

Dealing with the stigma of drugs

A GUIDE FOR JOURNALISTS

ADDICT

REHAB

recovery

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UK DRUG POLICY COMMISSION

How we can help

Most people don't use drugs and don't approve of drug abuse.

But is someone who is drug dependent an out of control "junkie" slipping ever deeper into despair and degradation or a 'heroin user', in control of his or her use of an illegal substance leading what to the outside world is considered a "normal" life?

Both descriptions may fit and either candidate could be as desperate to overcome a powerful habit as much as any reformed alcoholic or someone desperate to give up smoking.

The award of a deviant social status to drug users may serve to discourage use but it does little to assist those most in need of help. Studies have consistently shown that perceived devaluation and worthlessness on behalf of the user does little to spur them towards recovery. The 'shame' of addiction is a reason why people with drug problems – and their families – often do not seek help.

Widespread stigma remains a barrier to recovery for drug users. And the media can help – just as it has had a positive influence on public understanding of the problems of stigma associated with mental illness, disabilities and poverty.

Whether used consciously or lazily, certain words continue to imply a moral judgment in an era when the explosion of digital technologies has created a bigger platform than ever before for education.

The UK Drug Policy Commission identified that, aside from being consistently distasteful and backward, negative connotations attached to the



term 'junkie' made it more difficult to encourage addicts to join rehabilitation programmes. 'Getting serious about stigma' found that more than two-thirds of the sample agreed that we have a responsibility to provide the best possible care for people with drug dependence.

Newspapers and broadcasters, now more than ever, can set new benchmarks for recovering drug addicts to throw off the stigma and overcome the dependencies that prevent them leading full and valued lives.

With the badge of the Society of Editors on the front page, this simple, practical guide does not seek to criticise the media or tell editors and journalists what to think or say or write. David Seymour has mastered the issues and presents the facts to help journalists report accurately and objectively so that stigma born of ignorance can be replaced with proper understanding and support for drug users who want to help themselves.

Bob Satchwell
Executive Director
Society of Editors



This sketch from the 19th century was probably not even an accurate portrayal of drug-taking then. Certainly no one would suggest such scenes go on in Britain today. Yet the picture of drug addicts sometimes presented by the media can slip towards suggesting as much of a caricature. And that matters. The many people in this country who develop a drug habit – and particularly those battling to rid themselves of one – face many obstacles apart from their addiction. Stigma is as significant as any. The media can play a critical role in overcoming that, as it has done in surmounting the stigma which surrounded other groups in society. At a time when journalists are under sustained attack, our critics need to be reminded of the continual striving for responsible and higher standards.

**David Seymour, former Political Editor, Mirror Group
Stigma Guide Editor**

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Research in 2010 by the UK Drug Policy Commission found that even former drug users, some of whom had been in recovery for many years, are often subject to widespread prejudice and discrimination. Despite their efforts to move on from drugs, they experience stigma in many aspects of their lives.

Social attitudes are shaped by many factors, among which the media are an important influence. While reporting of issues like mental health and suicide have moved on enormously in recent years, there has not yet been a similar concerted effort to modernise coverage of drug addiction and recovery.

Yet, when we discussed our research findings with a meeting of editors and senior journalists, the response was extraordinarily positive. We found a great deal of support for using journalism to help overcome public misconceptions of those struggling with drugs and to demonstrate that recovery is possible.

The result of that meeting is this guide. Its purpose is not to lecture or say how stories must be presented. Instead, we want it to be a tool for challenging stereotypes, and for showing how a familiar disheartening story can be presented in a different light.

I know from my time on the Press Complaints Commission and the Mental Health Act Commission how changes in the reporting of mental ill-health have helped foster better public understanding of that condition. Stigma and prejudice have declined. I hope that this guide will help build a similar environment for people struggling with drug problems,



where more people can be successful in rebuilding their lives.

Throughout the production of the guide, we have been enormously grateful for the support and wisdom of Bob Satchwell and David Seymour, whose commitment and experience has been invaluable. We also owe a debt of gratitude to our funders, Barclays and the Esmée Fairbairn Foundation.

***Dame Ruth Runciman
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The stigma variations

What stigma is and why it matters

Of all today's hotly-debated issues, attitudes to illicit drugs and public policy towards them are as contentious as any. Even though the number of (mainly young) people who take them regularly is large – and those who have taken them in the past is even greater – the bulk of the media and political classes remain critical of drug-taking while agreeing that “Something Must Be Done”.

Yet the illicit drugs industry, though criminal by definition and operating underground, is a large one in the UK and across the globe. There is a significant economic cost to society.

The illicit drug market in the UK is believed to be worth £4-6 billion a year. It has been estimated that in 2003/4 in England and Wales, the costs to society of Class A drug misuse (mainly heroin, cocaine, crack) was around £15.4 billion, 90 per cent of which is drug-related crime costs.

Views on the best way to deal with this seemingly intractable problem swing between those who are convinced that harsher criminal sanctions are essential and those who insist that the “war on drugs” has failed and legalisation and/or some better form of regulation is the answer.

But this guide is not about those issues, important though they are. It deals solely with a subject which is rarely discussed despite the vast quantities of newsprint and airwaves devoted to the drugs debate: it is about the stigma attached to drug users – particularly those who have recovered or are recovering from addiction - and the impact that has

on them, their families and society. In particular, it is about what part the media can play in increasing public understanding of the nature of the condition and ways to overcome it.

It will benefit society to improve attitudes towards those who haven't yet begun seeking help and who would benefit from being seen not as hopeless, but as suffering from a something from which they can plausibly recover.

We can help the public improve their understanding about drug dependence and addiction so that the fragile recovery journey is supported.

We might occasionally wish to censure certain behaviour but at the same time we need to recognise that drug dependence and addiction have many causes and some people are at higher risk of developing it than others, just like many other illnesses.

“For the last three years I have been volunteering for the Isle of Wight drug action team as a service user representative. That means working closely with people and offering support. It helps that I have been there myself.

Standing in front of them, they can't believe it was me. I have recently completed my treatment and been discharged drug-free. Now I am hoping to go to university to do mental health nursing.

My kids are 13 and seven. It was the seven year old who was born addicted. My older child knows about my past – her dad overdosed and died when she was six. He was only 31. She is very intelligent and she knows you should never go down the drugs route. She's very proud of what I have become now.”

Helen, former drug addict

Branded for life

Stigma is one of the trinity of biases, the others being prejudice and discrimination. It is not just about disapproval, nor is it a reaction to what someone does, how they live or behave. Stigma comes from an assumption about an individual or group so they are treated not as an individual but as “someone like that”.

Most people we come in contact with – family, friends, neighbours, colleagues, even casual acquaintances – are dealt with as individuals. Each one is different, with the qualities and faults accepted as part of their personal characteristics.

When stigma intervenes, the person is no longer seen as a multi-faceted personality but simply as a stereotype. That person is dehumanised - obscured by an image which becomes fixed and immovable. He or she is perceived not only as behaving differently from us but actually not being like us. They are seen as lacking the human qualities shared by the people we know, live alongside and work with.

This doesn't only create enormous problems for the person who is stigmatised but for their family and society generally because it puts people outside the normal reach of society. It is destructive.

Of course it is understandable when specific behaviour such as illicit drug use, or law-breaking, is condemned and the person behaving in that way is treated accordingly. But that is not what stigma is.

Society's condemnation of unacceptable behaviour is not just about punishment for it may actually help to change that behaviour. But it can have the opposite effect on those who have been stigmatised. It can easily push those who have changed, or are trying to change, their behaviour to give up their efforts if it creates even greater obstacles to surmount. Stigma may be the hurdle too far which makes reform and the possibility of a new life seem impossible.

The term “stigma” is particularly relevant to how people with drug problems are viewed, as it carries the connotation of branding, with the implicit assumption that they can't change. The attitude is: “Once a junkie, always a junkie”. So an additional burden is added to basic prejudice which cannot be removed by recovery, however hard-won.

Nowadays drug taking is widespread, despite the continued condemnation by much of the political classes and media. So inevitably a large proportion of the population has come into contact with addiction in some form. Yet stigma continues to exist, doing terrible damage not only to those who are stigmatised and their chances of reaching a new, worthwhile and productive life, but to their families and our society as it wrestles with the problem of drugs and addiction.

