Best Practices and Recommendations for Ethical Reporting on Addiction - Creating Visuals



Images and Video Have a Lasting Impact

Ethical journalism's first principle is to do no harm. Visual journalism has the power to create deep and lasting connections beyond the written word; therefore, visual journalists must be highly intentional to reduce harm and honor their sources' full experiences while also educating their audiences.

These recommendations are informed by industry standards and our research, including direct feedback from experts through experience, experts through training and visual journalists.

Checklist for Responsible Visual Reporting

- Addiction is a disease. Use visuals that will help people better understand the complexity of the disease and solution you're exploring. Avoid visuals that repeat harmful or misinformed cliches. Instead, capture the complexities of living with a chronic disease.
- ☐ **Build trust first.** Before picking up your camera, have a conversation with your sources. Listen, engage and learn about them as a whole person so your work reflects addiction as just one aspect of them as a person.
- ☐ **Ask permission and respect the response.** While creating visuals in public spaces does not require it, consider why you're creating visuals of vulnerable people without express permission. Visuals of people in active addiction, accessing services or in recovery can lead to unintentional harm, like loss of housing, employment or even arrest. Avoid harm by clearly explaining why you're creating, where your visual will be used and asking for permission. Permission cannot be given by someone under the influence of a drug or experiencing an overdose.
- Avoid traumatizing and harmful visuals. Visuals like these are reductive and can also distress our audience by causing negative emotional responses, reigniting trauma and/or cause cravings. Avoid at all costs drug paraphernalia like needles and pipes, active drug use, overdoses and drug packaging. If unavoidable, use a content waning. Example: "This story contains visuals that may be difficult to view, including drug use and discussion of overdose."
- ☐ **Prioritize their** *journey.* Visuals that capture only a single, vulnerable moment in time have the potential to reduce the person to one-dimensional stereotypes. Find opportunities to show them as a whole person and the positive ways they are contributing to their community. Visually honor their dignity and humanness. Ask them for locations they feel safe, comfortable and find meaningful.
- ☐ **Create non-identifying images.** Health privacy is an essential part of addiction treatment. These principles should extend to people interacting with the media to tell their story about addiction, treatment or recovery. If a person does not want to be identifiable in the photo or video, share what you create with them to ensure they feel protected and discuss the details included in any accompanying text.
- ☐ **Choose thoughtfully.** Just because you made the visual does not mean you should publish it. Think critically about where it will be used, and remember it can be viewed outside of the context of the story itself, including without a caption. Discuss your concerns with the full editorial team to avoid harm, but if the visual could be misused or taken out of context – even at a future date – do not submit it for publication.

Please refer to the table on page 2 for more details. \rightarrow



Captions

Captions and alt text provide our audiences with context so they do not jump to conclusions about the people in our photos. They are an opportunity to add depth to the images. Here are some tips for caption writing:

- Collaborate with the people you are capturing, reporters and editors for consistent and accurate captions that reflect the story and incorporate language guidelines from the AP or our language guide.
- Use person-first language that describe who, what, where, when and *sometimes* why.
- Consider including quotes from your interviews to add perspective and additional context.
- If the person has concerns for their safety, do not include specific location or other identifying details.

View more tips in our language style guide and other resources for journalists at ReportingonAddiction.org.

Story Tag

We recommend you include this push to resources at the beginning and/or end of your coverage when Reporting on Addiction:

> Recovery from addiction is possible. For help, please call the free and confidential treatment referral hotline (1-800-662-HELP), or visit findtreatment.gov

Note: Please include the hyperlink to findtreatment.gov when you can. In visual stories, please leave this story tag on the screen for at least 6 seconds.

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The following recommendations are based on a combination of industry standards and our research, including conducting focus groups with and soliciting direct feedback from experts through experience, experts through training and visual journalists.

AVOID:	INSTEAD:	RATIONALE:
Images of drug paraphernalia (needles, pills, etc.) or active drug use	Choose visuals that are specific to your story - the people, places and objects involved in the story you're telling.	These images tend to reduce people to their use and are retraumatizing for the tens of millions of people who use substances, are in long-term recovery and for their loved ones. These images are distressing for viewers, potentially causing negative emotional reactions, reigniting trauma, causing cravings and will prevent people from sharing your work.
X Mug shots	Choose visuals from different points in a person's life. These can often be provided or sourced from social media.	Addiction reporting is health reporting, not crime reporting. Mug shots reinforce drug policy and criminalization – not health policy, treatment or recovery. These images focus on the worst manifestations of a person's disease and immediately reinforce negative stereotypes that can harm people seeking treatment or in long-term recovery.
Images of babies in distress, including crying, withdrawal, premature, receiving IVs.; Images of pregnant bellies without the full body and/or with substances	Choose visuals that better represent the experience of those who support infants exposed to substances and focus on the family unit. This could include showing caregivers playing, nursing and nurturing their baby. These visuals better represent the whole experience of the parenting people and should highlight best practices for caring for babies (e.g. safe sleep).	All babies cry, not just those experiencing withdrawal. These images perpetuate harmful stigma towards infants exposed to substances and their birthing parents and further misunderstanding or misinformation about newborn withdrawal. Showing such fragile babies in highly medicalized settings can be harmful and promote a negative stereotype for all babies and birthing parents. Showing pregnant bellies without the person's full body reinforces the idea that birthing people are "vessels" to carry the embryo and fetus. It dehumanizes the pregnant person. Showing substances on or near the belly oversimplifies the situation and ignores the many other factors that contribute to risks to the embryo or fetus.
A person who is overdosing	Choose visuals that represent the humanity of the incident, such as first responders giving a hug to someone after receiving support, or of other points in the person's life after someone has survived an overdose.	These visuals are often used for their "shock" value, but they are traumatizing for our communities and focus solely on the worst moments of disease. These visuals dehumanize the person and only cause further harm to them and a larger community of people in active addiction and recovery.
X Terms like "subject" and "shoot"	Use words like "person" and "making photos or video" when having conversations – even internal to the newsroom.	"Subject" separates the person from their humanity. "Shooting" has become a traumatizing term in the general public.