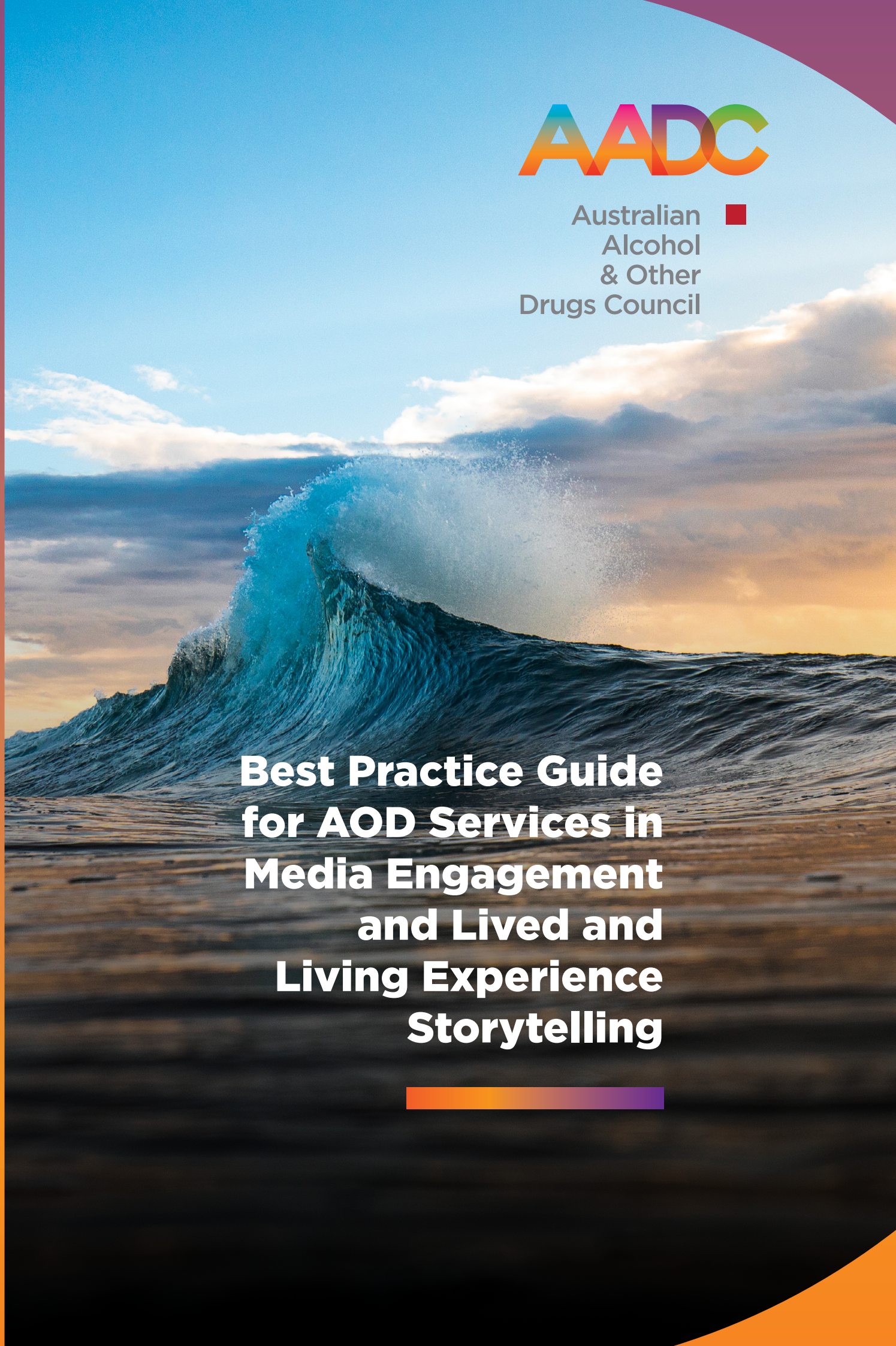

AADC

Australian
Alcohol
& Other
Drugs Council

Best Practice Guide for AOD Services in Media Engagement and Lived and Living Experience Storytelling

Introduction

Journalists often seek access to clients, staff and others involved with alcohol and other drugs (AOD) services who can share their personal stories of lived and living experience of AOD use, including as friends and family of people who use drugs. Sharing these personal stories has potential to challenge stereotypes, deepen public understanding of AOD use, and empower individuals by platforming their voices in issues that affect them. At the same time, media reporting frequently produces negative, stigmatising portrayals of AOD issues and the lives of people who use AOD. For people who choose to share their personal stories, these media engagements can result in re-traumatising experiences, and unexpected negative and disempowering outcomes such as impacts on personal relationships, employment opportunities, health and wellbeing, as well as increased risk of engagement with law enforcement and criminal justice systems.