A UK Drug Policy Commission survey found that two-thirds of employers would never recruit someone who previously had a problem with heroin or crack.

Another survey found that 44 per cent of people in the UK would not want to live next door to someone who has been dependent on drugs.

Only two-fifths of respondents (41 per cent) would be willing to work with someone with a history of drug dependence.

However, 57 per cent also said that we need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society.

And 73 per cent agreed that people recovering from drug dependence should have the same rights to a job as everyone else.

No home, no work, no hope

The survey findings reported opposite indicate the basic results of stigma suffered by recovering drug users. As ever, the practical reality is starker than mere statistics indicate.

Treatment for drug dependence is good value for money. The taxpayer gets £2.50 return in crime and health improvements for every £1 spent on it. But that is only the start for someone trying to rebuild their life after years of harmful drug use.

At its worst, the individual trying to create a new life will find obstacle after obstacle put in his way. He is given little help with accommodation, which means there is little prospect of him finding somewhere stable to live. How about staying with friends? Most, if not all, of the friends he has had are likely to be using drugs, which would provide an obvious temptation to drift back into the old ways.

Then there is the difficulty of finding work. The chances are that the person with a serious drug problem has not held down a job for years, if ever, and has had little education and limited training. Many employers are reluctant to recruit drug users, even after treatment.

The recovering drug user may wish to rebuild relationships with family

members – a wife or husband, children, parents, siblings. Yet this will not be easy and family members will have their own need for support at this critical time. Someone recovering will particularly need the support of their family, not just to encourage them but to assist in getting all kinds of help.

Even with family back-up, the recovering addict will have difficulties accessing services, partly because they have little experience of life in the mainstream world, particularly if they have spent time in prison. Gaps in employment records are known to create problems when looking for work; gaps in life create even greater ones.

Running alongside the stigma experienced by many recovering addicts is the shame they feel. They are unlikely to press hard for access to services or anything else, for they have an overwhelming feeling of worthlessness.

Low esteem and the long-term impact of stigma will prevent the recovering addict believing in his ability to recover. It is not unknown for an offer of employment to be withdrawn when an employer learns that there is a history of drug use. Imagine what damage that does to achieving continuing rehabilitation.

All this creates major barriers to successful recovery and can prevent the recovering addict re-integrating into society. All the associated building blocks necessary for successful recovery can be dependent on overcoming stigma.

Jumping to conclusions

Assumptions about people based on prejudice can have dire consequences and never more so than when they are made by healthcare workers. It can have a particularly drastic effect if the assumption applies to a recovering drug addict.

When someone who has or had a drug problem turns up at A&E with a non-drug-related ailment, he may not be treated properly if he arouses the suspicion that there is nothing actually wrong with him, he is just after a fix.

That can have absurd and potentially tragic side effects. A strange example is the story (reported in the Daily Mail) of a young man who went to hospital because he was feeling ill. The immediate “problem” staff could see was that he had a Mohican haircut which they assumed meant he was on drugs and so they turned him away. But he wasn’t addicted to drugs and he did have a serious medical problem, which was to kill him.

A story like this resonates with journalists who have come across other examples - for instance, an epileptic ignored by police or healthcare professionals because they assumed he was drunk.



The stigma variations

Stigma is not applied universally to drug users, even among those taking Class A drugs like heroin, cocaine or crack.

Children may evince sympathy, with anger and/or contempt directed instead at their parents or older children or those who introduced them to drugs. For young people this will have been mainly their siblings or friends.

Ex-servicemen are considered a special case, usually receiving sympathetic coverage if they fall into substance use, crime or unemployment. The Government, MoD or even society is blamed for not providing the necessary support when they come out of the forces.

People who are perceived as having “taken advantage” of the welfare state as well as considered to have done little or nothing to come off drugs are likely to be viewed more critically than those who haven’t.

The general public perceives problem drug users to be dangerous, deceitful, unreliable, unpredictable, and hard to talk to. They are likely to be blamed for their predicament. The families of users are also stigmatised, being seen as partly responsible for their relative’s addiction.

The attitude of most members of the public also varies between different types of drugs. There is more stigma attached to someone who takes heroin rather than cocaine or marijuana. There

is even more stigma on those who inject heroin rather than snort it.

It is also usually the case that there tends to be more stigma attached to drug users than those addicted to alcohol. Logically, it makes no sense to take a more negative attitude towards employing or living next door to a recovering drug addict than a recovering alcoholic, but still a large proportion of the public feels like that.

These variations in attitudes apply not just to the general public but to professionals who could be expected to understand more about drug use – for example, medical staff, social services, housing and employment services.

During the First World War, young soldiers were stigmatised as cowards if they ran away from the battlefield. Today we accept they were suffering mental breakdown and we sympathise with them over the horrors they witnessed. There are still campaigns to officially remove the stigma of cowardice from those who were shot by firing squad when they couldn't cope with continuing to fight.

Young people were stigmatised as stupid when they struggled with reading and writing. Today we know of the problems of dyslexia and generally it is accepted that as many as ten per cent of young people – and adults – have this disability and need special help.

Then there was the Elephant Man, scorned for his deformity in Victorian times but accepted now thanks to a memorable film which taught us to realise that he wasn't a monster and that people with deformities deserve to be treated sensitively.

More recently, the "time to change" campaign has focused attention on ending mental-health discrimination, backed by the powerful finding that one in four of us will suffer from mental-health problems at some point in our lives.

The question now is whether society is able to change attitudes to recovered and recovering drug users so they can say: "I am not a hopeless addict, I'm a human being with hope for the future."

It's all a matter of attitude

Discrimination against recovering drug users and former addicts is just about the only one which is not now dealt with specifically either by law or in the various codes which apply to journalists. This contrasts for example with discrimination against people with physical disabilities or mental-health problems.

Those codes and anti-discrimination laws reflect a huge change in attitudes. Of course there are still discrimination and negative attitudes towards various sections of society but there has been a seismic change over the past couple of decades.

Change may seem to have been slow to those eager to see a more liberal and open society, but considering how entrenched views were, it is remarkable that things have moved so far in such a comparatively short period. Journalists and the media have often been in the vanguard of helping society understand the reason for this change.

That hasn't only happened with racial discrimination and attitudes to gays and sexual orientation. Or, for that matter, women. The campaigns to lessen discrimination in those spheres continue but on the whole the major battles have been won.

Public perceptions of the disabled have also become more understanding and so have attitudes towards the mentally ill. Prejudice may never be entirely removed but the weight of public opinion has shifted, led not just by politicians or campaigners but by the media.

So stigma is a movable attitude. What is needed for people with drug addictions isn't that there should be an acceptance of taking drugs but an understanding of the predicament facing them and the potential for recovery. The issue isn't that we should approve of the use of illicit drugs but that we should not stigmatise those people with addictions and especially those seeking to rebuild their lives.

“I had an interesting (though not that surprising) contact with a television news producer last week. She was looking for possible interviewees for a piece on stigma as a barrier to recovery. When I put her in touch with a couple of possibles, they were initially keen but dropped out when they thought about the impact outing themselves as former drug users would have on their lives. Just shows how pervasive the stigma is.”

Worker in drug support organisation

Why should stigma be beaten?

While it is impossible to avoid prejudice entirely, attitudes can be changed and are. A more understanding attitude to addiction could help smooth the path to recovery for many drug users who are trying to rebuild their lives. It could also help their families to cope with the difficulties they experience.

This is not a totally altruistic process. Prejudice is not only damaging to the individual who bears the stigma but to society and the economy. As things stand stigma acts as a road block on the road to recovery.

Although it is true that everyone bears a responsibility to do what they can to make themselves a useful and productive citizen, many can't do it on their own, any more than the cancer sufferer can heal himself. That applies to a range of disabilities, of which drug addiction is one.

We can see the sense behind helping a person with an addiction become someone who can lead a normal life as a parent, neighbour or employee because the benefit of that for society is enormous.

In addition, all illicit drug users are criminals by legal definition, as possession of controlled drugs is a criminal offence. More relevantly, the overwhelming drive to obtain drugs often leads some people

with addictions to commit crimes like shoplifting and burglary to get money to buy drugs.

Being a drug addict may not be a defence in court for law-breaking. But it does explain why someone has broken into a house or shop-lifted. And, as there is a universal desire to bring down the crime rate, it makes sense to help people overcome drug addiction so there is a corresponding drop in those offences associated with drug misuse.

