

# Reporting About Substance Use and Mental Health

**A RESOURCE FOR MEDIA PROFESSIONALS**

Version 1: May 2022

BEAT THE  
STIGMA



RECOVERY  
Ohio



[BeatTheStigma.org](https://BeatTheStigma.org)

[RecoveryOhio.gov](https://RecoveryOhio.gov)

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## ABOUT THIS DOCUMENT

This document was created through a collaboration of media and medical professionals. Those who participated in the research and development of the document include renowned substance use and mental health doctors, award-winning editors and journalists and nationally recognized media relations professionals in the public and private sector. Our hope is that this document is useful to media professionals and is a starting place for changing how we all talk about and report on substance use disorders and mental health.



# INTRODUCTION

Mental health and substance use disorders impact everyone. Ohio has been hit particularly hard by the suicide and overdose epidemics that have taken a devastating toll on our nation. The number of suicide deaths in Ohio has increased by nearly 13% between 2011 and 2020; it is the second leading cause of death for youth and young adults in our state. Unintentional overdoses are also a leading cause of preventable death in Ohio. In 2020 alone, 5,017 Ohioans died from an unintentional overdose.

How we respond to these crises is determined in part by how we think and talk about them. Journalists can play a powerful role in informing the public about critical news and developments related to these issues in ways that counteract stigma, prejudice and discrimination. Accurately conveying the experiences of those with substance use and mental health disorders reduces the stigma associated with these conditions and moves our communities toward fuller understanding. We believe that fuller understanding will lead to more empathy, acceptance and healing.



RecoveryOhio, the Ohio Attorney General’s Task Force on Criminal Justice and Mental Health and the Ohio Opioid Education Alliance created this guide to help avoid stereotypes and clichés in language and images, and to deliver a fuller and more accurate understanding of those living with a mental health or substance use disorder. It makes the case for reporting on those living with mental illness and addiction with the same compassion and dignity shown to those struggling with physical illnesses. In addition, this guide contains a listing of key contacts at most of the mental health and addiction organizations in Ohio, which can be used as a reference for sourcing stories on related topics.

Chances are that most of us will experience a trauma or emotional crisis. Many of us are “languishing” (feeling stressed, exhausted, irritable and confused). As journalists tell stories that normalize these struggles and break down stigma, readers may hear their own story and are more likely to seek the help and resources that they need.

## FIVE QUESTIONS TO ASK BEFORE WRITING ABOUT SUBSTANCE USE AND MENTAL HEALTH

1. Does the story use language that is focused on the person, rather than on their disease?
2. Does the package include images or video that tell the story without showing drugs or drug paraphernalia, or without relying on stereotypes?
3. Does/should this story quote a public health expert who can put the issue of substance use or mental health disorders into context?
4. Does this story include resources for people who might need help, either for themselves or for someone they love?
5. Does the headline convey the news without stigmatizing people with substance use or mental health disorders?





## What is stigma?

**Stigma** /ˈstɪgmə/ —The disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society.

Stigma is the negative attitudes or beliefs that are associated with mental health conditions and substance use disorders (SUD). Stigma often is a misunderstanding about a condition or behavior. Stigma associated with mental health and SUD may lead individuals to hide their conditions and lose support of family and friends. Worst of all, stigma may decrease the likelihood that a person will seek treatment.

“Stigma can be defined as a label with an associated stereotype that elicits a negative response. Typical stigma related to addiction patients: They are dangerous, unpredictable, incapable of managing treatment, at fault for their condition, etc.”

[NIDA Words Matter](#) 

## Why does stigma matter?

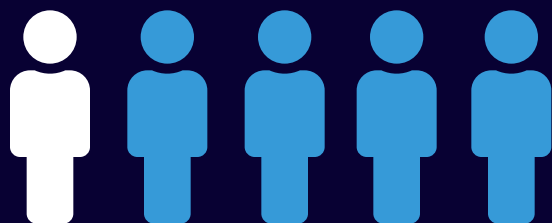
- Leads others to avoid living, socializing or working with, renting to, or employing people with SUD/mental disorders.
- Reduces patients’ access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation and hopelessness.
- Results in limited or inadequate insurance coverage for recovery and mental health services and treatment.
- Deters the public from seeking, and adequately funding, necessary care.
- Discourages some healthcare professionals from treating people suffering from addiction or mental illness.

