

DO'S + DON'Ts OF SUBSTANCE USE



DO: Report on substance use disorder and overdose as a public health issue

DO: Look for opportunities to cover overdoses that have been reverse with naloxone and recovery that happens as a result

DO: Talk about the risks of overdose associated with taking opioids, including prescription painkillers. Emphasize that anyone who take opioids, with or without a prescription is at risk of overdosing.

DO: Provide readers and viewers with resources and strategies for reducing risk of overdose. These strategies include halving the hit, using with friends, and not mixing opioids with other drugs or alcohol.

DO: Tell the story from the perspective of bystanders who used naloxone to save a life.

DO: Tell the backstory of what led to the overdose, including how the person started using opioids in the first place.

DO: Help people understand the signs of addiction, alternatives to opioids, and resources for recovery that can prevent overdoses and/or dependence in the future.

DO: Use photographs from school, work, or family events and include resources for recover and/or obtaining naloxone.



DON'T: Investigate and report on overdose like reporting on crimes

DON'T: Only cover overdose deaths and/or spikes in overdoses.

DON'T: Talk about drug potency as a primary factor in the overdose, or specific drug types like fentanyl.

DON'T: Assume readers or viewers are not taking opioids or at risk of overdosing, particularly when there is an increased availability of high-potency illicit opioids like fentanyl.

DON'T: Interview only uninformed first responders, family and friends of the person who died from an overdose.

DON'T: Describe an overdose as sudden an unexpected or the result of a poor choice.

DON'T: Cover only the overdose as an event that happened in the past.

DON'T: Use photos/videos of the person overdosing or being saved, the location of death, or grieving family friends, memorials, or funerals.