Society has come to accept that taking an understanding attitude to the disabled and mentally ill helps them to return to a normal life. It is just as important for drug misusers, even though there may be the stumbling block of their criminality.

The media can have a key role to play in altering perceptions, as discussed in previous guides produced by the Society of Editors. Each time there is a case to be made for the overwhelming advantages achieved by ending stigmatisation, discrimination and prejudice.

Drug problems

What are they and what causes them?

Drug users can, for convenience, be looked on as falling into two broad categories. There are those for whom taking drugs is one of life's pleasures, just as drinking or smoking might be. These are the so-called "recreational" users who may be breaking the law and possibly threatening their health, but whose usage is not obviously causing problems for them, even if they take drugs regularly.

The other category comprises those people who have lost control of their use. People with drug problems come from all walks of life. What they have in common is that they will have started using drugs because it helped them in some way, often to deal with problems or abuse but sometimes for social reasons. The problems arise when they become dependent on the drugs and lose control.

Their drug use has become a problem because they have become addicted, often to heroin or crack cocaine, and that becomes not just an issue for them but for their families and wider society.

Although attitudes to drug-taking are sometimes presented in terms of morality or wrongdoing, the reality is that practical, workable solutions are required to reduce the risk and cost of drug misuse and dependence.

Actions to tackle drug problems may conveniently be thought of as being in three distinct phases. First there is what can be done to help people avoid getting on the path to addiction. Then there is how those who have become addicted can be encouraged to enter treatment. These are the phases which receive most

debate and publicity from politicians and the media.

Policy and attitudes to the third phase are just as important, though, for this deals with what can be done to help and support addicts' re-integration into society both during and after treatment so they don't return to drug-taking.

Stigma has an impact on all three phases and is particularly damaging in the way it interferes with recovery and reintegration into normal society.

"When my husband accepted his addiction and gave up drugs and alcohol 12 years ago, no one ever suggested to him that just one little line of coke would do no harm. But I lost count of the intelligent friends who asked him in those difficult early years: 'Still not drinking?' Such a stupid, insensitive question. So unhelpful."

Deborah Orr. The Guardian

While this guide was in preparation, Amy Winehouse died. She had been an enormously successful singer and songwriter but had become even more widely known for her struggle with drug addiction. So it was immediately assumed that was what had killed her.

When the results of the autopsy were revealed, though, it turned out that illicit drugs were not responsible and it seems likely that she had managed to beat her drug addiction, as friends had claimed.

Although there was subsequent criticism of some of the initial coverage of her death, it was generally treated with sympathy by the media, despite the previous censure of her lifestyle and drug-taking.

If the end of her life at the age of 27 seemed to have a certain inevitability, so had the coverage of her misuse of drugs and attempts at rehabilitation, which was at times dealt with mockingly because of her hit Rehab.

Much of the reporting of drug treatment, particularly in the tabloids, inevitably involves celebrities, with a common scenario of them booking into The Priory or an exotic foreign location and coming out after little more than a week.

The Amy Winehouse effect



There is almost an eagerness with which their future behaviour is monitored for signs of failure. The expectation is too often not of them having kicked their addiction and so being able to move into a new life but of relapsing into the old habits.

So when, after an often brief period, they are discovered to be back on drugs, they are sneered at for being weak, self-indulgent failures who lack the self-control to remain clean.

The reality is that anyone who has been addicted to drugs and struggles daily to rebuild their lives or who manages to give them up permanently has exhibited enormous strength of will which should be unreservedly admired. Just think of the willpower and support most people need to successfully give up smoking. Getting rid of a serious drug addiction is generally considerably tougher.

It requires continuing strength and determination to avoid a relapse while the former addict finds his way back into normal society. Perhaps the greatest tragedy of Amy Winehouse is that she appears to have almost made it.

Who is an addict?

A great proportion of us are addicts of some kind or another yet some forms of addiction aren't usually criticised while others are positively approved of.

The workaholic is an addict who can't leave the office or goes home not to spend time with the family but to continue working.

His suffering workmates and spouse might not think much of his behaviour, but on the whole "working hard" is looked on with approval.

The person who is addicted to tea or coffee is treated with mild amusement, not as someone with a problem, unless their caffeine overload has them bouncing off the walls. No one described Tony Benn as an addict when he drank 20 mugs of tea a day.

The sex addict will be condemned if he or she has a string of affairs but the unattached young person who has many partners is generally considered not to have a particular problem (especially if he is a male) even if he (or sometimes she) has a compulsion driving behaviour like that.

Certainly an addiction to controlled drugs can be considered as more serious than other addictions, if only because drugs are tightly regulated and bring users into the realm of criminality as well as being more likely to lead to dependence and its associated problems.

But that has to be balanced with what can be done to help drug users to kick the habit and resume a normal existence.

People cannot just stop using drugs for a few days and be considered cured. Most patients diagnosed as dependent on drugs require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their lives.

'The workaholic is an addict who can't leave the office.'

The causes of addiction

The World Health Organisation describes substance dependence as:

“A complex disorder with biological mechanisms affecting the brain and its capacity to control substance use. It is not only determined by biological and genetic factors but psychological, social, cultural and environmental factors as well. Currently there are no means of identifying those who will become dependent - either before or after they start using drugs.”

Substance dependence is not a failure of will or of strength of character but a medical disorder that could affect any human being. Dependence is a chronic and relapsing disorder, often co-occurring with other physical and mental conditions.”

Contributing factors that may lead to dependence and addiction include:

Abuse: People who have experienced sexual, psychological, emotional or physical abuse may use drugs as a coping mechanism, helping the addict to deal with strong negative emotions surrounding the abuse, feelings of low self-esteem and possible flashbacks.

Emotional disorders: Anxiety, depression, bipolar disorder or post-traumatic stress disorder often increase the risk of substance abuse and addictive behaviours. Individuals will use drugs, alcohol, food, exercise or work as a way to self-medicate and escape the symptoms of their primary disorder.

Family history: Children raised by alcoholic or drug-addicted parents are more likely to develop substance use problems. While poverty is clearly not a direct cause of drug dependence or addiction, there is a strong association between levels of socio-economic wellbeing and drug dependence problems, especially with the concentration of such problems in certain neighbourhoods.

Inherited factors: Evidence strongly suggests that genetic susceptibilities and biological traits play a role in addiction but its development is also shaped by a person’s environment as, obviously, access to alcohol is necessary to become an alcoholic and to drugs to become a drug addict.

Low frustration tolerance: Addicts are highly susceptible to the negative effects of stress, often experiencing distress at a relatively low level of frustration. They become easily upset over everyday stress factors, creating a need for escape, which they find in their addiction.

The substance: Certain substances are more addictive than others. Risk of full-blown addiction is higher for drugs such as cocaine, heroin or methamphetamine because of their ability to create dependence after just a few uses.

On the whole, people aren’t blamed for becoming ill or disabled. A cancer patient isn’t thought to have inflicted it on himself, unless he is accused of bringing it on by smoking – and even then there is a level of sympathy for his condition rather than censure.

The person who becomes a paraplegic in a car accident or by falling off a horse receives sympathy and not criticism even if their plight is due to their own recklessness.

Yet drug addiction is widely looked on as being an individual’s fault, rooted in a moral choice. It is thought to be self-inflicted rather than an affliction. There is, however, some distinction in attitudes towards the “recreational” smoker of cannabis or taker of ecstasy and the entrenched heroin user, just as the public differentiates between having a pint in the pub or a glass of wine with a meal and being an alcoholic.

Addiction to tobacco has only been recognised as bad comparatively recently with medical evidence that proved how harmful it is. There has been greater awareness of alcoholism, too, as there has been of the “binge drinking” of young people and the impact that has on their health, the police and the NHS. Yet regular social drinking is still part of life for millions of perfectly ordinary people.

While there has been increased understanding of most addictions, there remains a widespread lack of understanding about people with drug dependence problems and the pathways out of it.

With drug addicts, not only is there a common belief they can be completely “cured” by spending a few days in a rehab centre but if they do successfully manage to get clean, they are then perversely still labelled as addicts and stigmatised.

This may make life almost impossible for the majority of recovering addicts. That is why stigma has such a malign effect.

Marie was only 12 when she first smoked cannabis but she didn't try crack cocaine until she was almost 20. Her older brother was on it and she wanted to see what it was like. "I was quite naïve," she recalls. "I'd never even heard of crack." She quickly became hooked.