This guide identifies a range of practices that AOD services can employ to maintain their duty of care to clients, staff and others who choose to share their lived experience stories and decrease the risk of negative outcomes from these media engagements. It also supports AOD services to contribute to broader efforts in decreasing AOD-related stigma and discrimination.

The vision is that people who choose to share their lived experience stories in the media can do so in an environment that is free of AOD-related stigma and discrimination, have an interaction with media organisations in a way that respects the story teller's dignity, and that AOD services implement practices that minimise the risk of a negative outcome.

Scope

In the context of this best practice guide, people with lived and living experience of AOD use can include, but are not limited to, clients and service users, volunteers, board of governance members, supporters and staff in identified and non-identified peer roles, as well as families, friends and loved ones of anyone with lived and living experience of AOD use.

This guide acknowledges the role that AOD services have as a key access point to people with lived and living experience of AOD use. As such, the audience for the best practices outlined in this guide are organisations within and outside of the AOD and harm reduction sectors who engage with people with lived and living experience of AOD use. The focus is on mainstream organisations rather than peer-based service providers or representative organisations, although the information in this guide may also have applicability in these settings.

AADC recommends contacting the Australian Injecting and Illicit Drug Users League (AIVL), AIVL's members across each State and Territory, or other peer-based AOD-focused organisations, to discuss additional specific considerations for peer-based organisations participating in media engagements.

Background

The World Health Organisation recognises harmful illicit drug use and alcohol use as two of the most stigmatised health conditions.[1] For the purposes of this guide, AADC uses the definition of stigma and discrimination provided by Lancaster, Seear and Ritter (2017:19-20):

> *Stigma is defined as the labelling and stereotyping of difference, at both an individual and structural societal level, that leads to status loss (including exclusion, rejection and discrimination).*
>
> *Discrimination is the lived effects of stigma - the negative material and social outcomes that arise from experiences of stigma.*
>
> *Both stigma and discrimination rely on societal structures and systems that facilitate and create the conditions for their operation.*

Put simply, prejudice is about unfair beliefs, discrimination is about unfair treatment, and stigma is like carrying a mark of shame created from sweeping unfair judgments, criticisms or even hatred.[2]

Through this process, AOD-related discrimination manifests itself through:

- structural discrimination, which refers to systemic prejudice, institutional discrimination, and the perpetuation of diminished social status perpetrated by governmental bodies and societal organisations
- public stigma through stereotypes and biases endorsed and held by the general population towards individuals who use AOD
- self-stigma where external stigmas, negative public attitudes and stereotypes are internalised and result in lower self-esteem, reduced self-efficacy, and a pervasive feeling of hopelessness.[3]

Stigma and discrimination create barriers to both accessing general health care as well as receiving a quality standard of care. They also create barriers to accessing AOD services.[4] AOD-related stigma has ongoing impacts for employment prospects and social relationships more generally and is experienced by people who use drugs, those who have sought treatment for an AOD issue and those who have a criminal conviction related to illicit drugs.[5] AOD-related stigma and discrimination frequently intersects with other types of stigma and discrimination, such as those based on

1 Room, R., Rehm, J., Trotter, R. T., II, Paglia, A., & Üstün, T. B. (2001). "Cross-cultural views on stigma valuation parity and societal attitudes towards disability". In T. B. Üstün, S. Chatterji, J. E. Bickenbach, R. T. Trotter II, R. Room, & J. Rehm, et al. (Eds.), *Disability and culture: Universalism and diversity* (pp. 247–291). Seattle, WA: Hofgrebe & Huber.

