THE
RIGHT
HIT.

Developing Effective Media Strategies
at Syringe Services Programs
Introduction

The past few years have brought a barrage of attention to drug use from local and national journalists in the United States. Over 72,000 people died from the drug poisoning crisis in 2017, making this the worst public health crisis in the country’s history. Harm reductionists have been advocating for evidence-based approaches to drug-related harm for decades and are finally beginning to gain traction. At the same time, syringe services programs around the country are finding that the national dialogue on drug use and drug poisoning is a double-edged sword, bringing media and community attention that can be both helpful and harmful.

Media can be a place where the voices of people who use drugs are heard, or a place where experiences and stories can be warped and misrepresented. As a platform, news media allow people who use drugs to participate in the public dialogue around issues and policies that impact their lives on a scale few other platforms can provide. This scale, however, means that any missteps or poorly planned outreach to media can be particularly damaging. Our failure to influence the narrative around an issue can negatively impact people who use drugs, their relationships, and their lives. While no outcome can be guaranteed when dealing with media; this toolkit is designed to walk you through various scenarios and become comfortable at working with mainstream media.

The Right Hit is divided into four sections: common stories we see in the media, notes from a journalist, notes from a harm reduction activist, and tools for developing an effective media strategy. The first section, common stories we see in the media, details the purpose of a journalist covering the issue, what you can contribute to the conversation, other factors to consider, and myths that should be dispelled. This is the section that allows you to identify a single issue and determine the best way for your organization to respond. We have included talking points, helpful research and data, and additional resources to provide context for journalists. Some stories include a Mythbusters section. Here, our syringe superhero, Rockell, helps us dispel common myths we see in the media.

AIDS United, as the administrator of the Syringe Access Fund, has the unique opportunity of monitoring grantee needs and challenges. Grantees from around the country have come to us seeking advice on dealing with local media coverage. Others have shared their experiences with us, from generating their own media coverage to handling challenging profiles of their programs. It is our sincere hope that this media toolkit will assist syringe services programs with publicly discussing the benefits and challenges of their programs and help address drug-related stigma in the media.
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Celebrity Overdose

When a well-known public figure receives media attention for dying from a drug-related overdose.

What Purpose Does this Story Serve?
There is inherent news value in the fatal overdose of a celebrity/public figure. The fact that celebrities are dying from overdose shows that it is not just an issue that affects any specific community or demographic.

What Can You Contribute to the Story?
Address drug-related stigma with person-first language. The use of stigmatizing language to describe people who use drugs is unnecessary and offensive. If a celebrity died of cancer, heart disease, or other chronic conditions, a journalist would not use stigmatizing language to describe their death.

This is a good opportunity to highlight your overdose prevention work, including naloxone distribution programs.

Spin the narrative. Center your message on raising awareness for those most harmed by the war on drugs and the overdose crisis. If your organization takes on criminal-legal stances, consider making the connection to unfair drug laws rather than focusing on the death of a public figure. Here are some helpful statistics:
- 46.9% of people arrested for drug law violations in the United States are Black or Latinx, despite making up just 31.5% of the U.S. population.¹
- The U.S. has the highest incarceration rate in the world, with 2.2M people, 500,000 of whom are incarcerated for drug law violations.²

For additional information on the war on drugs, visit https://www.drugwarfacts.org or http://www.drugpolicy.org/issues/drug-war-statistics

What Might You Want to Consider?
Celebrity overdoses usually overshadow the thousands of people who die every year from overdose. It is important to honor them during times of increased attention and dialogue. Frame your message with compassion towards all those who have overdosed and those who are incarcerated by the war on drugs.

Person-First Language
The National Press Foundation asks journalists to avoid the following:
- Abuser, user, addict, alcoholic, junkie
- Substitution, replacement
- Clean, dirty
- Abuse, misuse
- Relapse
- Binge
- Dependence
- Problem
- Inappropriate

The National Press Foundation asks journalists to use the following:
- Alcohol, drug use disorder
- Person with/who...
- Treatment
- Positive/negative test
- Unhealthy
- At-risk, risky, hazardous
- Heavy use, episode

To learn more, visit bit.ly/2UWYZd1

Manslaughter

When a dealer is charged for the death of a buyer.

What Purpose Does this Story Serve?
As a crime story, the reporter may want general context about the laws, which were intended to target high level drug traffickers but are now being aimed at friends and loved ones.

What Can You Contribute to the Story?
Highlighting your organization’s overdose education and naloxone distribution programs will shift the narrative from criminal to medical. This also reframes the story as one of opportunity – if more funding is allocated to overdose education and prevention, fewer stories like this will exist.

You can also point to the important contributions of drug users’ unions in challenging the criminalization of people who use drugs.

#ReframetheBlame

#ReframeTheBlame is a campaign led by people targeted and directly impacted by the War on Drugs, the Urban Survivor’s Union with support from the Women’s Urgent Action Fund, and Drug Policy Alliance.

#ReframeTheBlame calls for people who use drugs to sign “Do Not Prosecute” Directive Orders. The DNP states: “In the event that I die of a drug overdose, I take responsibility for my use. I do not want anyone charged with murder or held responsible.”

#ReframeTheBlame recently updated the campaign to center on being led by women, as well as working with parents who have lost children to fatal overdose.

Learn more at bit.ly/2PEwi2P

What Might You Want to Consider?
Defendants may be facing serious charges and talking to the media around this story may have implications for their legal defense strategy.