So started the spiral familiar to many addicts. Marie had a job, ironically working as an administrator for a young-offenders' organisation, but struggled to cope. Her life revolved around her crack habit.

Her brother would ring her at work and hassle her to finish for the day and come home so she could buy more crack for them.

She says: "I would stay up all night. I'd go to different people's homes and we just stayed up. Suddenly I would notice it was six o'clock in the morning so I went home, washed and went straight into work."

It can be done

The people she worked with noticed what was wrong with her. Marie says: "I became really skinny and I feel awful about some of the things I did. I had the key to the petty cash and would sometimes dip in to get money for drugs." But she held on to her job until the organisation folded.

Then Marie became pregnant and made up her mind to stop smoking crack. "I thought, I don't want a crack baby." But she found it hard to give it up and even harder to stick to her resolution "My brothers and their friends would come in and they would all be smoking it and I wanted it, too.

The craving was so strong. But I felt 'I can't do it to my baby' so I managed to stay off it."

Marie is now 32 and has stayed off drugs for most of the time since her daughter was born, relapsing briefly when the baby's father became abusive and there was a threat of the child being taken into care. "I was distraught and I suppose I went back to crack to help me cope but it was only brief and I stopped quickly and haven't started again."

Somebody's son, somebody's daughter

It has been one of the greatest advances of modern societies that people who in previous eras were considered to be of little use and a drag on the majority have come to be accepted as individuals who deserve respect, help and sympathy so they can lead as normal and productive a life as possible.

Few of us now think that the disabled or children with severe educational disabilities or patients with long-term illnesses are just a drain on resources. Yet at some stage, there were negative attitudes to all those.

Drug addicts are still often perceived as being a burden, a cost to society, outcasts who have only themselves to blame and who take without putting anything back.

It is true that, for some, addiction leads to crime to feed their habit. Yet those with the greatest problems cannot hold down a job and may be forced to rely on benefits. This and their inability to sustain relationships, apart from with other addicts, may also leave them homeless.

So it is understandable that much of the public finds it hard to feel sympathy for those whose addiction causes problems for others. No one starts out with the intention of ending up in that state, though. And it is equally true that, without sympathy, understanding and

help, the chance of them achieving a normal life is severely reduced.

For someone with a serious drug problem to break the habit is like climbing Everest. To do it in the face of stigma and prejudice is like attempting it with a ten-ton weight on their back.

These negative attitudes also rub off on the families of drug users, their parents, grandparents, brothers and sisters. All may be seen as partly to blame for their relative's drug problems, leading to them feeling shame and isolation.

Even the children of former drug users may be shunned and treated with suspicion. In a UK-wide survey more than a third of people agreed that parents would be foolish to let their children play in the park with the children of someone with a history of drug dependence.



The recovery position

How drug problems can be overcome

Taking the cure

It doesn't need saying that treatment for drug dependence and addiction is not like treating a cold or broken leg. The complex nature of drug dependence means that its treatment is complex, too. As with alcoholism, recovery is an ongoing process that involves not just the individual but his family and community.

The aims of treatment and recovery efforts are not simply for the user to overcome the particular addiction but to help him or her move towards a healthier, more productive and meaningful life. Thus abstinence is not the same as recovery. The recovery process is different in every case, being individualised by a person's background, culture, gender, experience and age.

It is hard work for everyone but even tougher for those who may have other exceptional problems - being susceptible to chronic medical conditions which run alongside their addiction, such as depression, anxiety, psychosis and suicidal thoughts, for example.

These obstacles are the internal blocks to recovery and sustaining recovery. In addition there are external factors which affect many recovering addicts. These include social exclusion, stigma, discrimination, lack of employment and/or training opportunities, and homelessness.

The problems associated with drug addiction are not just medical – mental

and physical – but involve crime, homelessness, unemployment and family breakdown.

As with dealing with any major issue, public attitudes and understanding about causes and solutions are essential, for without them there is not just going to be a lack of support for the individuals involved but also for political and social moves to deal with the problem.

Recovering addicts are very aware of the harm they have caused to others. For many, having a job is one of their key aims and they are keen to give something back to society and help others. This is why many become peer mentors or volunteer workers with drug treatment services. This is their way of "giving something back to others".

However, if a recovering addict is constantly faced with public stigma and hostility it will make the task of building a more normal life extremely hard. If it appears that they will never shake off the label of "addict" it will be very difficult to avoid falling back into the old habits.

Getting there

The latest official statistics released from the National Drug Treatment Monitoring System show that the number of people on the road to recovery from addiction in England has risen significantly in recent years.

- 204,473 people aged 18 and over were recorded as in contact with structured drug treatment services in England in 2010-11.
- Of these, 27,969 left treatment free of dependence, representing 14 per cent of those in treatment.
- This compares with 11,208 leaving treatment free of dependence in 2005-06, out of 175,869 then in treatment, which was 6 per cent of the total.
- So the number leaving the system free from dependence has more than doubled in these five years.

For a client to be “free from dependence”, he or she must have successfully completed their treatment programme and be no longer dependent on any drug. Though they may be an occasional user of a drug on which they are not dependent, such as cannabis.

This means they cannot be on a substitute prescription. Anyone on methadone remains in structured treatment and by definition cannot be classified as having completed their treatment.

Value for money?

The Government is currently spending approximately £1.2 billion a year with the object of bringing down drug use. This is money that is spent not only on treatment but on some national enforcement efforts like the Serious and Organised Crime Agency.

On top of this it has been estimated that up to an additional £2 billion is spent on services like local policing, courts and prisons in relation to drugs. That is a lot of money at the best of times and today, with the pressure on public finances, there is even greater demand for it to be used effectively.

The measure by which that should be judged is if the programmes it pays for are successful in making a serious dent in illicit drug problems, not just because that would save even more in the costs involved but also because it would help many people to lead more satisfying and fulfilling lives. That would be a good investment on several counts.

The Government can be reasonably pleased with the number of people going into drug treatment and the proportion leaving free from dependence, as the figures opposite suggest.

Although there is uncertainty over the long-term figures for people who manage to stay off drugs, what everyone agrees on is that the pressure on those who are in recovery is often immense and they need continuing help to sustain their progress.

The Government has provided an increasing amount of money - funding for adult treatment in England rose from £481 million to £581 million between 2004-5 and 2008-9 - but if recovering addicts face stigma and discrimination, including in the attitudes of professionals with whom they deal, and they slip back into drug use, then that spending will be undermined.

The stark reality is that, as taxpayers, we don't get the best return on that investment if society continues to put barriers in the way of recovery from addiction.

Aftercare - Support provided to people leaving or having left treatment or prison. This can be on-going counselling or peer support, or about matters such as accommodation, getting work or training, welfare benefits and finances.

Detox – Short for detoxification, it is the process by which an individual withdraws from the effects of a psychoactive substance. It is often supported by the use of medication in order to minimise withdrawal symptoms. The aim is to cease using the drug altogether and overcome the physical symptoms of dependence. Detoxification as a clinical procedure implies that the individual is supervised until recovery from intoxication or the physical withdrawal syndrome is complete.

Mutual aid / peer support groups - A group in which participants support each other in recovering or maintaining recovery from alcohol or other drug dependence, or from the effects of another’s dependence, separate from professional therapy or guidance.

Psycho-social interventions – These encompass a broad range of activities aimed at helping people overcome their drug problems, which do not involve the use of medication. These include what are known as “talking therapies” (eg counselling, cognitive behavioural therapy) but also brief interventions, providing advice and promoting self-help strategies.

Recovery – See general glossary on page 40.

Rehab – Rehabilitation follows the initial phase of treatment (which may involve detoxification and medical and psychiatric treatment). It encompasses a variety of approaches including group therapy, specific behaviour therapies to prevent relapse, involvement with a mutual-help group, residence in a therapeutic community or half-way house over some months, vocational training and work experience. There is an expectation of social reintegration into the wider community.

The methadone debate

As is the case for many mental and physical health problems, there is medicine available for use in the treatment for opiate addiction. While there are other substitutes available, such as buprenorphine, methadone is the most widely known pharmacological intervention for heroin addiction.

The National Institute for Health and Clinical Excellence (NICE) recommends the use of substitute prescribing of methadone as a first-line treatment for heroin addiction. This is meant to be accompanied by what is termed ‘psycho-social’ support - for example, counselling. Yet the widespread use of methadone – 2.5 million prescriptions a year are given out – is seen by some as contentious.