### Why do words matter?

People living with a mental illness or SUD commonly face stigma. Stigma-based attitudes translate into the language society uses to discuss mental illness and SUD, and can negatively affect those who hear them. Reporters' words reach millions of Ohioans daily, including people who are struggling with or recovering from a mental health or SUD, as well as their family, friends and loved ones. Your words can make a great impact on how they see things. Your words can influence how people see mental illness and SUD. That's why it's important to consider the language you use.

As a reporter trying to convey the truth and reality of mental illness and SUD, you can do so without inadvertently reinforcing stereotypes that can make it more difficult to address these problems. In fact, you might be missing an important part of the story by using language that obscures the fact that people can and do recover from — or learn to better cope with — these illnesses. Choosing words that are both accurate and sensitive will make your stories stronger.

Every year, 1 in 5 adults in the U.S. experience a mental illness. It is likely that nearly every person in your geographic coverage area has been affected on some level by mental illness or SUD. Very likely, someone in your own family is among them. You are not reporting stories about them, you're reporting stories about us.



**Every year, 1 in 5 adults  
in the U.S. experience a  
mental illness.**

## What language should we use?

By avoiding stigmatizing language, you will change how individuals hear and talk about behavioral health and SUD. Reporters and the media are uniquely positioned to affect what people hear about mental health conditions and SUD, which shapes public opinion and influences policy.

### Using person-first language

Using person-first language is the best way to discuss those affected by mental health conditions and SUD. Person-first language puts the focus back on the individual and takes it off of the disease they might have. Conversely, describing a person as “a schizophrenic” or “a depressive” reduces them to their medical condition, as if that is all they are. See the table below for suggestions on person-first language.

Instead of this:	Use this:
Addict, junkie, user, drug abuser, drunk, alcoholic	<b>A person with a substance use disorder (SUD), A person in active addiction</b>
Former Addict, Reformed Addict, Clean	<b>A person in recovery from... or long-term recovery</b>
Abuse	<b>Use, Misuse, Used other than prescribed (for prescription medications)</b>
A person is mentally ill	<b>A person lives with a mental illness or mental health condition</b>
A person is schizophrenic, bipolar, anorexic or PTSD	<b>A person has been diagnosed with... or is experiencing...</b>



## Consider the storyline

The stories you choose to tell about addiction and mental health matter. News stories about day-to-day overdoses or suicide trends are important—they shed light on what is happening in a community at a given time. But coverage that excludes stories about evidence-based treatments, recovery trends and individual stories of success is incomplete. Some ideas to consider as you plan coverage of these important issues:

- Consider more hopeful narratives that focus on the fact that recovery is possible: Identify agencies and individuals in your community that are working to support and improve recovery odds for people dealing with substance use disorders and mental health issues.
- Consider stories about solutions grounded in recent research.
- Provide real-life examples and write stories that humanize people living with mental illness or SUD and people in long-term recovery.
- Use non-stigmatizing and person-first language (person in long-term recovery vs. addict, substance use vs. substance abuse).
- Consider sharing only positive stories. Some stories can discourage doctors from treating people suffering from addiction or mental illness.
- Use caution and aim for balance when reporting on violence or dangerous behavior. These stories result in more societal stigma even though those living with mental illness and SUD are more likely to be victims of violence, not perpetrators.



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*Addiction happens but so does recovery. There is hope. No one wants to be ill, whether it is a physical ailment or a mental one. Together we can create a more hopeful narrative. Through real stories, the hope of long-term recovery is revealed.*

## Consider the headline

In a headline, words matter. Language is powerful. Any reporter can attest that the most thoughtfully reported and written story can be undermined by a headline that oversimplifies, misses the point or sensationalizes. Headline writers don't always have the benefit of the reporter's knowledge of the issue and often work under tremendous deadline pressure.

In a headline as in body copy, words can either help make it safe for people to seek treatment or add stigma that prevents them from doing so. This guide seeks to offer tools that revolve around person-first language: language that puts people first, literally and figuratively. Person-first language centers on a person, not a condition, and describes what a person has rather than who a person is. Naming a person as "a user" or "mentally ill," for example, stigmatizes them and all who have SUD or mental illness. Using phrases like "person with substance use disorder" or "person diagnosed with mental illness" centers on the person and more accurately describes their experience.



At the same time, headlines must be brief, and person-first language can be lengthy. But brevity need not cause harm if writers bear in mind some key ideas:

**The most obvious headline may not work. Person-first language can be too long, and thus awkward, in a headline. Twenty years ago, the headline might have been:**

*Former addicts thrive operating XYZ café*

Directly converting that to person-first language — *People in recovery from addiction thrive operating XYZ café* — doesn't work.