Stigma surrounding drug use makes it difficult for loved ones of those lost to overdose (especially parents) to take a stand against induced homicide laws in the media.
Moral Panics: Public Injection, Pregnancy, and Other Causes of Outrage

These stories highlight issues that are notable only because of their moral component.

What Purpose Does This Story Serve?
These stories are sometimes written by a reporter because it exists within their beat, which may be “Crime,” “Local Politics,” “Development (Business and/or Real Estate),” and/or “Health.” Reporters covering these stories may or may not be sympathetic to harm reduction; the topic and moral framework alone doesn’t necessarily mean that the article will be critical.

What Can You Contribute to the Story?
If a story focuses on public drug use, you can highlight that public drug use reflects discrimination in housing, poverty, and lack of safer consumption spaces, and should only be considered in that light.

- This is an excellent opportunity to advocate for housing-first policies and safer consumption spaces rather than focus on whether individual people have moral failings.
- Highlight the safety issues to people who use drugs: overdose, arrest, injury, and infection are all much more likely when using in public due to being hasty, attempting to hide, and not having access to clean settings.

Use this opportunity to describe the risk of overdose and the role of community members trained to respond with naloxone. Provide the details of your overdose education and naloxone distribution program so more community members know they can reach out to you for training. With the widespread presence of deadly, illicitly manufactured and highly potent opioids in the nation’s drug supply, people who use drugs in public view may do so in the hopes that if they do overdose, someone may see them and revive them with naloxone. Suggest that the public consider training in overdose recognition and naloxone. Reports suggest that public bathrooms are among the most commonly used public injecting locations reported by people who inject drugs in New York City, but you know your community best and can target your naloxone messaging accordingly.

“`Our participants want to be a part of the solution for reducing the burden of public injecting on the community. They were more concerned about exposing children in the community to injection or intoxication than they were with being stopped by police.”`

A story might focus on neonatal abstinence syndrome (NAS), which provides an opportunity to acknowledge that it sounds frightening, but is short-lived, easily treatable, and by itself has no long-term consequences. The American College of Obstetrics and Gynecology recommends using medication-assisted treatment during pregnancy (that is, using methadone or buprenorphine); this is much safer than abstinence, which increases the risk of relapse, overdose, and death.

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Restricting pregnant individuals’ access to harm reduction services increases their risk of overdose and contracting a serious infectious disease, including some which are severely dangerous for the fetus, and does nothing to improve other outcomes. Children who were chronically exposed to opioids in utero have “no significant impairments in cognitive, psychomotor, or observed behavioral outcomes.” This is not to say that drug use is safe in pregnancy, but that opioid use alone is often assumed to be seriously harmful which is not necessarily the case. This has been called ‘fetal assault’ and has led to passage of severe laws with criminal penalties of up to 15 years in prison in some regions of the U.S. This criminalization can prevent pregnant people who use drugs from obtaining prenatal care, which is far more dangerous than NAS.

Media often reports on secondhand overdoses, as in an overdose that occurs among a first responder, pet, or another without intentional use of an opioid. These are commonly about overdosing after skin contact with fentanyl and similar analogues like carfentanil, which have almost no evidence base. The American College of Medical Toxicology and the American Academy of Clinical Toxicology, the two largest toxicology bodies in the United States, directly quoted, state that:

- The risk of clinically significant exposure to emergency responders is extremely low.  
- We have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids.  
- Incidental dermal absorption is unlikely to cause opioid toxicity.

Reported cases often become high-profile despite nonspecific symptoms that could readily be from any number of causes, and rely heavily on conjecture, circumstantial evidence, and appeal to empathy and safety, rather than actual proof of opioid ingestion. The theoretical and unproven possibility of a responder nonetheless overdosing solely from skin contact with an opioid should be surmountable by wearing nitrile gloves and should not delay the care of a patient who is overdosing, especially as such a delay could be fatal.

Stories about increases in drug use because of harm reduction programs are common, especially in states only starting to legalize syringe access. This is an excellent opportunity to let reporters know that there is no evidence that harm reduction programs increase drug use or encourage children to use drugs. If your organization is supportive of safer consumption spaces, highlight the research and advocacy in support of implementing a safer consumption space in the United States to reduce both public injection and improperly disposed paraphernalia. Provide your organization’s statement of support and factsheets or link to another reputable source of information. AIDS United released a statement of support in 2016 and a report in 2018 that is available on our website as an example. Also consider the Yes to SCS campaigns in Washington and California, among others!

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7 Ibid.

Stories on moral panics are also a great time to highlight that harm reduction programs are extremely inexpensive, especially when compared to the cost of treating HIV, viral hepatitis, abscesses, and the many other health and social consequences of injection drug use.

What Might You Want to Consider?
The reporter is bringing an issue of serious concern to the community, so avoid acting dismissively. Use the harm reduction approach: empathize with your audience and their perspective, while also centering those most harmed by the situation at hand. You may be able to build common ground around the issue.

MYTH: INSTALLING BLUE LIGHTS IN PUBLIC RESTROOMS DETER INJECTION DRUG USE

FACT: Businesses with public restrooms are experimenting with using blue lights to deter injection drug use. The blue lights make veins less visible but do not effectively prevent injection drug use from occurring in public restrooms. Blue lights do not facilitate public safety or public health. Blue lights do make injecting drug use more difficult and increase the potential for harm.9

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Syringe Litter

What Purpose Does This Story Serve?
Syringe litter is a major concern for many communities and can often be the sole reason for opposing a syringe access or similar harm reduction program. Coverage often takes the form of a simple statement about what has been found, with some comments from local authorities and community members inserted. Harm reduction organizations may be invited to provide a simple counterpoint or may not be asked at all. If syringe litter is an issue, proactively reaching out to sympathetic reporters early can help establish a more accurate narrative and keep you off the defense.