Some people believe that it is merely replacing one form of addiction with another, so that instead of being dependent on heroin the patient becomes dependent on an opiate substitute. Hence they deploy rhetoric such as “state-sponsored addiction” or “chemical handcuffs” to disparage medical policy. No similar criticism is made of the use of medication to control other long-term conditions such as heart disease, diabetes or asthma. After all, nicotine patches are accepted to help people manage their tobacco dependence.

The issue comes down to two things. Firstly, if someone is on medication such as methadone, should we still consider them to be an addict? Secondly, can

someone who is on this sort of medication be considered to be recovering?

There is widespread evidence about methadone’s effectiveness in improving health and reducing criminality. It is used at different doses for a variety of therapeutic purposes, such as to stabilise addicts and enable them to control their chaotic lifestyles, to prevent withdrawal symptoms while reducing dependence and to enable detoxification to take place. Most of the controversy, however, focuses on maintaining someone on a low dose for a long time.

The important point for this guide isn’t whether someone is or isn’t an addict at a particular time but how much help and encouragement he is given while on methadone and how the stigma that may attach to methadone users can be avoided.

It should also be pointed out that there are cases of people who are long-term heroin or methadone users who successfully hold down jobs, though that is certainly not the norm and such people usually have strong support systems such as their family.

What journalists can do

Guide to good practice

Role of the media

The media has become an increasingly important positive influence on public understanding of the problems associated with stigma affecting mental illness and disability.

It has not been a quick or easy process and the media cannot run too far ahead of public opinion. The art of subtly turning around attitudes is to be just far enough in front to allow readers, viewers and listeners to connect between their existing views and something more informed or enlightened.

Attitudes to disability have been helped by the popularity of the Paralympics and the extensive coverage given to maimed soldiers returning from Iraq and Afghanistan, as well as by legislation and campaigners. There is widespread support for those who have suffered in service of their country being helped and allowed to live a normal life. That means not just pensioning them off but helping them to find useful work. From there it isn't too great a leap to expect similar treatment for the far greater number who are disabled for other reasons.

The change in attitudes to those with mental-health problems has been a slower process but is nevertheless a reality. The acceptance of a Big Brother contestant who suffered from Tourette's Syndrome was a seminal moment but there has been a noticeable shift towards making it unacceptable to mock the mentally ill for being "bonkers" or

somehow sub-human – outcasts or simply incapable of leading a fulfilling life. There is no doubt that the media has played a leading role in effecting this significant change.

The role of the media when it comes to drug users has so far been different, focussing more on the criminality of the pushers, the abuses by celebrity drug users and the "war on drugs" in general.

The balance of stories involving drugs is about crime but there are times when stories take on a positive aspect or provide important information which can guide the reader, viewer or listener towards better information and a more understanding attitude towards drug addicts, particularly those who are in or have gone through a period of treatment.

But there is a considerable way to go. Research commissioned by UKDPC showed that 64 per cent of adults agreed with the statement that: "People with a history of drug dependence are too often demonised in the media".

Previous research also suggested that the media is perceived as conveying a mainly negative impression which "demonises" and "marginalises" drug users while misrepresenting them, drug use and its effects.

Before she became a successful television presenter, Davina McColl was a drug addict. She once said: “You name it, I took it. Cocaine, ecstasy, even heroin.”

A decade after getting free from drugs she gave a newspaper interview in which she was quoted as saying that she had told her young daughter that heroin was nice. For that, she was severely criticised.

However, the following public debate led to her explaining why she has told her child that. Far from wishing to encourage her to take drugs, she said, she was explaining why it is dangerous to even try them. What she wanted her to understand, even at that age, was that taking drugs brings a pleasant sensation which can swiftly lead to addiction. She knew that from her own personal and bitter experience.

The initial reaction to the McColl interview was very much: “Once an addict, always an irresponsible addict.” Yet, on the contrary, she was using her own experience to try to dissuade her daughter from getting into drugs. By speaking publicly about

what she had done, she hoped that same message would go out to other young people.

Some will question whether she was right to do that but not only did she have the best of motives, she was more likely to be listened to as someone who has “been there, done that”.

There was another useful lesson from the Davina McColl interview. She said: “I try to go to a 12-step fellowship meeting every week. I’ve been going for 17 years and no one’s ever blown my anonymity. I feel safer in one of those meetings talking to a bunch of strangers than I do anywhere in the world.”

If more celebrities spoke about the process of recovery and the vulnerability they feel – and what they said was reported – it would help other addicts, as well as informing the rest of us, so there would be more widespread understanding of the problems of addiction.

The Princess of Wales was a patron of the drug treatment charity Turning Point and the Duchess of Cambridge has become patron of a leading addictions charity, Action on Addiction. These associations may also begin to help the process of encouraging the public to understand better the challenges for people trying to rebuild their lives.

Big brother or good mother?

Hooked on prejudice?

Analysis of newspaper coverage by UKDPC found that stories about drugs come from two principal sources - crime and celebrity. Sometimes these coalesce in a tale about a celebrity’s criminal activities, conveniently reinforcing commonly-held prejudices.

There are complaints that the drink and drug antics of rock and pop stars are glorified by the media, but in fact coverage is usually critical.

It goes without saying that anything reported through the prism of celebrity is bound to be distorted - that is what celebrity is about. But the real-life experience of the vast majority of drug addicts is far removed from the environment in which celebrities exist.

Drug-related stories in local newspapers tend to be court reports and are far from being confined to tales of possession or selling drugs. As drug misusers are responsible for much property crime, it is frequently raised in court that the defendant has a drug problem.

This won’t only be said by the prosecution but sometimes by the defence lawyer who may refer to the accused’s drug problem in mitigation. In these circumstances, should the drugs angle become part of the story? That judgment – subjective, to some extent, as ever with journalism – should be made bearing in mind the overall story and the impact accenting the drug line might have.

A story appearing in the Birmingham Mail last year began:

“A FORMER heroin addict who carried out a laser attack on a police helicopter flying above Birmingham has been jailed for 16 months.”

There were then another nine paragraphs which explained how the accused had carried out the attack, the danger to the pilot and the accused’s creative explanation, which was that he had been trying to attract the attention of his Alsatian puppy, which had run off. The final par began:

“Neil Davis, defending, said Bough had struggled throughout his life with an addiction to crack cocaine and heroin but had managed to wean himself off the drugs.”

Clearly it was understandable that the paper carried the defence lawyer’s statement but why does that mean the defendant should be labelled in the opening paragraph as a former heroin addict? If he had to be labelled as anything, it might more appropriately have been “hopeless dog owner.”

Even though the defendant’s former drug addiction was raised by his lawyer, it doesn’t seem relevant to the story but could make readers conclude that he remains irresponsible and a danger.

Words and phrases to use and avoid

Avoid	Alternative	Because
junkie / crackhead / smackhead / pothead	dependent drug user / service user (where appropriate) / X is dependent on ...	Where possible, remind the audience that the subject has not always been a drug user, and has the potential to recover. Junkie is particularly problematic because it suggests that the drug user is worthless. 'Addict' is a compromise option, but does not separate the person from the condition.
drugs shame	drugs tragedy	The 'shame' of addiction is a reason why people with drug problems – and their families – often do not seek help.
former junkie/addict	<i>Is their previous drug use relevant to the story?</i>	Irrelevant references to a previous drug dependency can reinforce the perception that someone can never overcome addiction.
reformed junkie/addict	<i>Where previous drug use is relevant:</i> recovered addict / former addict	Avoid suggesting that being dependent on drugs is a moral failing.
hopeless junkie/addict	<i>Are they really without any hope?</i>	A dependent drug user may at times feel they have no hope of recovery, but in general this should not be reinforced in reporting, unless their lack of hope is the specific point being made.

Mind your language

Language changes constantly and we don't need to pore over the latest editions of the major dictionaries to see that. It isn't only words which change, with new ones coming in and others falling into disuse. The use of language moves, too.

The classic media example of what is and isn't acceptable was the 2003 Sun headline referring to "Bonkers Bruno", which was changed after the first edition when it was realised that while using the word "bonkers" might have been acceptable in the past, it no longer was.

