UNSW and the National Drug Research Institute, Curtin University. It contains evidence-based information and resources about crystal methamphetamine (ice) for the Australian community. The website contains a range of information that is helpful to inform media communications on crystal methamphetamines, to increase understanding and reduce stigma around this drug. For more information see cracksintheice.org.au/

- Lives of Substance is a website that aims to support those who use drugs and to provide the community, health professionals and policy makers some insight into their experience. It contains personal stories of AOD addiction, dependence or habit that can provide increased understanding and assist in preventing misinformation and stigma in communication about AOD. For more information see livesofsubstance.org/

Note: In reducing stigma it is recommended that correct and factual terminology is used when referring to AOD and specific drugs (please see language – guidelines). Evidence-based websites such as the above can assist with this.
Select references


Note: The *Mindframe for Alcohol and Other Drugs* guidelines are evidence-informed and an exhaustive reference list can be found on the *Mindframe* website.