What Can You Contribute to the Story?
A great starting point is to provide media with an honest assessment of the risks of syringe litter, which are extremely low. In fact, no cases of HIV or viral hepatitis from syringe litter have ever occurred in the US, according to the Department of Health and Human Services. Even stronger, however, is information from the Society for Hospital Epidemiology of America that states, “There is no evidence that a member of the public or waste industry worker has ever acquired infection from medical waste.” The public health and medical burden of syringe litter is minimal and driven mostly by anxiety, not infectious disease.

It might also be helpful to provide an honest assessment of the structural causes of syringe litter, which is mostly caused by fear of arrest – even if possession of syringes is legal. Legal syringe possession doesn’t mean that people can’t be detained, searched, and arrested for other reasons, so people continue to be fearful whether or not police follow the law. They often are unaware that possession is legal in many places or feel that the “ends justify the means.” Without harm reduction programs, there is often no way to safely dispose of syringes, making syringe litter inevitable. It is important to note that syringes come from many sources (pharmacies, clinics, online ordering, home healthcare services, illicit markets, and from friends, to name a few) other than harm reduction programs. Few, if any, of these other sources will accept used syringes. Also highlight that syringes are not necessarily for drug use. Diabetes is a much more common generator of syringes and many people experiencing homelessness and people who use drugs use syringes primarily for insulin.

Stories about syringe litter are a great opportunity to raise awareness about the lack of safe disposal for syringes and how blaming people who use drugs for this is unethical. Even in settings where safe

Community members want to be part of the solution to syringe litter. In Seattle, Starbucks workers reported finding discarded needles and other unsafe conditions in the public bathrooms. Over 5,000 people signed a petition calling for the coffee giant to install biohazard disposal boxes.

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11 Infect Control Hosp Epidemiol; 1992, 13 (1): 38-48
When discussing the ethical dilemma of blaming people who inject drugs for syringe litter without allowing mechanisms for safe disposal, you can highlight the important role of syringe services programs in waste removal and disposal. Syringe services programs are often the only free, local resource for biohazard disposal. They collect discarded syringes and dispose of them safely, thereby reducing the number of syringes in public areas. Many studies show that syringe services programs either reduce syringe litter or do not worsen it. Among people who inject drugs, receiving sterile syringes from a syringe services program is associated with lower odds of improper syringe disposal.

What Might You Want to Consider?
Everyone wants this problem to improve, but there is no easy fix. So-called silver-bullet answers, such as closing syringe services programs, arresting people who use drugs more heavily, and restricting access to sterile syringes have repeatedly failed.

Some short-term ideas which may help include stopping all police interactions based on syringe possession, legalization of unlimited syringe possession regardless of containerization or use, safer consumption spaces, housing-first policies, establishing disposal kiosks, and mandating that pharmacies and clinics collect syringes for disposal. Effective long-term solutions will require time and social change. Examples include eliminating stigma and abuse by authorities and especially law enforcement; improving housing; reducing poverty; and integrating people who use drugs into society, not further isolating or marginalizing them.

**MYTH: RETRACTABLE OR SINGLE USE SYRINGES REDUCE SYRINGE LITTER**

**FACT:** There is no reason to think that only distributing retractable or single use syringes will reduce syringe litter. Most retractable, single-use syringes are intended for hospital use and are not easily usable by patients, whether for insulin, hormones, or drug use. Trials were conducted in Australia in 2004. The results indicated several technical limitations and an overall lack of retractable needles and syringes that are suitable to be used by people who inject drugs. More recently, a Charleston, West Virginia-based program began a pilot project

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15 People v. Sullivan, 234 Cal. App. 2d 562 (1965)
using retractable needles and syringes in March 2018. By December of that year, the project announced an end to the pilot. Why? First, retractables are not best practice, and second, they cost three times more than regular syringes.

**MYTH: ONE-FOR-ONE REDUCES SYRINGE LITTER**

**FACT:** Best practices for syringe services programs do not require one-for-one exchange or any other limitation on the number of syringes distributed. The World Health Organization, Harm Reduction Coalition, California Department of Public Health, NASTAD, and many other public health organizations believe that needs-based programs are the ideal public health intervention. People will dispose of syringes elsewhere, have them confiscated, break them, lose them, or for any number of reasons not be able to return them to a syringe services program. Penalizing them for this makes no public health sense and has no evidence to support it. No research has shown that any particular distribution model improves or worsens syringe litter.\(^\text{16}\)

However, some distribution models, particularly one-for-one exchanges, are dramatically less effective at preventing infectious disease.

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Drug Use Trends

What Purpose Does this Story Serve?
Traditionally, stories about trends in drug use involve moral judgment of people who use drugs and sensationalizing a particular “demon drug.” The public is becoming increasingly more discerning about the relationship between people who use drugs and the types of drugs that are commonly used. Reporters have new opportunities to shed light on drug use trends and to tell human interest stories. Additionally, journalists often write about trends in local/state drug use when they are drawing attention to drug-related crime or to garner public interest.

What Can You Contribute to the Story?
Most reporters will not have background knowledge on the approaches to drug use, including harm reduction. This is a great opportunity to share information on the three approaches to drug use.