Greater care is usually taken in the media now about words used to describe not only the mentally ill but the disabled, as well as women, gays, the elderly and those in poverty. While it is true that addicts are not called "junkies" with the regularity they used to be, the word still does appear. But it is the heavily negative, critical and/or judgmental tone used to refer to people with drug addictions which is most likely to lead to their stigmatisation.

There is also stigmatisation by association. Stories about celebrities who appear to flirt with treatment - even when they may actually have the best of intentions - leave the impression that drug addicts generally either are not serious about getting rid of their addiction or aren't likely to succeed. Any relapse is also treated as a disaster, rather than a common part of the process of recovery.

The coverage following Amy Winehouse's death showed how a story can be told while also explaining the difficulties an addict faces. It is too soon to know what long-term impact the Winehouse effect will have but it may be that through that tragedy, greater understanding of the problems of addiction will come.

Some people suggest that the media is less sympathetic than the public as a whole to drugs. Most polls don't bear that out, particularly those which show how harshly recovered drug users are viewed, especially when compared with people who have mental-health problems. But the media has a part to play in changing attitudes and so easing the path of former addicts back to a normal life. That applies equally to those who are in treatment.

If instead of people with drug problems being treated as self-indulgent pleasure-seekers who could get rid of their addiction if they wanted to rather than people with a serious illness, attitudes would change and stigma begin to disappear.

One other point about how language is used in the media. We have come a long way since there was the regular application of labels such as "Blonde mother of three". So why do people have to be given drug-related labels such as "former heroin addict"?

Glossary of drug terms

Drug addiction – Like dependence, describes a physical or psychological compulsion to take a substance. Besides this compulsion, addiction includes harmful drug-seeking behaviour.

Drug dependence – Psychological or physiological compulsion to take a substance. Symptoms include a strong desire to take the drug, impaired control over its use, persistent use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and a physical withdrawal reaction when drug use is discontinued.

Drug misuse – Consumption of drugs against regulations or guidelines. This may refer to any use of non-prescription drugs controlled under the Misuse of Drugs Act, or could refer to use of prescription medicines against clinical guidelines.

Harm reduction – Approaches that try to reduce the harm associated with drug use without necessarily affecting the underlying drug use. This is most usually associated with public health measures like providing clean needles for people who persist in injecting drugs.

Illicit drugs – Strictly speaking, drug use is not illegal: the crime is in the possession, sale, or production of particular drugs. However referring to some drugs as being illicit has become a useful shorthand to reflect the way in which they are used by people who seek to get around control regimes.

Problem drug use – This has become largely synonymous with use of opiates or crack. But since other drugs, like cannabis, can also cause problems the term has become somewhat confusing and is now used less widely.

Recovery – There is disagreement about what constitutes recovery. One way to reconcile differences is to view recovery as a process rather than an end state, and to recognise that people start with different levels of problems. Recovery includes controlling drug use, but also includes re-establishing relationships, finding work and housing, and improving health and wellbeing.

Stigma – Stigmatisation occurs when a person possesses an attribute that makes them less acceptable in other people's eyes. This phenomenon becomes most serious when the stigma obscures the rest of a person's identity: when it becomes a 'master status'. Drug addiction is one such master status.

The World Health Organisation has also published a lengthy glossary of drug and alcohol terminology. See: http://www.who.int/substance_abuse/terminology/who_lexicon/en/

The crime conundrum

Talking about drug addicts in the context of crime is not straightforward. It isn't prejudicial or stigmatising to treat someone who has broken the law - whether through possession of drugs or a crime committed to pay for drugs - as having done something wrong. It would be perverse to do otherwise, even though there are complex causes underpinning drug dependence and those with severe addictions may struggle to control their compulsion to obtain drugs.

This is different, though, from how the media deals with former offenders as well as former addicts, which is an extremely complicated issue.

The key point is how far the media tackles the prospect of people changing and giving up their past habits. If someone has been a habitual burglar or robber but has gone straight for some time, their past will inevitably be raised when stories are written about them.

The same will apply to someone who has been a drug addict. But in these circumstances shouldn't the situation be dealt with positively? It is, after all, something to be celebrated when someone gets their life back on track.

As there is a widespread inclination in the media to criticise and condemn drug addicts, surely those who kick the habit should be applauded, as well as those who are making an honest attempt to do so. This frequently doesn't happen.

Instead they are treated as if they were still not acceptable, that there was still something wrong with them.

This is the stigma which makes it so difficult for former addicts to readjust to normal life. And for current addicts to see that there is a real prospect of them recovering.

“The key point is how far the media tackles the prospect of people changing.”



Pictures used to illustrate features on drug use don't have to be one of the clichéd images such as a pile of pills or syringe. A little creative thought can produce something which isn't only meaningful but is more likely to attract the reader.



Pictures

Pictures always help to sell and tell a story. But, unless there is a photo of a celebrity to illustrate a drugs story, it is going to be difficult to find a suitable image. And images of drug-taking can be crudely inappropriate.

Indeed, if you put the words “drug taking” into Google images, you get pictures of hypodermics and bare arms, and even old images of opium dens. These are unlikely to encourage the reader to start on a story or feature. Yet they commonly feature in stories related to any aspect of drug taking, including those on technical changes to the treatment system.

Anonymity - If the article is about a specific person – maybe an interview – and he doesn't want his identity revealed, there are useful tricks, such as photographing him in silhouette or from behind. The same techniques can be used for features that aren't about a particular person.

Disguise - The stigma attached to people recovering from drug addiction means that it can be hard to get them to speak, let alone be photographed. But to get their story over when illicit drugs are such an important issue, it is worth disguising their identity with a pseudonym and non-identifiable picture.

Consent - Whether or not a subject is identified in the paper, it is good practice to get a consent form signed – already this is common on television. It could avoid potential problems later.

Captions - Be careful of captions, too. An otherwise good picture can be ruined by a careless caption which could antagonise the person interviewed and/or give completely the wrong impression. Sub-editors should try to ensure that captions are accurate, fair and handled sensitively. The positive impact of an otherwise understanding and supportive piece can be wrecked by an unsuitable caption.

Archive - It is also vital for picture desks and photographers to make sure that the correct details appear on any photo when it is sent to the library. It can lead to legal problems – as well as being distressing for the subject – if a picture taken for a particular story later appears on a general story or feature in which, for example, someone who has kicked drugs is used to illustrate something about drug users who can't get rid of their addiction.

Code of Practice

This is the newspaper and periodical industry's Code of Practice. It is framed and revised by the Editors' Code Committee made up of independent editors of national, regional and local newspapers and magazines. The Press Complaints Commission, which has a majority of lay members, is charged with enforcing the Code, using it to adjudicate complaints. Clauses marked with an asterisk (*) are subject to annual review. Changes to the Code are published in the 2011 Code of Practice.

Codes and contacts

The Code

All members of the press have a duty to maintain the highest professional standards. This includes this Code and the ethical standards it sets. It is essential that an agreed code be honoured not only to the letter but in the full spirit. It should not be interpreted so narrowly as to compromise its commitment to respect the rights of the individual, nor so broadly that it constitutes an unnecessary interference with freedom of expression or prevents publication in the public interest. It is the responsibility of editors and publishers to apply the Code to editorial material in both printed and online versions of publications. They should take care to ensure it is observed rigorously by all editorial staff and external contributors, including non-journalists. Editors should co-operate swiftly with the Press Complaints Commission in the resolution of complaints. Any publication judged to have breached the Code must publish the adjudication in full and with due prominence agreed with the Commission's Director, including headline reference to the PCC.

1. Accuracy

- i) The Press must take care not to publish inaccurate, misleading or distorted information, including pictures.
- ii) A significant inaccuracy, misleading statement or distortion once recognised must be corrected, promptly and with due prominence, and - where appropriate - an apology published. In cases involving the Commission, prominence should be agreed with the PCC in advance.
- iii) The Press, whilst free to be partisan, must distinguish clearly between comment, conjecture and fact.
- iv) A publication must report fairly and accurately the outcome of an action for defamation to which it has been a party, unless an agreed settlement states otherwise, or an agreed statement is published.

2. Opportunity to reply

A fair opportunity for reply to inaccuracies must be given when reasonably called for.

3. Privacy

- i) Everyone is entitled to respect for his or her private and family life, home, health and correspondence, including digital communications.
- ii) Editors will be expected to justify intrusions into any individual's private life without consent. Account will be taken of the complainant's own public disclosure of information.
- iii) It is unacceptable to intrude on or to disclose information about places where there is a reasonable expectation of privacy.