***Instead, you can change the approach:***

*In recovery and thriving at XYZ café*

In many cases, an abbreviation can also help. This headline:

*Coalition rallies to help people with substance-use disorder*

Could become:

*Coalition rallies to help people with SUD*

Other opportunities include eliminating words that place blame on the individual. Consider this common headline about suicide:

*Local man commits suicide*

The headline may seem innocuous, but the word “commit” harkens back to an era when suicide was seen as a sin or crime. Much like we write the headline *Local man dies of heart attack*, we can write similar headlines for suicide:

*Local man dies of suicide*

**Sensationalizing can be dangerous.** Headlines for stories on suicide or overdose bear the risk not only of perpetuating misunderstandings about mental illness but trigger vulnerable people.

- Suicide is never the result of a single factor or event; a headline should not imply that it is by mentioning the immediate trigger.
- Mentioning the method or venue of a suicide or overdose in the headline could invite others in despair to imitate.
- Sentimentalizing the suicide victim as a “martyr” could suggest to vulnerable people that suicide could make them famous or beloved.

**Choose compassionate language.** Headlines that imply a victim of overdose is a bad person or did something morally wrong further stigmatize SUD and could prevent people from seeking treatment.

**Avoid euphemisms.** It is best to use natural language.

Precision matters: Phrases like “suffers from” create pity; “battles” implies a person might not be fighting hard enough.





# IMAGERY LEAVES AN IMPRESSION

## Why does imagery matter?

Images, whether photos or video, often set the tone of the story and leave a lasting impression. Just like the words a journalist chooses, the images used to support the story contribute a great deal to the accuracy and understanding of the subject matter. Photos and video help clarify the story in an honest and realistic manner. If not carefully considered, imagery also could create unintentional stigma or trigger a person in recovery.

### Stigmatizing images could:

- Remind someone of their past drug use or struggles with their mental health.
- Induce cravings for someone in recovery.
- Cause an individual to relapse, even someone who has been in long-term recovery.
- Reinforce self-destructive beliefs or worries for someone with a mental health condition.

### Images that could trigger negative responses and increase stigma:

- Drug paraphernalia such as drugs, empty pill bottles, needles, burned spoons, rolled-up dollar bills, etc.
- Drug simulation.
- Images of an unconscious person.
- Stock images of people with several tattoos and piercings.
- Images of dark alleys and inner-city streets.
- People who look overly sad and dramatically upset.

## What imagery should we use?

Visual imagery is a strong stimulus for humans. Images can trigger thoughts, feelings and behaviors in the people who view them, and each person may respond differently. Although some imagery may be used to elicit a strong emotional response in the viewers, some can also trigger destructive and emotional behaviors. For example, images of drugs or paraphernalia can bring about cravings for persons with a SUD, just as an advertisement for a restaurant brings about hunger. Similarly, well-chosen images can bring about feelings of empathy, understanding and hope in those directly affected by these conditions and the public.

Consider images that provide honest depictions, without creating triggers or stigma:

### Images conveying emotion

- A person standing alone to convey isolation
- A person looking out a window to show sadness
- A wide shot of a person alone to show anxiety
- Tight shot of hands or face to further depict their emotion
- Editing techniques of dark or blurred images

### General emergency response

- Hospital
- Ambulance

### Life-saving drugs

- Naloxone
- Fentanyl test strips



**1 in 13 Ohioans live with addiction.**



Examples of appropriate imagery:





**Governor Mike DeWine created the RecoveryOhio initiative to coordinate the work of state departments, boards, and commissions by leveraging Ohio's existing resources and seeking new opportunities.**

While engaging local governments, coalitions and task forces, RecoveryOhio's goals are to create a system to help make treatment available to Ohioans in need, provide support services for those in recovery and their families, offer direction for the state's prevention and education efforts and work with local law enforcement to provide resources to fight illicit drugs at the source.

To provide help from all perspectives, RecoveryOhio is composed of an internal state team with representation from several state departments, boards and commissions. For additional advice and consultation on the best ways to improve our state's response to this crisis, the RecoveryOhio State Team turns to an external group, the RecoveryOhio Advisory Council, who are governor-appointed experts from both the public and private sectors with experience in the fields of treatment, prevention, recovery support and criminal justice.

## ABOUT THE OHIO ATTORNEY GENERAL'S OFFICE TASK FORCE ON CRIMINAL JUSTICE AND MENTAL ILLNESS



A significant number of individuals with mental illness are involved in the adult and juvenile criminal justice systems. As a result, these systems have become defacto mental health providers of psychological and psychiatric services to these individuals.