Demand Reduction, Moral Theory
This approach locates the problem in the person, not the substance. It finds a solution in reducing demand for drugs, like the “Just Say No” campaign. Blame and moral judgment have been a traditional approach to discouraging and punishing people who use drugs.

Prohibition, Criminal Justice Model, Supply Reduction
This approach locates the problem in the substance, not person. Sensationalized stories of a drug’s addictive properties are amplified, and drug task forces are called in to save communities.

Harm Reduction
Harm reduction locates the problem in the relationship between the person and the substance and acknowledges this relationship may change over time. Harm reduction is based on evidence. Dr. Norman Zinberg’s classic description of drug use in the book *Drug, Set, and Setting: The Basis for Controlled Intoxicant Use*, describes the complexity of drug use experience as a subjective and conditioned individual experience. Zinberg identified three key factors in establishing a drug-using pattern:

- **Drug**: Nature of the substance itself and chemical effects it has on the body
- **Set**: Both nature of user and their expectations in taking the drug
- **Setting**: Collection of environmental factors surrounding occasion of taking the drug. Social and cultural factors, physical factors (example: is use secretive, is it determined by particular time or place, before sex, in a club, etc.).
Harm reduction understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from problematic, chaotic use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others. Harm reduction includes abstinence, and it recognizes that not everyone is ready or able to stop using drugs, and that some may never be. Syringe services programs and methadone maintenance treatment have been proven to reduce the harmful effects of drug use by preventing the spread of infection, by stabilizing people’s lives, and by linking them to the health system.

What Might You Want to Consider?
The conversation around fentanyl has dominated national and local news recently. When journalists ask for your expertise on drug use trends, it is quite possible fentanyl will enter the conversation. This is a great time to share facts about fentanyl and dispel any myths surrounding the drug. Fentanyl is 50 times stronger than heroin, extremely fast-acting, and the leading opioid for fatal episodes in many U.S. regions.17 Fentanyl is found mixed in heroin, cocaine, and many other types of drugs. From 2014 to 2015, the number of fentanyl encounters in the U.S. more than doubled – from 4,343 to 12,882.18 Provide the journalist with important education about the risk of fentanyl, such as recognizing overdose when fentanyl is involved (eg, wooden chest, standing seizure).

People leaving prison are particularly vulnerable to fentanyl overdose because they may not be aware of new trends in street drugs and therefore need access to prevention education.19 Prisons in New York include this in trainings that prepare people coming home from incarceration.

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19 Ibid.
The CDC is Coming to Town!

*Stories about epidemiology of diseases and harms related to injection drug use.*

What Purpose Does this Story Serve?
In 2015 an HIV outbreak in a small Midwestern town made headlines and challenged the stereotype of injection drug use as a purely urban issue. Since then, the link between injection drug use, geography, demographics, and public health has captured the attention of broader audiences. Local media may provide coverage and awareness about the epidemiology of diseases and harms related to injection drug use, such as HIV, hepatitis C, skin and soft tissue infections, overdose, and other issues in your area. Media may also report on the spread of diseases in places that have called for additional support from state and national public health experts. Journalists cover stories on increases in infectious diseases to raise awareness of potential threats and assign responsibility to public officials for failed policies or lack of funding.

What Can You Contribute to the Story?
This coverage presents an excellent opportunity to make sure local journalists are aware of epidemiological data for your area. This also includes clarifying language and often misused terms. Making sure local journalists are using correct language can help prevent sensational headlines. Here is a list of commonly misused terms:

- **Endemic**
  - The amount of a particular disease that is usually present in a community; the observed level; the constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographic area.

- **Epidemic**
  - Refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.

- **Outbreak**
  - Carries the same definition of epidemic, but is often used for a more limited geographic area.

- **Cluster**
  - Refers to an aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known.

- **Pandemic**
  - An epidemic that has spread over several countries or continents, usually affecting a large group of people.

- **Incidence**
  - The rate of new (or newly diagnosed) cases of a disease.

- **Prevalence**
  - The actual number of cases alive, with the disease either during a period of time or at a particular date in time.
Provide appropriate context when working with press on these types of pieces. Epidemiological data is helpful for public health workers, medical providers, and other health workers in responding to outbreaks. And when used correctly, it can help a layperson determine their own risk factors for particular conditions (e.g., information on the disproportionate affect HIV has on gay and bisexual men can help inform a gay man’s decision to get screened and perhaps even consider initiating PrEP). When misapplied, however, even with the best of intentions, the data can also further harm those already affected by a disease or condition (e.g., the early view that AIDS was restricted to the gay community and the stigma that this association continues to perpetuate around HIV today).

Explain the role of syringe services programs. A primary responsibility is to prevent bloodborne pathogens. Syringe services programs reduce new HIV and viral hepatitis transmissions by decreasing the sharing of syringes and other injection equipment, saving health care dollars. In fact, the estimated lifetime cost of treating one person living with HIV is more than $400,000. Testing and linkage to hepatitis C treatment can save an estimated 320,000 lives. Syringe services programs decrease hepatitis C transmission among people who inject drugs by as much as 50%. New HIV cases have decreased by as much as 80% in areas with syringe services programs.

Another priority is to reduce overdose deaths. Syringe services programs teach people who inject drugs how to prevent and respond to overdose. Many also distribute naloxone and train people on how to recognize signs of an overdose and respond with naloxone.