4. Harassment

- i) Journalists must not engage in intimidation, harassment or persistent pursuit.
- ii) They must not persist in questioning, telephoning, pursuing or photographing individuals once asked to desist, nor remain on their property if they do not wish to follow them. If requested, they must

10. **Clandestine devices and surreptitious**
i) The press must not seek to obtain or publish information by using hidden cameras or clandestine listening devices, intercepting private or mobile telephone calls, messages, unauthorised removal of documents or photographs, or the use of digitally-held private information without consent.
ii) Engaging in misrepresentation or subterfuge, intermediaries, can generally be justified only in those cases where the material cannot be obtained otherwise.

11. Victims of sexual assault

The press must not identify victims of sexual assault or rape, or contribute to such identification by unjustified speculation and they are legally free to do so.

12. Discrimination

- i) The press must avoid prejudicial or pejorative reference to an individual's race, colour, religion, gender, sexual orientation or mental illness or disability.
- ii) Details of an individual's race, colour, religion, physical or mental illness or disability must be included in a story only if they are relevant to the story.

13. Financial Journalism

- i) Even where the law does not prohibit it, journalists should not disclose financial information they have obtained in the course of their own profit financial information they have obtained in the course of their general publication, nor should they pass such information on to others.
ii) They must not write about shares or securities in which they have a personal interest without disclosing the interest to the public.
iii) They must not buy or sell, either directly or indirectly, shares or securities about which it is known or suspected they intend to write in the near future.

14. Confidential sources

Journalists have a moral obligation to protect the identity of confidential sources.

15. Witness payments in criminal trials

- i) No payment or offer of payment to a witness in a criminal trial may be made or accepted in any case once proceedings are active under the Criminal Justice Act 1988. This prohibition lasts until the suspect has been charged or bailed, or the proceedings have continued, or has entered a guilty plea or a not guilty plea, the court has announced its verdict, or the proceedings are not yet active.
ii) Where proceedings are not yet active, editors must not make or offer a payment or offer of payment to a witness, or a person reasonably expected to be called as a witness, or a person concerned ought demonstrably to be called, and there is an overriding need to make such a payment, and all reasonable steps have been taken to identify and deal with those who influence those who should give evidence in proceedings must be identified.
iii) Any payment or offer of payment to a witness in proceedings must be disclosed to the witness. The witness must be advised of the payment.

16. Payment to criminals

- i) Payment or offers of payment to a person who has committed a crime, or who is suspected of committing a crime, or who is a convicted or confessed criminal, or to their friends and colleagues, must not be made.
- ii) Editors invoking the public interest must demonstrate that the disclosure of the information would be in the public interest.

Explanation of the codes

As this guide was being completed the outcome of the Leveson Inquiry was still awaited. It was sure to suggest changes to press regulation but how far these would go was still anyone's guess. And, even then, there was no certainty that the Government would agree to the Leveson recommendations or how far it would go in tightening press regulation, if at all.

So, for the present, newspapers continue to be governed by the existing Editors' Code used by the Press Complaints Commission. Most of the evidence to Leveson was that the code was valuable and it was of course already subject to annual review under the old system which the industry itself recognises requires revision.

Ideally, whether now or in the future, complaining to the PCC - or some successor body - should be a course of last resort. However, journalists need to be aware of the code and work within it. Heated debate over that was very much part of the Leveson hearings.

Broadcast journalists work under the auspices of the BBC Trust or Ofcom and there is no indication that their standards will change in the near future, although it would be hasty to assume that the influence of Leveson will not stretch into broadcasting. At these difficult times for the media, nothing can be ruled out.

Most problematic is how to deal with complaints regarding the internet and other on-line platforms, some of which are not necessarily part of mainstream media organisations. There is no code to govern what appears on the net and no realistic suggestion of how to do so, let alone whether politicians have any appetite to act.

As there are no specific references in either the Editors' Code policed by the PCC or broadcasters' regulations that deal specifically with stigma or drug users, this means the grounds for complaint are somewhat nebulous. However, those that can apply appear on the following pages.

Press Complaints Commission (PCC)

Newspapers and magazines voluntarily submit to the PCC's jurisdiction. Its code is written into newspaper journalists' contracts.
020 7583 1248 www.pcc.org.uk complaints@pcc.org.uk

Office for Communications (Ofcom)

Ofcom regulates broadcasting in the UK. Broadcasters are required by law to follow its codes.
020 7981 3040 www.ofcom.org.uk contact@ofcom.org.uk

BBC

Its Producer Guidelines are a source of advice to broadcasters on dealing with sensitive issues.
www.bbc.co.uk/info/policies/producer_guidelines

Where to get more information

Reporting standards and codes of conduct

The Press Complaints Commission's code of practice:

<http://www.pcc.org.uk/cop/practice.html> ...is the most significant code for journalists. It does not specifically refer to how drug users are dealt with but its first condition on accuracy is clearly relevant:

- Accuracy.
- The Press must take care not to publish inaccurate, misleading or distorted information, including pictures.

And:

- The Press, whilst free to be partisan, must distinguish clearly between comment, conjecture and fact.

Section 12 of the code, on discrimination, is also relevant:

- The press must avoid prejudicial or pejorative reference to an individual's race, colour, religion, gender, sexual orientation or to any physical or mental illness or disability.
- Details of an individual's race, colour, religion, sexual orientation, physical or mental illness or disability must be avoided unless genuinely relevant to the story.

The National Union of Journalists' Code of Conduct:

<http://www.nuj.org.uk/innerPagenuj.html?docid=74> ...requires members to:

...ensure that information disseminated is honestly conveyed, accurate and fair...and ...differentiates between fact and opinion.

Ofcom, which regulates broadcasters other than the BBC, says in Section 2 of its code of conduct:, which covers harm and offence:

2.3 In applying generally accepted standards broadcasters must ensure that material which may cause offence is justified by the context (see meaning of "context" below). Such material may include, but is not limited to, offensive language, violence, sex, sexual violence, humiliation, distress, violation of human dignity, discriminatory treatment or language (for example on the grounds of age, disability, gender, race, religion, beliefs and sexual orientation). Appropriate information should also be broadcast where it would assist in avoiding or minimising offence.

The BBC's editorial guidelines cover harm and offence in section 5, which says:

5.4.38

We aim to reflect fully and fairly all of the United Kingdom's people and cultures in our services. Content may reflect the prejudice and disadvantage which exist in societies worldwide but we should not perpetuate it. In some instances, references to disability, age, sexual orientation, faith, race, etc. may be relevant to portrayal. However, we should avoid careless or offensive stereotypical assumptions and people should only be described in such terms when editorially justified.

5.4.39

When it is within audience expectations, we may feature a portrayal or stereotype that has been exaggerated for comic effect, but we must be aware that audiences may find casual or purposeless stereotypes to be offensive.

www.bbc.co.uk/info/policies/producer_guides

Other organisations:

Chartered Institute of Journalists

The Chartered Institute of Journalists campaigns for press freedom and acts as a trade union for its members in journalism and public relations.

www.ioj.co.uk 020 7252 1187

Mediawise

Mediawise is a charity concerned with ethical journalism. It provides advice and its own guidelines.

www.mediawise.org.uk 0117 941 5889

Society of Editors

The Society of Editors campaigns for media freedom, self-regulation, the public's right to know and the maintenance of standards in journalism.

www.societyofeditors.org info@societyofeditors.org 01223 304080

National Union of Journalists

The NUJ represents thousands of journalists in the UK. It encourages its members to work according to its code of conduct.,

www.nuj.org.uk info@nuj.org.uk 020 7278 7916

Media Trust

The Media Trust works in partnership with the media industry to help the voluntary sector build effective communications.

