A GUIDE TO RESPONSIBLE REPORTING ON OPIOID DEPENDENCE AND ITS TREATMENT

You may be asking yourself *"Why these guidelines?"* It is very simple. If you have ever written about opioid dependence, its patients and treatment, you are likely to be aware of the sensitivities associated with the subject. If you haven't, you will learn how complex and problematic it is to cover such a serious and controversial medical condition.

A Few Facts

Opioids are drugs such as heroin that have a morphine-like action on the body. Opioid dependence is a chronic condition that requires long-term treatment and patient support. It is a worldwide public health and social problem.

People who are dependent on opioid drugs such as heroin are frequently stigmatised in today's society. This situation is made worse by the fact that there is a lack of understanding of what is in fact a serious health condition for which there is effective medical care and treatment. As in many other areas of life, the stigma associated with opioid dependence can prevent people from seeking help and getting treatment.

It is in everyone's interest that people dependent on opioids receive the best possible treatment. Put simply, it benefits them and the wider community. Every $1 spent on drug treatment saves society $7 in other health and social costs.[1] When savings related to health care are included, total savings can exceed costs by a ratio of 12:1.[2]

We need to remove the stigma associated with dependence and its treatment. A key part of achieving this goal is wider recognition that there are effective medical treatments for opioid dependence. ***It is a medical, not a moral, issue.***

Dependence is a cluster of cognitive, behavioural and physiological symptoms that indicate a person has impaired control of their drug use and continues use of the substance despite adverse consequences.[3]

The World Health Organisation (WHO) estimates that 13.5 million people take opioids, including 9.2 million who use heroin.[4] In Western Europe, there are an estimated 1 million people who inject drugs, and further three million in Eastern Europe and Central Asia.[5]

The treatment of opioid dependence using methadone or buprenorphine is now available in 63 countries worldwide.[5] Nearly 600,000 people in Western Europe are on opioid substitution treatment.[5]

The goal of treatment is to help patients manage their symptoms thereby enabling them to reduce the harms that they face, gain control of their dependence and reintegrate into mainstream society. Medication and psycho-social support are usually provided in combination, as they are key aspects of an overall therapeutic process. Easing withdrawal symptoms can be important in the initiation of treatment, while preventing relapse is necessary for maintaining its effects. And sometimes, as with other chronic conditions, episodes of relapse may require a return to prior treatments.

Medications can be used to help with different aspects of the treatment process – from suppressing withdrawal symptoms to preventing relapse and diminishing cravings throughout the treatment process.

Methadone and buprenorphine are two effective medications for the treatment of opioid dependence. They are themselves opioids - acting on the same targets in the brain as other drugs (including heroin and prescription painkillers). These medications block the effects of heroin and relieve withdrawal symptoms and cravings. This reduces the desire to take heroin and related negative behaviour and helps people benefit from counselling.

The treatment of opioid dependence can be long-term, as with the treatment of many other medical conditions. Long-term opioid substitution treatment is known as maintenance treatment. Treatment goals depend on the individual and their changing circumstances, and may range from longer-term support to abstinence. Other alternatives include short-term detoxification but this has a high relapse rate and can have serious health and social consequences.

According to a major United Nations report: "Substitution maintenance therapy is one of the most effective treatment options for opioid dependence. It can decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviours and criminal activity."[6]

Psychosocial support and therapies can play a central role in motivating patients to initiate and benefit from opioid dependence treatment and in preventing relapse.

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So Where Is The Problem?

As has been observed in other medical areas such as mental health, sensationalist 'tabloid' stories can lead to either a backlash against people with the condition, or an increase or exacerbation of the problem if it is glorified or publicised by a celebrity. It is essential to recognise the potentially damaging effects of inaccurate media stories on patients, their families and the medical personnel treating them, as well as the potential negative impact on access to treatment.

The goal of these guidelines is to encourage better understanding of the problem and help strike an *appropriate* balance in reporting newsworthy events, without limiting physician and patient access to appropriate medications to treat opioid dependence.

What problems are there with some media coverage?

A review of 53 English-language articles published in a number of publications worldwide between January 2007 and January 2009, highlighted the following areas of concern:

- Erroneous and exaggerated use of terminology to describe treatment medications:
  - E.g. *"pharmaceutical narcotics", "heroin substitute", "heroin antidote", "fake heroin", "magic bullet"* or *"cure-all"*
- Lack of description of how opioid dependence treatments work
  - Example: *"Fat, dumb and happy. No - not the title for a new Hollywood comedy. But a serious attempt to sum up 20,000+ drug users on the methadone programme by one of Holyrood's top politicians… We have a very high proportion of the drug abusing population sitting fat, dumb and happy on methadone."* Quote from Conservative justice spokesman Bill Aitken, The Politics Show, BBC 1 [UK], 17 March 2008
- Tendency to wrongly depict patients as drug abusers, criminals or "junkies" rather than people with a serious condition that can benefit from medical treatment
- Marked lack of explanation of the benefits the therapy offers
- Disproportionate focus on criminal activity linked to the treatment in question
  - Example: *"Introduced in 2003, the drug known as 'bupe' has been subject to increasing misuse and illegal sales as more of it is prescribed by physicians,"* The Sun reported in a series of articles beginning in December 2007. *"Some patients sell it on the street; buyers use it to get high or hold off withdrawal symptoms until they can get their next heroin or painkiller hit."* The Baltimore Sun [US], 23 February 2008
- Depiction of opioid dependence treatment as *"giving drugs to drug users"*
  - Example: *"Over the years, methadone clinics have opened across the state, but methadone providers found little sympathy in Horry County. Now the county is the state's most populous area without a clinic. Many officials hope to keep it that way. We don't need this in Horry County"* Viers said. *"'We should support the resources we have for getting people off drugs. What we don't need is another source of drugs."* Sun News [US], 7 December 2007
- *"Glamourising"* drug use, highlighting its use among celebrities, even if it's not necessarily in a positive light
  - Example: *"The Rehab star also baffles guests with her mood swings",* The Sun, 14 Jan 2009
  - *"Forget rehab, Amy's off to divorce court",* The Star, 14 Jan 2009
- Depicting opioid dependence treatment as having failed if patients have not come off drugs
  - Example: *"Thirty years later drug use has proliferated, eclipsing all predictions of HIV infection. Now there are more than 225,000 people in the UK getting treatment - the tip of the iceberg. Forty per cent of addicts are infected with hepatitis C; up to 400,000 children live with parents who are addicts; and 80 per cent of methadone users are continuing to use other drugs. Harm reduction has failed spectacularly."* Thetimes.co.uk, 3 October 2008

- Portraying medical treatments in the same group as recreational street drugs
  - Example: *"Arrested leaving the residence was [an individual], 20, of 89 Park Drive, Boston, for possession of Suboxone, a class B substance, and possession of marijuana. Narcotics and cash were seized from the residence."* Gazette South Coast Today [US], 10 January 2008

What are the implications?

Naturally, both the details contained within, as well as the overall tone and style of the articles, can have a great impact on those who read the stories. For instance:

- Using the wrong terminology can lead to misconceptions about the condition, implying for instance that pharmacological options alone are sufficient for treating the condition
- Inaccurate representation of a medication's treatment indication or purpose can lead to erroneous interpretations of its important role in helping patients. The treatment is sometimes even regarded as part of the problem (*"giving addicts drugs"*)
- Portrayal of patients as *"criminals"* or *"junkies"* rather than people with a health problem, may deter people with a similar medical condition from seeking treatment
- Disproportionate reports of illegal activities may have a negative impact on the availability of and access to treatment
- Combining opioid dependence treatments in the same league as street drugs diminishes the efforts of healthcare professionals involved in the treatment and care of patients. It also inaccurately depicts the purpose and appropriate use of the treatments

The following recommendations will help ensure patients, families and healthcare professionals involved in the management of opioid dependence feel less victimised, categorised and stigmatised.

Who Is Working to Make a Difference?

Many patient advocacy groups, healthcare professionals, government agencies and pharmaceutical companies are working towards changing the treatment and policy landscape for people with opioid dependence, be it through harm reduction initiatives, research and development of medicines, or simply volunteering to run needle-exchange programmes. They need the help of journalists to get across positive messages about the benefits of drug treatment.

What Can I Do as a Journalist?

Please take a few moments to consider these dos and don'ts and keep them close by when pulling together a 'drugs' story. You can make a difference to many opioid dependent patients just by adapting the tone of voice or shifting the focus somewhat.

We can work together to provide accurate, balanced and sensitive information to the public at large.

DOs:

- Do ask yourself: *"what if this was me or someone close to me?"*
- Do strike a tone which will help and encourage patients and their families to seek treatment and support
- Do ask yourself *"who benefits most from this story?"*
- Do use terminology which presents factual and correct information, preferably avoiding sensationalist stories
- Do include balanced, up-to-date local statistics, including:
  - Health and social cost benefit of opioid treatment programmes
  - Number of patients treated successfully with medication-assisted treatment
  - Success rates of treatment programmes (local advocacy groups can provide this information)

DONTs:

- Don't depend solely on law enforcement as a source for a story
  - Speak to medical professionals and patient advocacy groups to gather more information on the nature of the medications being used
  - Speak to government officials who can discuss government-sponsored health programmes
  - Seek the opinion of local advocacy groups who are working hard to change the landscape for patients
- Don't use exaggerated or derogatory descriptions of opioid dependent patients and treatment
  - Try to use words like *"people who are dependent"*, *"people who use drugs"*, or *"patients"* rather than *"addicts"*, *"abusers"*, *"drug-using criminals"* or *"junkies"*
  - *"Opioid treatment"*, *"substitution treatment"* and *"medication-assisted treatment"* are acceptable terms for the treatments described above, and imply that patients can be treated with approved medications
  - *"Opioid"* is the preferred term over *"opiate"*
  - Opiates are drugs made from the poppy plant and do not include synthetics or semi-synthetics
  - *"Tapering"* or *"medically supervised withdrawal"* are preferred over *"detox"* or *"detoxification"* which implies immediate or overnight withdrawal and has not proven to be successful
- Don't try to localise a national or international story without close attention to the facts and the relevance of the story to the local community
- Don't report on stories of opioid dependence treatment in the same style as crime stories
- Don't allow celebrity news to warp reporting of a serious condition with a legitimate treatment
- Don't let story leads stemming from government departments/stories depict the wrong image of people with a serious condition

When patients are effectively treated, all society benefits.