Further, syringe services programs reduce needlestick injuries among first responders, increase entry into substance use disorder treatment, act as an entry point for vulnerable populations into the healthcare system, and provide safe spaces and dignity to people who use drugs. Areas with syringe services programs have also seen decreases in drug-related crime because participants are connected to treatment, housing, food pantries, and other social services. In Baltimore, neighborhoods with syringe services have experienced an 11% decrease in crime compared to those without syringe services, which saw an 8% increase in criminal activity. Lastly, syringe services programs share intersections with housing because they are low barrier, anonymous programs engaging participants who are marginalized from other services.

At times, journalists will overcompensate with the disease model of addiction when discussing syringe services programs. The National Survey of Drug Use and Health found that among Americans 12 and older in 2017, 11.4 million reported opioid use in the past year, and 2.1 million (14%) met the diagnostic criteria for an opioid use disorder. A staggering 86% do not qualify…but remain vulnerable to the negative consequences of drug use. Not all drug use is a disorder, and syringe services programs play a critical role in ensuring quality and compassionate care for all people who use drugs.

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What Might You Want to Consider?
People living with HIV and/or viral hepatitis face heightened criminalization by certain states’ public health and/or criminal laws. While public health officials play an important role, they may be involved in coercing and policing individuals and their behavior. Consider your comments to the media in the context of outdated criminal laws in your state and become well-versed in advocacy for the modernization of these laws.

Quarantine-type language, victim-blaming, and villainization remain major cultural pitfalls in our communities, so avoid disclosing any identifying information about the individuals involved in the epidemiological investigations. Even if you are talking to an individual or group of people with respect and care, the reporter may use identifying information from you in a negative light.

MYTH: SYRINGE SERVICES PROGRAMS LEAD TO AN INCREASE IN INJECTION DRUG USE AND LOCAL CRIME

FACT: Based on existing evidence, the U.S. Surgeon General has determined that syringe services programs, when part of a comprehensive HIV prevention strategy, do not increase the illegal use of drugs by injection. Syringe services programs (SSPs) are an effective public health intervention that can reduce the transmission of HIV and facilitate entry into drug treatment and medical services, without increasing illegal injection of drugs.24

These toolkits are handy! “HIV Criminalization Beyond Non-Disclosure: Advocacy Toolkits on Intersections with Sex Work and Syringe Use” and “Punishment is Not a Public Health Strategy: The Criminalization of Viral Hepatitis in the United States” from The Center for HIV Law & Policy are available here: bit.ly/2YplB8B

MYTHBUSTERS

SSPs save lives and prevent HIV and HCV!

What Purpose Does this Story Serve?
As new laws authorizing syringe services programs, 9-1-1 Good Samaritan Laws, naloxone access, and medication assisted treatment advance in state legislatures and county and city councils, reporters may attend public hearings and report on the community dialogue taking place.

State legislatures and county/local governmental bodies are taking on the issues of syringe services authorization or limitations, Good Samaritan Laws, safer consumption spaces, and the modernization of criminal and public health statutes specific to HIV and viral hepatitis. A reporter who covers local politics and/or public health may be contacting you about the introduction of legislation and its advancement through the legislative process.

What Can You Contribute to the Story?
Amplify the work of advocates and coalitions that have developed political action strategies, including phone-banking, organizational sign-on letters, and more.

You can also describe how the proposed law changes may impact stakeholders, like yourself, and the way your program operates.

If your organization is doing community organizing among people affected by drug use – people in recovery from substance use disorder and/or people who actively use drugs and their friends and family – consider facilitating an interview with the reporter. This would elevate the voice of the communities most affected by the change in law.

What Might You Want to Consider?
It is important to know your audience and measure the likelihood of community backlash. Sometimes the media is not the best place to spread your message. Alternatives include entering your testimony into the public record and bringing constituents’ messages directly to their representatives.
Notes from A Journalist

As a journalist, I am always looking for a good story: one that grabs my attention and that I reasonably expect will grab others’ attention also. Good stories are gripping and revelatory. They can be educational or entertaining, or both. They tell people what they do not already know, or what they should know more about, and why. Sometimes they are beautifully told.

The key concept to understand about how reporters and editors make editorial decisions is “news value.” What is the audience likely to get out of reading a 30-inch column, or watching the evening news, or sitting through a two-hour documentary, or checking Twitter? Why should they care about what they are consuming and spend their time in this way?

How a given outlet covers a certain issue wholly depends on their news judgment as well as their personal biases. This varies from outlet to outlet and journalist to journalist, as editorial goals are diverse across media. But what most outlets share in common is the desire to produce compelling narratives.

When it comes to drug-user health issues and the opioid crisis, journalists may see a myriad of stories worth telling. Stories about individuals and communities experiencing drug use. Stories about the systems that help or fail these people. Stories about what official data show. Stories about what advocacy or government groups are doing to respond to the rise in fatal overdoses.

Syringe services programs seeking to highlight stories they believe are important would do well to identify trustworthy journalists and work to establish strong relationships with them. By “trustworthy,” I mean credible: Those who have a record of doing fact-based and fair stories, and who show care and effort in their work.

Journalists love few things more than thinking they have an exclusive story that not many people have heard about. Keep in mind, however, that our job is to tell accurate, interesting stories to the best of our ability—not to promote a given agenda.

What this means is that the respective aims of journalists and syringe services programs usually differ, though they may occasionally align. Good journalists respect their sources and the people they write about, but are ultimately independent from others’ interests (or at least they should be).

You should acknowledge that there is always a certain level of risk in dealing with media. Just as other institutions, media is fallible and biased by the experiences and perspectives of its members. Reporters get things wrong, often despite our best efforts to get things right. Editors frame stories in misguided or
skewed manners. Unintentional errors may be introduced during the production process. (For what it’s worth: Self-respecting journalists feel shame when they must issue a correction or, worse, a retraction.)