Often, individuals with mental illness cycle in and out of the criminal justice system due to gaps found in the community mental health system.

In order to address this revolving door effect, former Attorney General Mike DeWine and retired Justice Evelyn Lundberg Stratton formed the Attorney General's Task Force on Criminal Justice and Mental Illness in 2011. The Task Force evolved from the Advisory Committee on Mental Illness and the Courts (ACMIC), which Justice Stratton started in 2001. Dave Yost is Ohio's current Attorney General and has continued this important work.

The Task Force is composed of state agency representatives, law enforcement, judges, and mental health professionals who meet regularly to increase public safety and reduce the number of persons with mental illness trapped in the criminal justice system.



The Ohio Opioid Education Alliance is a public-private partnership focused on raising awareness of the addiction crisis in Ohio.

The Alliance is comprised of over 100 business, education, nonprofit, civic and government organizations. The Alliance's objective is to challenge the mindsets of Ohioans, including reframing the approach to drug misuse prevention and eliminating stigmas associated with addiction and mental illness. Alliance members work together to make a difference in each of their respective areas of influence. Its newest campaign is the statewide **Beat the Stigma** campaign.

“We often say, ‘Treatment works. Recovery happens,’ and it’s true, but stigma gets in the way of people seeking treatment and reaching recovery.”

**Greta Mayer**  
Chief Executive Officer  
Mental Health and Recovery Board of Clark, Greene and Madison Counties

## RESOURCES AND CONTACTS

### Ohio Governor Mike DeWine's RecoveryOhio

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### Ohio Department of Health

**Ken Gordon**, Media Relations  
614-915-6695 | [Kenneth.Gordon@odh.ohio.gov](mailto:Kenneth.Gordon@odh.ohio.gov)

### Ohio Suicide Prevention Foundation

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614-429-1528 | [Keiko.talley@ohiospf.org](mailto:Keiko.talley@ohiospf.org)

### Ohio Association of County Behavioral Health Authorities

Find a local Alcohol Drug and Mental Health Board (ADAMH Board) in your county or surrounding area.



## GLOSSARY

**Addiction** — A strong and harmful need to regularly have something (such as a drug) or do something (such as gamble).

**Anxiety** — An emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.

**Behavioral Health** — The promotion of mental health, resilience and well-being; the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

**Fentanyl** — A synthetic opioid developed for pain management treatment of cancer patients that is 80-100 times stronger than morphine.

**Fentanyl Test Strips** — Identifies the presence of fentanyl in unregulated drugs, including injectables, powders and pills.

**Mental Health** — The condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others and the ability to meet the demands of daily life.

**Mental Illness** — Any of a broad range of medical conditions (such as major depression, schizophrenia, obsessive compulsive disorder or panic disorder) that are marked primarily by sufficient disorganization of personality, mind or emotions to impair normal psychological functioning and cause marked distress or disability and that are typically associated with a disruption in normal thinking, feeling, mood, behavior, interpersonal interactions or daily functioning.

**Naloxone** — A medication that can reverse an overdose caused by an opioid drug (heroin or prescription pain medications), also known as Narcan.

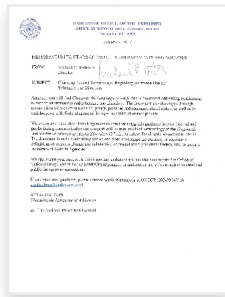
**Stigma** — A set of negative and often unfair beliefs that a society or group of people have about something.

**Substance Use Disorder (SUD)** — Mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol or medications.

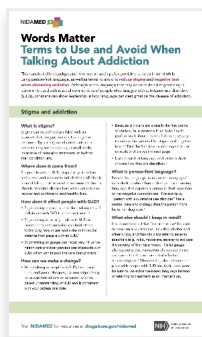
**Trigger** — To cause an intense and usually negative emotional reaction in someone.



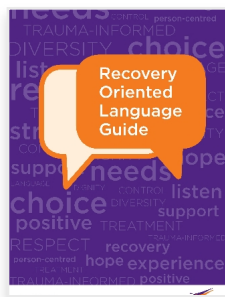
# SOURCES:



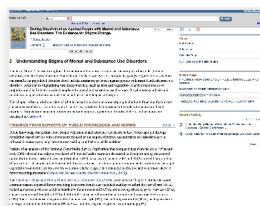
<https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regarding%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>



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[https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\\_2019ed\\_v1\\_20190809-Web.pdf](https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf)



<https://www.ncbi.nlm.nih.gov/books/NBK384923/>

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