2 Cusick, J. (2022). *Post-secondary peer support training curriculum*. BCcampus, https://opentextbc.ca/peersupport/

3 Chen, C.Y., Leung, H.L., Luo, H.X., & Alghashi, S. (2023). *Media Stigmatising of Alcohol and Drug Use*. Adelaide: South Australian Network of Drug and Alcohol Services.

4 Farrugia, A., Fraser, S., Edwards, M., Madden, A. & Hocking, S. (2019). *Lived experiences of stigma and discrimination among people accessing South Western Sydney Local Health District Drug Health Services*. Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.

5 Lancaster, K, Seear, K. & Ritter, A. (2017). Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use. Brisbane: Queensland Mental Health Commission.

First Nations identity and cultural background, gender identity, sexuality, disability, migration pathway, experiences of family and domestic violence and physical and mental health conditions.

This stigma not only affects those who use AOD, but their friends, families and loved ones as well and impacts their ability to access appropriate supports.[6] It is common for families, friends and carers of a person experiencing AOD-related issues to feel isolated and ashamed, as well as reluctant to reach out to formal, and informal, supports for fear of being blamed for their affected persons' circumstances.[7]

A more in-depth discussion of AOD-related stigma and discrimination can be found in AADC's position statement on stigma and the role of the AOD sector and the resources referenced within that position statement.

AOD-related stigma and the media

Reporting of AOD issues in the media has the potential to challenge entrenched stereotypes and stigmas related to AOD use, deepen public understanding of AOD use, and empower individuals who use AOD by platforming their voices in relation to issues that affect them.[8] Yet media reporting on AOD issues – particularly within 'legacy' publications, such as daily newspapers and TV news broadcasts, which emphasise rapid story development and publication - frequently results in sensationalist reports exaggerating the risks and harms related to AOD consumption, and disempowering and unsafe experiences for people who choose to share their stories.[9] Lancaster and colleagues illustrate the way media reporting influences attitudes towards AOD use and people who use AOD through a complex, reinforcing dynamic of:

- *setting the agenda* and identifying what issues are of newsworthy importance and what is included or excluded from discussion
- *framing the issue* and defining how an issue should be considered, such as illicit drug use being a 'problem' that necessitates the production of 'villains' who create the problem and 'victims' who are negatively impacted, often with little nuance
- *influencing understanding of risk* as the wider community generally have little experience with illicit drug use and little contact with people who openly identify as using drugs illicitly. The absence of personal experience leaves media reporting to inform general understanding of illicit drugs and their risk.
- *Influencing political debate and policy* by identifying what community issues are important, what issues require government response and what this response should be.[10]

6 *Alcohol and Drug Foundation. (2024) Help-seeking by family and friends of people who use alcohol and drugs*. Melbourne: Alcohol and Drug Foundation.

7 McCann, T.V. & Lubman, D. (2018). Stigma experience of families supporting an adult member with substance misuse, *International Journal of Mental Health Nursing*, 27(2), p. 465-921, DOI: https://doi.org/10.1111/inm.12355

8 See The Double-Edged Sword: Lived Experience, Tokenism and the Portrayal of Addiction Recovery Stories for a USA-based, recovery-focused exploration of the power and challenges of lived experience story telling.

9 Abrams, D. (2010). *Processes of prejudice: Theory, evidence and intervention*. Manchester, UK: Equality and Human Rights Commission

10 Lancaster, K., Hughes, C. E., Spicer, B., Matthew-Simmons, F., & Dillon, P. (2011). "Illicit drugs and the media: Models of media effects for use in drug policy research", *Drug and alcohol review*, 30(4), 397-402.

A review of legacy media reporting on AOD issues undertaken by the South Australian Network of Drug and Alcohol Services (SANDAS) illustrates the way this dynamic operates in practice. The review of South Australian reporting finds that the majority of stories used stigmatising language, alarmist and misleading content, lacked context and did not address external factors influencing AOD use. The reports were also found to have frequently violated privacy, contained inaccuracies, and included few AOD expert and health practitioner viewpoints.[11]

More broadly, this dynamic helps reinforce unhelpful narratives about illicit drug use, such as using a deficit framing where illicit drug use is viewed solely from a moralistic perspective as a weakness to be overcome and that recovery is the only acceptable outcome, and rarely highlights the diverse experiences of people who use AOD and the 'normality' of AOD use in Australia. Kate, a 36-year-old female working in the health sector who uses prescription medications and methamphetamine, describes this in further detail:

> *"A lot of people use different substances in different ways and for different reasons. You don't always have to have a troubled past or a problem or, you know, some sort of therapeutic need to self-medicate or anything. It might just be for fun [...] I hate the way [drug use] is sensationalised, I very much avoid news [...] They just put fear in people with everything, you know. Like, if you watch the news every night [...] you'd be scared to use any kind of drug because it will kill you or turn you into someone wearing Adidas and yelling on the street. It puts you into a stereotype. Yeah, like, the mainstream media in particular are so biased."*[12]

AADC members report witnessing a range of negative outcomes for people who have chosen to share their lived and living experience story with media organisations. These include negative impacts on family relationships where family members have not been aware of someone's drug use, people feeling exposed and increasing their AOD use as a means to cope with this, increased attention from law enforcement and negative health care experiences following the publishing of personal stories and, at the most extreme end, suicide after being exposed in the media.

[11] Chen, C.Y., Leung, H.L., Luo, H.X., & Alghashi, S. (2023). *Media Stigmatising of Alcohol and Drug Use*. Adelaide: South Australian Network of Drug and Alcohol Services.

[12] National Drug Research Institute. (2016). *Lives of Substance – Dealing with Stigma and Discrimination*. Accessed 13 June 2024 at https://www.livesofsubstance.org/topics/dealing-with-stigma-discrimination/

Intersectionality

Intersectionality is a way in which to understand how peoples' different identities and social characteristics, such as gender, sexuality, race, class, religion or disability impact the way they are treated.[13] As noted above, AOD-related stigma and discrimination can intersect with other forms of stigma and discrimination based on other identity and social characteristics and shape experiences with communities, systems and services. The structural and systemic marginalisation which occurs as an outcome of all forms of stigma and discrimination means that the intersection of multiple stigmas may increase the risk of - or exacerbate the impact of - a negative outcome when someone chooses to share their personal story. Research from the Queensland Mental Health Commission highlights the lived experience of the intersection between AOD-related stigma and discrimination and racial discrimination felt by Aboriginal and Torres Strait Islander people. One participant describes the impact of colonisation and the trauma of institutional racist policies experienced by his parents and grandparents, and its contribution to his poor mental health and use of alcohol to manage the impact of these experiences:

> *"I was able to hide my depression real good. I self-medicated with alcohol and hid within the stereotype of 'black fella, he's just drunk' [...] The drink gave me a sense of euphoria and took away the pain. I drank for 15 years from the age of 17."* – 'Gavin', early 40s[14]

He goes on to describe the ongoing impact of institutional racism and the lack of trust many within Aboriginal and Torres Strait Islander communities have in mainstream services:

> *"History plays a big role in the lack of faith in mainstream services. The conspiracy theorists would say that government programs are not to be trusted [...] [For example], the stigma associated with the Alcohol Management Plan had led people to fear that if you end up in hospital intoxicated then you could get locked up, so people are not going there until late."*

Yet participants felt that media (and social media) portrayals of First Nations communities and AOD issues frequently presented negative and misleading stories that were simplistic in their reporting and lacked discussion of broader context; often relying on existing stereotypes of Aboriginal and Torres Strait Islander people.[15]

13 Australian Women's Health Alliance. (2024). *Glossary of Terms*. Accessed at https://australianwomenshealth.org/resource/australian-womens-health-alliance-glossary-of-terms/ on 28 August 2024

14 Queensland Mental Health Commission. (2020). *Don't Judge, and Listen: Experiences of stigma and discrimination related to problematic alcohol and other drug use*. Brisbane: Queensland Mental Health Commission.

15 *ibid*

Similarly, gendered framings of AOD use result in women experiencing additional forms of stigma and marginalisation, particularly in relation to pregnancy, parenting and caring responsibilities. [16] [17] In a project sharing stories of women who use drugs, Louise Vincent, Executive Director of the North Carolina Urban Survivors Union explains the way gendered framings of AOD use erase the real experiences of women, and add to AOD-related stigma and discrimination:

> *We don't often see our stories shared in the media. We see depictions of people not being able to connect, women who don't love their children... these are not the stories I know to be true.*[18]

Tina, in the same project, goes on to explain the higher standard that women who use drugs are held to, and its impact:

> *When we think about women using drugs, we look at women in a different light because we are supposed to be morally at a standard, or we are no good.*[19]

Other research explores similar intersections of AOD use and impacts in relation to other social characteristics, such as living with HIV[20] and having a disability.[21]

This highlights the additional potential risks and impacts of lived experience story telling when AOD use intersects with other forms of stigma and discrimination.