That said, trained journalists—particularly in the public health space—try to approach subjects and stories in good faith. This is why it is beneficial for your organization to have a media strategy in place and to maintain open and honest lines of communication with interested media. When there is breaking news related to the opioid crisis (say, a celebrity’s death), or a reporter is working on a feature involving a community experiencing prevalent drug use, effective communication with media is the best tool you have to ensure that the resulting stories are done accurately and fairly.

The bottom line is that there is major value for you in proactively managing your relationships with members of the media. Well thought-out emails are perfectly nice, but asking for coffee or a phone chat can go a long way.

When a journalist senses or is assigned a story, one of our first thoughts is: Who do I know who would have relevant information about this topic? The answer can be an outspoken activist, a communications staffer, a knowledgeable community member, a government official, or other kinds of sources. In some instances, a journalist will have little to no idea who to contact at first, but will identify potential sources based on preliminary research. This has implications for how syringe services programs present themselves and their work online and in the public sphere: Are their missions clear? What is their expertise? Do they have dedicated communications staff?

Given the nature of your missions and work, it is essential to establish clear ground rules with journalists with whom you associate. Within traditional journalism, the general assumption is that any information shared not explicitly “off the record” is fair game for use in a story or other published content.

Sources have the right to speak with media off the record and not for attribution, but this must be clear up front, before any substantive information is shared. If you want to share something, especially sensitive information, with media because you believe there is an important story to be told, the best rule of thumb is to ask whether you can communicate off the record with the journalist and receive explicit assent from them that what you are about to disclose will not become public.

In other words, clarity is king. Though sources cannot control how a journalist will report, write, or produce a given story, they can control what information they share and the manner in which they share it (via email, text, or document-sharing services; over the phone; in person; on or off the record).

They can also exert ‘soft’ influence over how media shape stories by speaking with them candidly off the record. In such conversations, maximum context is a source’s best bet to make sure that a journalist has all the relevant information in mind when working on a story. Signposting key details, including names, dates, and points of dispute, can be beneficial. You should feel free to stress and repeat important ideas.
When a member of the media approaches you for official comment or other information, you have several options. If you do not want to be associated with a certain story, you can simply decline to comment. (You can opt to provide some reasoning for why you prefer not to be involved with a story, such as: sensitive matters related to a client’s personal life or health; lack of expertise or knowledge about a topic; fear of reprisal or rebuke from authorities, including government and funders; active lawsuits/pending litigation.)

If you do want to participate in a story, you can set up an on-the-record interview or background conversation (where the information shared may be used in a story, but without attribution to your specific organization or a named person). Giving no response to a journalist’s email, phone call, or in-person question is generally not advisable, as it may suggest to the journalist and their audience that sources are unprepared, disorganized, or not being completely transparent.

Note that journalists—above all, news reporters—can and often do move quickly, so time is of the essence for communicating responses to media requests. A good practice is to acknowledge receipt of a journalist’s request as soon as is practicable (for a story with a short lead time, within a few hours is helpful) and to ask when their deadline is if they have not given one. This will signal to the journalist that you are making a good-faith effort to evaluate and respond to the request, even if it ends up with you declining to comment or the journalist moving ahead with the story on an expedited timeline. Then, you and your staff can assess the request and determine if it is in your best interest to participate; and if so, how you want to go about it.

In the age of social media and 24-hour news, information moves incredibly fast, and constantly. This makes it vital for syringe services programs to have internal policies and procedures in place regarding media relations. Staff should know whether they require approval from a manager or an executive to communicate with journalists and what their organization’s official positions are on common or hot-button issues. No one wants to be – or seem like – they have been caught off guard, so syringe services programs should prepare for interviews thoroughly and come up with public statements carefully. In turn, this means considering not just what you say to media but how it may be heard in a different light than intended. The specific medium in question (print/digital, radio, TV, social media) shapes stories too.

Finally, a note on post-publication feedback: If a factual correction is needed, reach out to the reporter first and highlight what they got wrong or inaccurate. You can contact an editor if the matter is urgent, or you do not hear back from the reporter, or the reporter pushes back and you want to appeal up the chain of command. Resist the urge to take to social media or issue a public statement without touching base with the media you worked with, as this may bring more attention to your organization (there are of course exceptions here, including if your organization’s need to expeditiously set the record straight outweighs the potential costs of additional public comment.)

The important thing is to keep the channels of communication open, active, and honest while working to further your missions.

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**Pitching a Story?**

Keep your pitch short. Think of what the headline is. Ask the questions that media ask:

- Why does this matter?
- Why am I hearing about this now?
- What kind of coverage does this deserve? A blog post, a radio spot, a TV bit, a deeper dive or feature?
Media is a subset of your broader communications strategy – email, social media, etc. – and communication strategy is part of your broader strategy – what you’re trying to do in the world. You may decide that media isn’t a big part of your work, either because you’re in stealth mode or because it’s too stigmatizing. This is fine and does not mean that you are abandoning your cause. However, for others, this is a strategy to push an agenda and have our collective voices heard by a wider audience, including our opposers. I am a firm believer that the worst adversaries can become the strongest allies with the right amount of persuasion mixed with facts.

Control the Narrative at all Times

Sometimes, it is best to say no. Trust your gut. This is your narrative, so own it.

It is also acceptable to disengage or hang up at any point during the interview. Remember, this is all about selling an idea, so to speak. You are allowed to redirect the story. You can simply refuse to answer questions or ask at any time to speak off the record.