Useful International/ Regional Sources of Information

- **AHRN** – Asian Harm Reduction Network (www.ahrn.net)
- **CHRN** – The Canadian Harm Reduction Network (www.canadianharmreduction.com)
- **Correlation** – European Network for Social Inclusion and Health (www.correlation-net.org)
- **EAAT** - European Association of Addiction Therapy (www.eaat.org)
- **EHRN** – Eurasian Harm Reduction Network (www.harm-reduction.org)
- **EUROPAD** - European Opiate Addiction Treatment Association – (www.europad.org)
- **IHRA** – International Harm Reduction Association (www.ihra.net)
- **INPUD** – The International Network of People who Use Drugs (www.inpud.org)
- **International Centre for Advancement of Addiction Treatment** (http://opiateaddictionrx.info)
- **ISAM** - The International Society of Addiction Medicine (www.isamweb.org)
- **Menahra** – Middle East and North African Harm Reduction Network (www.menahra.org)
- **SEEAnet** - South Eastern European – Adriatic Addiction Treatment Network – (www.seea.net)
- **UNODC** - United Nations Office on Drugs and Crime (www.undcp.org)
- **World Health Organization** - WHO (www.who.int)

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Glossary of Terms

Agonist
A drug that attaches to and activates specific receptors in the brain.

Full opioid agonist
A drug (such as morphine, methadone or oxycodone) that activates opioid receptors in the brain, stimulating them to block pain signals and to cause feelings of euphoria.

Partial opioid agonist
A drug that can both activate and block opioid receptors. Partial opioid agonists attach to opioid receptors and satisfy the receptors' needs well enough to prevent withdrawal or cravings. At the same time, because they are only partial agonists, they do not produce intense euphoria. They also occupy the receptors firmly enough that other opioids cannot bind to the receptors. Buprenorphine is a partial opioid agonist.

Antagonist
A drug that prevents other drugs or medications from binding to specific receptors in the brain. Antagonists block the effects of other drugs or medications. Examples of antagonists that block opioid receptors include naloxone and naltrexone, which bind to opioid receptors with higher affinity than agonists but without activating the receptors.

Dependence
The state of needing something or someone for support or to function or survive. With opioid drugs, tolerance results when a physical change in the brain causes the body to require more of the drug over time in order to feel satisfied and to avoid withdrawal. Dependent patients may experience physical withdrawal if the drug is removed. The medical, psychiatric and social condition of persons suffering from drug dependence may worsen over time. Patients with drug dependence can experience uncontrollable cravings and may frequently engage in risky behaviour to obtain the drug.

Dopamine
A naturally occurring chemical in the brain that helps to cause feelings of euphoria. Opioids stimulate dopamine production.

Harm Reduction
A set of public health strategies intended to protect people who use drugs from harm, protect their basic human rights, and reduce the individual and community harms from psychoactive drug use.

Opiates
Opiates are a group of drugs derived from the poppy plant, that includes opium, morphine, codeine and some others. The term "opiate" is also used for the semi-synthetic drug heroin that is produced from poppy compounds.

Opioids
The term "opioids" refers to opiates and other semi-synthetic and synthetic compounds with similar properties e.g. heroin and methadone. Opioids are dependence producing substances, which elicit their effects by activating opioid receptors in the brain. Opioids are generally consumed by injection, oral ingestion or inhalation of the fumes produced by heating. Regular use of opioids can lead to opioid dependence.

Opioid Dependence
Opioid dependence develops after a period of regular use of opioids, with the time required varying according to the quantity, frequency and route of administration, as well as factors of individual vulnerability and the context in which drug use occurs. Opioid dependence is not just a heavy use of opioids, but a complex health condition that has social, psychological and biological determinants and consequences, including changes in the brain. It is not a weakness of character or will.

Opioid Receptors
Specific places in the brain where opioid drugs or medications attach and start to work.

Opioid Withdrawal
The uncomfortable symptoms (such as pain, cramps, vomiting, diarrhoea, anxiety, sleep problems, cravings) that develop when a person stops taking a full opioid agonist drug or medication.

Overdose
Occurs when a chemical substance is taken in quantities or concentrations that are large enough to overwhelm the body, (in the case of opioids causing life-threatening illness or death).

Relapse
The reappearance of the condition after a period of improvement. Many people who struggle with opioid dependence will return to their drug use at some time.

Tolerance
Decreasing sensitivity to a drug that occurs with continued use. Opioid-dependent individuals who have become tolerant require higher doses of the drug to achieve the same effects originally produced by lower doses.

References

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Europad
European Opiate Addiction Treatment Association

ihra
INTERNATIONAL HARM REDUCTION ASSOCIATION

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