Best Practices and Key Considerations for AOD Services Engaging with Media Organisations

There are multiple points through the process of engagement with media organisations where AOD services can take action to enhance the safety and wellbeing of people sharing their lived experience story and help minimise the risk of a stigmatising outcome. These points occur:

- before deciding to engage with media
- during the preparation and planning process when a media opportunity arises
- during the media engagement
- after the media engagement

16 Dennis, F., & Pienaar, K. (2023). Refusing recovery, living a 'wayward life': A feminist analysis of women's drug use. The Sociological Review, 71(4), 781-800.

17 Stone, R. (2015). "Pregnant women and substance use: fear, stigma, and barriers to care", *Health & justice*, 3, 1-15.

18 North Caroline Survivors Union. (2022). *The Narcofeminism Story Share Model*. [online]. Available at https://youtu.be/PnGcnR5eI8s

19 *ibid*

20 Do, M., Ho, H. T., Dinh, H. T., Le, H. H., Truong, T. Q., Dang, T. V., ... & Andrinopoulos, K. (2021). "Intersecting stigmas among HIV-positive people who inject drugs in Vietnam", *Health Services Insights*, 14.

21 Ledingham, E., Adams, R. S., Heaphy, D., Duarte, A., & Reif, S. (2022). "Perspectives of adults with disabilities and opioid misuse: Qualitative findings illuminating experiences with stigma and substance use treatment", *Disability and health journal*, 15(2).

1. Deciding to engage with media

Even before being approached by media with a specific request for engagement, AOD services can implement a range of policies and decision-making processes to help guide decision making about how media opportunities align with and progress a service's values and strategic direction, and what internal processes need to be in place to support positive outcomes for those who choose to share their lived experience stories. These include considering:

- What is the service's position on agreeing to or declining media approaches and providing access to people with lived and living experience of AOD use? What type of relationship does the service have with lived and living experience representative organisations, and under what circumstances would the service refer media on to these organisations?[22]
- How does the service want AOD issues to be framed in the media? What type of media opportunities are likely to support this vision? For example, if the service has a strong harm reduction focus and is approached for access to a person with lived/living injecting drug use experience in relation to a story on a proposal for a new medically supervised injecting centre, a reactive story with a short timeline for participation may be less likely to elicit an article that supports the service's values than a feature piece developed over a number of weeks with a journalist. Alongside this, are there new media formats and publications, such as *Filter Magazine* and *Drug Reporter*, that may help progress strategic goals more sensitively?
- How comfortable are services allowing independence, autonomy and freedom of expression for people with lived/living experience which may result in critique of the service or statements which don't necessarily align with service's positions? Who handles and takes on requests for access to people with lived and living experience, and how are final decisions about participation made?
- How will issues of intersectionality be managed in media engagements to ensure those sharing their stories are not subject to multiple forms of stigma and discrimination?
- Rather than waiting to be contacted by media outlets, are there journalists or media outlets reporting on AOD issues in an evidence-based and non-stigmatising way that the service can build a relationship with and proactively identify opportunities to develop further stories?

For each discrete media approach, considerations include:

- Is this media enquiry/engagement best handled by your organisation or a lived and living experience representative organisation? Are there any external resources or expertise that could be utilised/contacted to support the media engagement?
- How are AOD issues typically framed by the journalist or media outlet? Reviewing the reporting history of the journalist and media outlet can help inform decision making.