Journalists are supposed to remain unbiased and ask questions that speak to all sides of an agenda. Do not take questions personally. However, if the interview starts becoming personal, be careful not to veer away from the topic at hand. Do not allow yourself to be sensationalized or portrayed as erratic.

Many of us have been on the frontlines for so long, fighting against fear and ignorance. Our voices have been ignored for years, yet now we find ourselves and our work being splashed across the front headlines of every national news outlet almost on a daily basis. This can be just as frustrating as it is exciting. Make sure to keep personal emotion in check. This is not about us; it is about the message we carry.

If you’re trying to position yourself as a resource, write yourself into the story. Remember to control the narrative!

If you’re trying to change the overall narrative, media is a target for you. However, you must always keep in mind that not every journalist has your best interest at heart. In fact, they may completely disagree with your agenda. When reporters cover drug use, it is important to remember they are not specialists, but rather reporters on a health, crime, or local politics beat. We will always know more than they do. A reporter may comment on the story they are trying to tell or create distraction. Do not let them! Again, always control the narrative! Know in advance what your key messages are. Take notes before speaking or being interviewed. Memorize a few key facts or selling points.
Know Your Strategy
What are the ground rules in advance? If the reporter cannot agree to your conditions, it is okay to walk away. Pseudonyms, pics with or without permission, and stigmatizing language are all important factors to negotiate.

It is important to designate those who are authorized to speak on behalf of the group or organization. Those that are authorized should have clear talking points that they stick to during interviews. Rely on each other and speak to your fellow activists.

You are likely to be quoted if language is colorful and personalized. Keep a clear point of view with distinct ways of expressing it. Bland is boring! It is okay to express your personal support of a specific agenda.

Use metaphors and imagery. Anecdotal stories give a personal face to your topic but keep them factual.

Cultivate credibility to create relationship with reporters. They will look at other reporter’s sources, so again, keep the facts straight. Keep the relationship as courteous and professional as possible. If you have a negative experience, do not have conflict with them unless you need to set a boundary. Be sure to use transparency and steer clear of slander.

Be explicit about needing to go off record. Get explicit assent from the journalist.

Local journalists are sadly but slowly becoming a dying breed, so you can get a lot of traction from them regarding local issues. National media is more sophisticated and more apt to chase trends. Do not be surprised once you are featured or quoted around a specific topic.

Make sure the source’s quotes (union member, program participant, etc.) aren’t being used because they are seeking attention or expressing a personal bias. There are huge consequences for personal disclosure regarding experience or opinion.

We are a hot commodity in the media right now. We must always be vigilant that our messaging on key agendas in the media is consistent, regardless of which agency we represent. Our opposition will attack anything that they view as inconsistency. It can also be mistakenly seen as we are not united in our work.

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Always know your facts when giving statistics. If you are unsure, do not make them up. It is perfectly acceptable to tell a reporter that you need to research the answer they are looking for and that you will follow up with them after the interview. Again, it is so important that we are consistent with the facts we present. It is acceptable to have varying opinions, but facts cannot change.
Developing a Communications Strategy

An internal document that outlines your communications goals and how to achieve them.

A communications strategy is an internal document that outlines your communications goals and evaluates the variables that will impact your ability to achieve them (e.g. policy landscape, competing companies/organizations, budgetary or staffing constraints, other external and internal factors). Key components of a communications strategy will vary, but often include a landscape analysis, your defined audience targets, tactics and approaches for reaching them, core messages, and overarching goals (ideally integrated with the organization’s larger strategic goals).

Why should you have one?
While it requires a commitment of time and resources to develop, having a communications strategy that is a usable, living document, ensures that you are thoughtful and intentional with your work and provides some benchmarks to evaluate your communications performance over time. In addition, you can use your strategy as a guide for planned communications activities, responding to media inquiries, or fielding negative comments from the community. Your communications strategy can help you stay on message, grow your social media presence, build relationships with reporters, and more.

What does a strategy look like?
There is no one way to write your communications strategy. And as you start to develop and use yours, you’ll likely find that you may change the format and content to be most usable for your organization. The basic components that a communications strategy often include:

1. Landscape Analysis
2. Objectives
3. Audience
4. Spokespeople
5. Key Messaging
6. Tactics and Activities

Landscape Analysis:
It is important to always begin your strategy with an analysis of the factors, both internal and external, that may impact your organization, its work, and your ability to successfully meet your goals. This would include:

- any potential legislative threats or opportunities,
- financial or budgetary challenges or windfalls that are on the horizon,
- and any threats to your partnerships or potential for new ones that you might envision.

This section is important not just for helping to keep your strategy realistic, but also because it can help to inform the tactics and approach that you might employ throughout the year. For example, if you believe that there is an exciting new partnership opportunity that will present itself in the coming months, you may want to think through ways that your two communications teams can work together to accomplish any shared goals. If you foresee any budgetary threats or uncertainty coming up, you may want to plan to purchase any equipment or services that you will require before they begin.
Objectives:
Before you start planning, it’s important to understand what your goals are, both organizationally and within your department or program. This will ensure that the strategy is driven by your organizational goals, rather than your goals being influenced by this plan. For example, do you have a need to help people understand the effectiveness of syringe services? To change local policies? To counter NIMBYism? All three? Be clear about each goal so that your plan can be tailored and most helpful to you.