www.mediatrust.org.uk info@mediatrust.org 020 7874 7603

Contacts

Drug treatment & service providers	
Action on Addiction Action on Addiction works across the addiction field in research, prevention, treatment, professional education, support for families and children and campaigns.	Tel: 0300 330 0659 Web: www.actiononaddiction.org.uk Email: admin@actiononaddiction.org.uk
Addaction Addaction is one of the UK's largest specialist drug and alcohol treatment charities.	Tel: 020 7017 2747 Web: www.addaction.org.uk Email: pressoffice@addaction.org.uk
CRI CRI is a health and social care charity working with individuals, families and communities that are affected by drugs, alcohol, crime, homelessness, domestic abuse, and antisocial behaviour.	Tel: 020 7833 6729 Web: www.cri.org.uk Email: kevin.perlmutter@cri.org.uk
Lifeline Lifeline works with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol and drug misuse.	Tel: 0161 2140909 Web: www.lifeline.org.uk Email: michael@lifeline.org.uk
Phoenix Futures Phoenix Futures is a leading provider of services for people with drug and alcohol problems, offering services within community, prison and residential settings.	Tel: 020 7234 9740 Web: www.phoenix-futures.org.uk Email: info@phoenix-futures.org.uk
Turning Point Turning Point provides services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.	Tel: 020 7481 7632 Web: www.turning-point.co.uk Email: press@turning-point.co.uk
Governmental and information bodies	
Beckley Foundation The Beckley Foundation seeks to change global drugs policy to reflect a more rational, evidence-based approach, shifting the emphasis from criminalisation to health.	Tel: 01865 351209 Web: www.beckleyfoundation.org
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) The EMCDDA exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate.	Tel: +351 211 21 02 00 Web: www.emcdda.europa.eu
Independent Scientific Committee on Drugs (ISCD) The ISCD investigates and reviews the scientific evidence relating to drugs. It addresses issues surrounding drug harms and benefits; regulation and education; prevention, treatment and recovery.	Tel: 020 7840 6115 Web: www.drugscience.org.uk Email: info@drugscience.org.uk
Mentor Mentor promotes prevention-based approaches to drug issues. It undertakes evidence-based projects to prove the potential of prevention or to show how to support vulnerable young people.	Tel: 020 7739 8494 Web: www.mentoruk.org.uk Email: admin@mentoruk.org
National Treatment Agency (NTA) The NTA is a special health authority which aims to improve the availability, capacity and effectiveness of drug treatment in England. The NTA will become part of Public Health England when that body is launched in April 2013.	Tel: 020 7972 1921 Web: www.nta.nhs.uk Email: communications@nta-nhs.org.uk
Release Release is the national centre of expertise on drugs and drugs law, providing free specialist advice to the public and professionals.	Tel: 020 7324 2980 Web: www.release.org.uk Email: niamh@release.org.uk
The Welsh Council on Alcohol and Other Drugs The Welsh Council on Alcohol and Other Drugs is a successor to the temperance movements. It provides services and information to support recovery from addiction.	Tel: 029 2049 3895 Web: www.welshcouncil.org.uk Email: info@welshcouncil.org.uk

Transform Drug Policy Foundation Transform is a thinktank that argues that existing drug controls are the major cause of drug-related harm, and should be replaced by alternative forms of government control and regulation.	Tel: 0117 325 0295 Web: www.tdpf.org.uk Email: info@tdpf.org.uk
UK Drug Policy Commission (UKDPC) UKDPC is an independent body providing objective analysis of UK drug policy. It aims to improve political, media and public understanding of drug policy issues and the options for achieving an evidence-led, rational and effective response to the problems caused by illicit drugs.	Tel: 020 7812 3792 Web: www.ukdpc.org.uk Email: lbarasi@ukdpc.org.uk
Wired In Wired In aims to provide information and tools that help people better understand and use the options they have to overcome the problems caused by their own, or a loved one's, substance use.	Web: www.wiredintorecovery.org Email: david@wiredin.org.uk
Professional bodies	
Association of Nurses in Substance Abuse ANSA acts as an advisory service to health and social care bodies and institutions, imparting specialist information on drug and alcohol related issues to the government and a number of advisory committees.	Tel: 0870 241 3503 Web: www.ansauk.org Email: info@ansauk.org
Royal College of Psychiatrists, Faculty of Addictions The Royal College of Psychiatrists can provide journalists with information and comment on a wide range of issues relating to psychiatry, mental health and the work of the College.	Tel: 020 7235 2351 ext.6298 Web: www.rcpsych.ac.uk Email: dhart@rcpsych.ac.uk
Substance Misuse Management in General Practice (SMMGP) SMMGP aims to develop, support and encourage GPs and other primary care workers to work with problem drug users.	Tel: 0207 972 1980 Web: www.smmgp.org.uk Email: elsa.browne@nta-nhs.org.uk
Self-help & mutual aid networks	
Scottish Families Affected by Drugs (SFAD) Scottish Families Affected by Drugs supports families across Scotland that are affected by drug misuse, and helps those agencies that in turn represent and support such families.	Tel: 0141 221 0544 Web: www.sfad.org.uk Email: info@sfad.org.uk
SMART Recovery SMART Recovery aims to help individuals seeking abstinence from addictive behaviour to gain independence, achieve recovery and lead meaningful and satisfying lives.	Tel: 01463 729548 Web: www.smartrecovery.org.uk Email: info@smartrecovery.org.uk
UK Narcotics Anonymous (UKNA) NA is a non-profit fellowship or society of men and women for whom drugs had become a major problem. They meet regularly to help one another stay off drugs.	Tel: 020 7251 4007 Web: www.ukna.org Email: pi@ukna.org
UK Recovery Foundation UKRF offers support in promoting the strengths that people in recovery have. It helps them connect with one another and make new friendships.	Web: www.ukrf.org.uk Email: annemarieward@ukrf.org.uk
Umbrella and representative bodies	
Adfam Adfam works to improve the quality of life for families affected by drug and alcohol use.	Tel: 020 7553 7640 Web: www.adfam.org.uk Email: admin@adfam.org.uk
DrugScope DrugScope is the national membership organisation for the drug sector and the UK's leading independent centre of expertise on drugs and drug use.	Tel: 020 7520 7559 Web: www.drugscope.org.uk Email: ruthg@drugscope.org.uk
Scottish Recovery Consortium (SDRC) The Scottish Recovery Consortium provides national direction and co-ordinates action to promote recovery from drug problems and addiction in Scotland.	Tel: 0141 226 1662 Web: www.sdrconsortium.org
Scottish Drugs Forum (SDF) Scottish Drugs Forum is the national, voluntary sector and membership-based drugs policy and information agency working in partnership to reduce drugs harm in Scotland.	Tel: 0141 221 1175 Web: www.sdf.org.uk Email: enquiries@sdf.org.uk
The Alliance The Alliance works to improve the quality and availability of treatment in the UK. It is country's only provider of user-led advocacy services.	Tel: 020 7299 4304 Web: www.m-alliance.org.uk Email: peter@m-alliance.org.uk



The UK Drug Policy Commission is an independent charity that provides objective analysis of the evidence concerning drug policies and practice. It brings together senior figures from policing, public policy and the media, along with leading experts from the medical and drug treatment fields, to encourage the formulation and adoption of evidence-based drug policies.

Its work has included reviews of:

- Employment issues for recovering drug users
- The extent, nature and impact of stigma towards drug users
- Support for families of drug users
- Programmes for drug-dependent offenders
- Efforts to tackle drug markets and distribution networks
- Harm reduction approaches to drug law enforcement
- Options for controlling new drugs
- The impact of drugs on minority groups
- Impact of localism and austerity on drug interventions
- How drug policy is made in the UK

All UKDPC reports are available for free download at: www.ukdpc.org.uk

The Society of Editors has more than 400 members in national, regional and local newspapers, magazines, broadcasting, digital media, media law and journalism education. It is the single largest organisation for editors and senior editorial executives. Its members are as different as the publications, programmes and websites and other platforms for the delivery of news that they create and the communities they serve. But they share the values that matter:

The universal right to freedom of expression.

The importance of the vitality of the news media in a democratic society.

The promotion of press and broadcasting freedom and the public's right to know.

The commitment to high editorial standards.

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A practical guide to reporting on drugs misuse

Although vast quantities of newsprint and airtime are devoted to reporting on and discussing the impact of drugs in the UK, one aspect of the subject is rarely covered.

That is the stigma attached to drug users – particularly those who have recovered or are recovering from addiction – and the effect that has on them, their families and society.

Yet the media can play an important role in increasing public understanding about the nature of the condition and ways to overcome it.

This guide for journalists, the latest in a series produced by the Society of Editors, does not preach or take sides but sets out to explain the problem and suggest how the media can help.

Society of Editors

www.societyofeditors.org

UKDPC

UK DRUG POLICY COMMISSION