[22] A list of lived and living experience representative organisations in Australia is available at Appendix 1

- How might a story be received by the general public and what impact may social media commentary have? Media outputs will likely be distributed on social media platforms which both the service and media outlets will have little control over and which may elicit stigmatising commentary.
- Thinking about the type and format of media on offer such as print, radio, online or TV. All carry different risks and opportunities. For example, live content can't be edited so media cannot cherry pick quotes and take statements out of context; conversely, pre-recorded content allows people to ask for another go at a question (assuming it is an amicable interview).
- What are the terms for participation? Before agreeing to participate, services can negotiate their participation terms and a journalist's willingness to consider these requests may serve as an indicator of how serious they are about reporting in a non-stigmatising way and about supporting a positive outcome for people sharing their stories. Some ideas to decrease the risk of stigmatising reporting or negative outcomes include:

    - Asking for questions in advance
    - Having a review process or the ability to edit a story, noting that the journalist does not always have final say over their work
    - Working to deadlines that suit your service and the person sharing their story – respectful engagement with lived experience stories may take time and journalists should be made aware of this
    - Having the ability to withdraw at any point, including withdrawing any input already recorded
    - Exploring options for participant confidentiality and anonymity, such as using a pseudonym, not having their face or identifying features included in the reporting
    - Considering the type of imagery that will accompany a story, either in print or video. Images, such as discarded injecting equipment in graffitied laneways, may have little relevance to the story and can reinforce negative stereotypes about AOD, even where the text represents positive and evidence-based framing of AOD issues
    - Asking the journalist to read relevant resources to inform reporting, such as language guides and case studies from the *Lives of Substance* project[23]
    - Asking for the inclusion of referral and support phone numbers at the end of any article or broadcast. Below is an example of a statement which could be included:

        If this story has raised issues about your own or others' drug and alcohol use, you can contact the following organisations for information, advice and support:

        - *Family Drug Support Australia - 1300 368 186*
        - *National Alcohol and Other Drug Hotline - 1800 250 015*
        - *13YARN - 13 92 76*
        - *For harm reduction advice visit the Australian Injecting and Illicit Drug Users League (AIVL, aivl.org.au) and organisations in the AIVL network.*

[23] See Appendix 2 for a list of useful resources that can be provided to journalists and media outlets

2. Supporting people when they decide to share their story with the media

When a person with lived or living experience volunteers to share their story, either prior to media contact or when media opportunities arise, there are a range of practices that AOD services can use to help manage the risk of public story telling and limit negative outcomes.

Planning and training prior to media engagements

People who are keen to advocate on AOD issues and share their personal stories can undertake a range of training courses on what it means to be a public, lived/living experience advocate for a highly stigmatised issue. ConnectED run by the NSW Users and AIDS Association (NUAA) for people based in NSW and the AOD Consumer and Community Coalition (AODCCC) Upskilling Workshop are just two examples of these training courses.

Services can also develop this capability through engagement with a speakers bureau, which facilitates access to people who would like to share their stories and have received appropriate training to manage risk and ensure their safety. The Positive Speakers Bureau at Living Positive Victoria is one example of this type of network.

Support and planning when a media opportunity arises

When media opportunities arise, there are a range of considerations that services can support people with lived and living experience to work through before sharing their personal stories, as well as practices that services can implement to decrease the risk of a negative outcome. These include:

Planning with the individual before the media opportunity

- What parts of their story do they want to share? Are they comfortable being identified in the media and what identifying details are they comfortable with being shared (e.g. first and/or last name, images included, face shown, location and other identifying details)
- Are they comfortable focusing on their personal experience or would presenting their story as an 'externalised other' enable additional safety and anonymity? For example, changing the focus of the story - "I experience a lot of stigma from my cannabis use....", could be reframed as "People I know who use cannabis often get stigmatised...."
- Creating a line in the sand - which parts of their story are off limits? Are they clear on how to withdraw their participation if they become unhappy with the process and are there appropriate supports in place if this action is taken?
- What is a likely or possible positive and negative outcome of their participation in both the short and long term? How prepared are they for a negative outcome? What can they do to minimise the impact? How might their involvement impact on any children in their care?

- For families and friends of people with lived/living experience, have they sought permission from others - including the person with lived and living experience - before engaging with media? What is the person comfortable with them sharing and/or not sharing? Has this process of reaching an agreement been equitable, reasonable, respectful and free from coercion?
- Has the service identified appropriate support services, peer support or mentoring for people sharing their stories if and when needed, and offered these prior to participation as well as during and after?

