

DON'T BE A Copagandist! DRUG WAR EDITION

A Resource for Media on Covering Drug Use and the War on Drugs

Interrupting Criminalization, Marijuana Justice, and the Drug Policy Alliance have developed this list of tips for how to avoid reproducing criminalizing narratives and focus on health, harm reduction, human dignity, and justice in drug coverage.

1 *Understand the historical context of the War on Drugs*

[The drug war](#) has never been just about drugs. It has always been about targeting, controlling, and criminalizing people and communities of color in racialized and gendered ways, using legal prohibition of possession or use of particular substances (which ones have changed over time) as a mechanism of criminalization.

The “war on drugs” is a set of policies and practices of social control that started as early as the 19th century. In 1971, at the height of Civil Rights and Black Liberation struggles, U.S. President Richard Nixon declared drug use (and the people and communities he associated with particular substances) [“public enemy number one”](#) for explicitly political reasons. As a former Nixon aide put it, “The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people” — and these two groups were the targets of the drug war. This declaration of war led to the creation and funding of a series of federal policies — including harsh and discriminatory “mandatory minimum policies” — that contributed to an [enormous spike in criminalization and incarceration](#), disproportionately targeting Black and Brown people, and contributing to making Black, Indigenous, and Latine women the fastest growing prison and jail populations over the past four decades.

The scope of the War on Drugs expanded into virtually every public institution in the 1980s and 1990s under Presidents Ronald Reagan and Bill Clinton through policies restricting people with drug-related convictions from accessing



education, housing, benefits, jobs, and driver's licenses, promoting family separation through the family policing system, creating avenues for policing and criminalization of pregnant people, and exporting the drug war to the nation's borders and beyond. The War on Drugs has been used to [justify policing, murder, and torture by state agents in Latin America since the 1970s](#), driven by the sustained presence of U.S. federal agents operating with relative impunity, and has long [targeted immigrants](#) in addition to Black and Brown communities in the U.S.

The War on Drugs is a set of reactionary policies that have always depended on scare tactics and sensationalized media coverage to drive stigmatization, criminalization, incarceration, detention, and deportation. By stigmatizing, criminalizing, and punishing use of controlled substances, it has created and deepened harm rather than preventing, alleviating, or ending it.

2 ***Cover root causes (Drugs are not a root cause)***

Not all drug use is problematic — like any behavior (including consumption of alcohol or other substances), it can be pleasurable, social, and contribute to greater well-being, or it can be harmful and chaotic (see the [work of Carl Hart](#) for more). Problematic drug use and addiction take place in a social and political context, and may be driven by root causes such as trauma and lack of access to opportunities for healing, unmet mental and physical health needs, gender-based, homophobic, and transphobic violence, state violence, incarceration, and structural economic and social exclusion. Drug use may at times be a symptom or a response to these root causes. Drug use can also be medical, recreational, or spiritual.

Responsible reporting should assume the drug itself is not the underlying cause of problematic use, addiction, or overdose. Similarly, violence in the drug trade takes place in the context of criminalization, and is not inherent to the trade itself. The additional harms that stem from criminalization should be understood as a result of policies, not of substances or people who use drugs.



3 Don't be a stenographer for police and the feds

Many stories about drugs simply repeat police and prosecutor perspectives about criminalized drugs and drug use. It is well documented that police and enforcement agents are unreliable sources on the subject of drugs, drug arrests, and harm reduction. Don't repeat police narratives verbatim, and where possible, check them against direct accounts from other people involved.

An unfortunate recent example is a rash of stories repeating police mythology about becoming seriously ill from skin contact with the drug fentanyl. There is no evidence that skin contact with fentanyl can cause overdose or related reactions, but the media continue to repeat and amplify police reports based on this misinformation. Cops are not doctors. This rhetoric is dangerous because it may discourage people from helping someone who is overdosing out of an unfounded fear of contact illness.

4 Avoid scare tactics, and instead focus on the evidence

You're a reporter, not a DARE officer! Careful, evidence-based drug reporting can help people of all ages make safer decisions for themselves about drug use and intervention. Scare tactics and abstinence-based moralizing, like criminalization, are ineffective ways to curb overdose. They are also bad journalism.

Too much reporting on the drug war currently emphasizes the most sensational or harmful aspect of drugs, perpetuating the kind of extreme, abstinence-only thinking that makes it harder to find accurate information. The 2022 scare about "rainbow fentanyl" is a good example: the DEA issued an unfounded press release claiming that brightly colored fentanyl pills were being targeted to children. In fact, there is [no evidence of any campaign to target the colorful drugs to children](#) and the rainbow shades of fentanyl pills may actually help prevent accidental use by making the drug easily identifiable and easier to differentiate from other drugs. Repeating the DEA narrative about drug dealers pushing fentanyl to kids on the street misrepresents the real story.