Audience:
Identify who you need to communicate with to achieve your objectives. This does not necessarily mean the media and journalists. Additionally, since most organizations have limited time and resources, identifying audiences can help you prioritize which audience is most critical to reach for you to achieve your objectives. For example, if you are working to change a local NIMBY narrative, local journalists may be helpful, but consider if neighborhood groups and local police departments may have more sway in your community.

Spokespeople:
Reporters will often request on-the-record comment from you or your clients. It is important that in your communications strategy you identify specific spokespeople who have the authority to represent your organization and its positions to the press – and by extension the public. Often this is an executive director or board chair and can also be other senior level staff, including programming or communications director. It’s also common to extend conditional or temporary authorization to a spokesperson who is not senior staff, including a consultant or staff with particular expertise in an area a reporter is researching. In these cases, it’s essential that the designee be given intense training on your organization’s positions, including possible media training. The communications strategy is a helpful training tool for all spokespeople.

It is also possible that a reporter might request to be put in touch with a client for comment. It is important that an organization consider its willingness to do so before it receives a request, so that clear policies can be developed. Some factors your organization may have to consider include privacy concerns; implications for clients’ employment, housing, and relationships; and sophistication of client on an issue and their judgment and capacity for nuance in the face of inquiry.

If your organization is risk-averse, you might decide that, as a matter of policy, you do not share client information. Others might decide that it is up to the client to accept or reject the inquiry and absolve themselves of the responsibility. A happy medium may be to give clients the option of signing up or being placed on a list of contacts who are willing to speak to press should a reporter inquire. Another option is to collect client quotes on specific topics to form a “quote bank.” When journalists ask to speak with clients, you can pull from this quote bank to highlight personal stories while limiting their direct engagement with journalists.

Best Practices
Avoid using too much jargon.
Be sure to focus on the human impact of your work.
Developing your communications strategy is something that should be done as a group, not just by one person in your organization.
Set realistic goals.
Key Messages:
Defining your messages is critical. Now is the time for you to boil down all that you want your audience(s) to understand into a few primary, key messages aligned with each objective. It is helpful for spokespeople to have messages in short, bullet point format. It can be difficult to boil down all that you know into so few points, but it’s essential that you are able to identify what the primary and essential components of your messaging will be, both to ensure appropriate uptake and that those tasked with expressing those messages are able to recall them.

Once your key messages are developed, you will want to craft additional supporting messaging that can be employed in various scenarios. For example, what are your messages for local business leaders compared to activists? They likely will – and should – differ from each other. One might emphasize the elimination of syringe litter, while the other might emphasize concern for the wellbeing of people who use drugs.

Tactics and Activities:
Tactics and activities are how you are going to get your key messages to your audiences in order to achieve your objective. This can include traditional media outreach, op-eds, social media, blogs, and email. It can also include outreach efforts such as presenting at community association groups or meeting with a local elected official. Think about who your audience is and where they get their information. Don’t be afraid to get creative!

A few traditional media activities include:

- **Press Releases** are a tool to share news-worthy information with press, such as receiving a major new grant, hiring new leadership, hosting a large event, etc. It is also a place to comment on new legislation or community developments. In framing your release, be concise and explicit about how your “news” will impact your mission. Include quotes from one or two spokespeople; quotes add a human element to the release, and they can be used in any resulting coverage.

- **Letters to the Editor** (LTEs) are a tool to correct an article or reinforce an article by sharing your unique perspective. LTEs should be written within a day or two of the article you are responding to and are generally around 150 words. Make sure to check the guidelines for submitting LTEs before you start writing!

- **Op-Eds** are a tool for non-journalists to publish their opinion/perspective in a longer piece to share new information, encourage people to support your cause, comment on political actions, etc. Op-eds require approval to be published by the publication’s editorial board and so require a bit of lead time (often a week or two). If the issue you’re writing about is time-sensitive, be sure to build that lead time into your process. Make sure to check the guidelines for submitting op-eds before you start writing!

- **Blogs** are a great tool for you to inform and engage with your base in a personal way and drive traffic to your website. Blogs are one way to highlight volunteers, share a success story, and respond to new information and current events. Keep a regular posting schedule and incorporate pictures and video to increase engagement.

- **Social Media** is a tool that you can use to promote blogs, op-eds, LTEs, and press releases, as well as for you to engage your community by sharing pictures and videos of your work, relevant articles, your key messages, and important updates. You can use a content calendar to map out your posting schedule and keep track of your analytics to see what is resonating with your audience.
Closing Thoughts

The Right Hit is based on experiences with media from folks around the country and provides guidance on developing an organizational communications strategy, thanks to the expertise of our in-house rockstar communications team. AIDS United understands that not every story or perspective is captured within these pages and encourage you to reach out to us if you have feedback or lessons learned to share with us (e-mail us at saf@aidsunited.org). Our hope is that this toolkit will be the basis for strengthening relationships between syringe services programs and the media.

The Right Hit was truly a community effort. This document would not be possible without the amazing contributions from Jess Tilley, Kyle Barbour, Andrew Giambrone, Sarah Hashmall, Kyle Murphy, Paola Barahona, Zach Ford, and Nora Maria Fuller. Thank you for your hard work and dedication.

Thank you to the organizations and individuals that run syringe services programs. You are appreciated tremendously.

We acknowledge and honor the hundreds of thousands of people we have lost to fatal overdose. We remember you. We love you.

As support for evidence-based, harm reduction services continues to build around the country, our programs and communities will become more visible to the public. It is crucial that we seize this opportunity to work with one another to share best practices and with the media to build broader community understanding of our efforts.