On the day: before beginning and during the interview

- Have the terms of participation been discussed and agreed terms met by the journalist?
- If questions in advance are provided, have these been provided to the person sharing their story and can the service work with the person sharing their story on workshopping/preparing their answers, if requested?
- Participants could be offered a trusted service representative to sit in on the media engagement to ensure the interview stays on track and agreed terms are adhered to.
- Have the type and use of images been discussed to ensure accompanying imagery is not sensational or stigmatising?

Post interview

- Debrief with the person who shared their story immediately after interview. Services should pass on any concerns to the journalist as soon as possible. Similarly, if previously agreed, review media output in collaboration with interviewee and pass on any concerns, amendments or feedback to the journalist as soon as possible.
- Provide appropriate referral/s or additional support to the interviewee if required.
- Document the outcome, identify positives and negatives of the media engagement and amend organisation practice as needed.

3. Shaping a more positive environment for reporting on AOD issues

Alongside improving outcomes for people sharing their personal story, AOD services can enhance the quality of reporting on AOD issues more generally through ongoing practices such as:

- Communicating positive or negative experiences with media outlets and journalists to other services in your network (including via communication with your State/Territory AOD Peak).
- Communicating positive or negative experiences or outcomes back to the reporting journalist. This may be an opportunity to help journalists understand the impact of stigmatising reporting and improve their work.
- Reporting examples of poor media reporting to organisations such as SANE's *StigmaWatch* program.
- Making complaints to relevant organisations where there are examples or patterns of stigmatising reporting. Complaints can be made even where the complainant is not mentioned in or the subject of reporting. Complaints can be lodged with the Australian Press Council for newspaper and magazine reporting (print and digital) and with the Australian Communications and Media Authority for television and radio reporting. AOD Media Watch provides a case study article on the experience of lodging a complaint with the Australian Press Council.
- Building relationships with peer-based representative organisations such as the Australian Injecting and Illicit Drug Users League (AIVL) and organisations in the AIVL network; as well as family-oriented services such as Family Drug Support.
- Proactively seeking opportunities to shape positive reporting on AOD issues, rather than just being reactive to requests for interview.

Appendix 1 – Lived and Living AOD Experience Representative Organisations in Australia

National

Australian Injecting and Illicit Drug Users League (AIVL)

Family Drug Support (FDS)

Australian Capital Territory

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)

New South Wales

NSW Users and AIDS Association (NUAA)

Northern Territory

Northern Territory AIDS and Hepatitis Council (NTAHC)

Queensland

Queensland Injectors Voice for Advocacy and Action (QuIVAA)

Queensland Injectors Health Network (QuIHN)

South Australia

Hepatitis SA

Tasmania

Tasmanian User's Health and Support League (TUHSL)

Victoria

Harm Reduction Victoria (HRVic)

Self-help Addiction Resource Centre (SHARC) & the Association of Participating Service Users (APSU)

Western Australia

Peer-based Harm Reduction WA

Alcohol and other Drug Consumer and Community Coalition (AODCCC)

Appendix 2 - Resource List

Below is a list of useful resources which can support improved reporting on AOD issues and improve outcomes for people who share their lived and living experience story. These can help you design internal policies and practices or be provided to journalists and media outlets.

AADC Member Resources

Alcohol, Tobacco & other Drugs Council (Tasmania) *Communications Charter*

Alcohol, Tobacco & other Drugs Council (Tasmania) *ATDC Image Guidelines: How we can choose imagery which minimises stigma against people who use alcohol and other drugs*

Australian Injecting and Illicit Drug Users League (AIVL) *Reporting on Harm Reduction & People Who Use Drugs: a media and communication guide by people who use drugs*

NSW Users and AIDS Association and Network of Alcohol and other Drug Agencies *Language Matters Guide*

Network of Alcohol and other Drug Agencies *Lived and Living Experience Speakers guide*

South Australian Network of Drug and Alcohol Services *Media Stigmatising of Alcohol and Drug Use*

Other Resources

Mindframe Alcohol and other Drug resources

AOD Media Watch *Guide for Journalists*

AOD Media Watch *Talking to the media about alcohol & other drugs: Guidelines for consumers*

National Drug Research Institute *Lives of Substance: Personal Stories of Alcohol and other Drug Addiction, Dependence or Habit*

Penington Institute *Best Practices and Guidelines for Reporting on Overdose*


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