The “crack baby” media of the 1980s and 1990s is another example of sensational and harmful reporting on drug use by pregnant people based on what has been proven to be junk science. Yet coverage of people who use controlled substances while pregnant has fueled decades of devastating surveillance, criminalization, and family separation for Black, Indigenous, pregnant and parenting people of color, and low-income white people. Similarly, sensational coverage of drug use among queer and trans people contributes to stigmatizing, pathologizing, dehumanizing, and ultimately criminalizing these communities.

5

Use a health and harm reduction framework

The National Harm Reduction Coalition writes: “Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.” (Read their list of [principles of harm reduction](#).)

As much as possible, reporting should help the public understand the framework of harm reduction, which is a proven way to reduce drug-related injury and death while destigmatizing drug use — remember, there are very few of us who have never taken a pill for something. Health and harm reduction frameworks acknowledge risks and harms in multiple forms and provide evidence-based solutions. In the case of criminalized drugs, a large part of the risk for users is the prohibition and criminalization itself.

Seeing drugs through a health and harm reduction lens also means avoiding binary frameworks like “safe” versus “unsafe” drugs, “clean” versus “dirty,” and “hard” or “soft” drugs. (For more on language, see this [Overdose Crisis Reporting Style Guide](#).)



6

Avoid dehumanizing language and stigmatizing imagery

“Addicts,” “junkies,” “drug abusers,” “crack moms,” “criminals,” “suspects,” “convicts” — you get the point. These words dehumanize people by turning them into a single action, as do phrases like “drug dealer” in the context of criminalization. (Pharmacists are not typically referred to as “drug dealers” because the drugs they sell aren’t criminalized.) Defer to people-first language, such as “people who use criminalized drugs,” “people who sell criminalized drugs,” and “people convicted of drug-related offenses.” While it may feel arduous, it is specific, and it avoids criminalizing narratives which limit our understanding of people to a single action or behavior. It will hold up better over time than using less descriptive language.

It’s also common to see images with drug stories featuring dirty syringes, people passed out on the street, and other stigmatizing stereotypes of drug use. Think about what you are conveying with the images you choose and whether they are adding information, or just reinforcing negative associations with drugs and drug users.

7

Don’t falsely equate drugs with harm

For example, the much-used phrase “opioid epidemic” assumes that opioids themselves are the problem. In fact, the problem is overuse and misuse of a type of drug that is also beneficial and life-changing for many people, especially those with chronic pain. A more accurate phrase here would be “overdose crisis.” The phrase “substance abuse” associates drug use with abusive harm; “drug use” is a more neutral term.

Similarly, a lot of news reporting implicitly or explicitly equates overdose with addiction, even though people who overdose may be recreational or occasional users and not necessarily addicted. Reporting should also be careful not to equate drug use while pregnant with harm to the fetus, focusing on specific evidence rather than generalizations.



These distinctions are important because how we talk about the problem informs solutions. For example, if overdose is happening because of misuse of a state-banned drug, the solution may be decriminalization and education and not just programs that address addiction. If the harms of drugs for pregnant people can be reduced by access to services and medical care, the focus should be on that rather than fear-mongering.

8

Look out for victim, perpetrator, and hero tropes

Often drug stories focus on tropes such as the dealer or drug ring who victimize the community or drug user, or the out-of-control drug user who victimizes friends, family, or police themselves. The scourge of false stories in the 1980s about “crack babies” effectively depicted Black women drug users as perpetrators of violence against their own children, based on scant evidence. At best, the victim trope focuses on the drug user as the victim of the evil drug, as much recent coverage of white people who use opioids has done.

Victim/hero narratives show up in popular media and news reporting so often we might not even notice them. These narratives are reductive and encourage binary and racist thinking about drug use: generally Black and Brown people are perpetrators, while white people are the victims. The hero in the story? The cops or federal government.



9

Seek insight from non-police experts, especially drug users themselves

Expertise on drug use can be found from non-police sources such as the National Harm Reduction Coalition, the Drug Policy Alliance, VOCAL-NY, the National Survivors Union, and local harm reduction organizations providing overdose prevention centers. John Jay College of Criminal Justice hosts multiple research centers and professors with expertise in public health.

Most importantly, seek expertise in communities of people who sell and use drugs. It's amazing how many stories about criminalized drugs don't include a single voice of a drug user. Talk to people who use drugs and seek a variety of perspectives.



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Sources:

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Changing the Narrative [Overdose Crisis Reporting Style Guide](#)

[Saving Our Own Lives: A Liberatory Practice of Harm Reduction](#) by Shira Hassan

[History of the War on Drugs](#) by Jay-Z and Molly Crabapple on YouTube

[Dominican University War on Drugs Resource Page](#)

[Dominican University: The Racist Roots of the War on Drugs](#)

Time Magazine: [New Documents Reveal the Bloody Origins of America's Long War on Drugs](#) by Benjamin T. Smith

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