

**Faculty of Health Sciences  
National Drug Research Institute**

**Beyond Internet as Tool: A Mixed-Methods Study of  
Online Drug Discussion**

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**This thesis is presented for the Degree of  
Doctor of Philosophy  
of  
Curtin University**

**November 2011**

Beyond internet as tool: A mixed-methods study of online drug discussion

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Suggested citation:

Barratt, Monica J. (2011). *Beyond internet as tool: A mixed-methods study of online drug discussion*. Doctoral thesis, National Drug Research Institute, Faculty of Health Sciences, Curtin University, Melbourne, Australia.

## Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

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## Abstract

Internet technologies have changed the context within which illicit drug use occurs. Scholars have demonstrated how the internet and digital technologies can be used to better respond to drug problems and how people who use drugs utilise the internet to access drug information and to purchase drugs (mainly so-called legal highs) through web vendors. The limitations of this body of work are that it generally conceptualises the internet only as a tool, and the potential for internet use resulting in positive outcomes for drug users is only discussed in relation to formal online interventions and treatments. This thesis goes beyond this assumption of ‘technology as tool’ to frame the internet as (1) a tool (enabling people to consume and produce information), (2) a place (online sites within which discourses and meanings are reproduced, reappropriated and negotiated), and (3) a way of being (online sites that are incorporated into everyday/offline life and practices). Through these lenses, this thesis explores how internet use shapes drug practices in both positive and negative ways. I focus upon the lives of people who engage in the recreational use of psychostimulants and hallucinogens (‘party drugs’) and their use of public internet forums where drugs are discussed through the exchange of asynchronous text-based messages (‘internet forums’). I pose the following question: How has internet use shaped drug practices among an Australian sample of people who use party drugs and participate in public internet forums?

This thesis was designed as a qualitatively driven mixed-methods project, comprising: observations of, and engagement with, 40 public internet forums where party drugs were discussed over an 18-month fieldwork period (2006–2008); an online survey of 837 party drug users who participated in online drug discussion; and 27 synchronous online interviews with a subset of the survey sample. My interpretations of these complementary data are informed by social constructionism, a critical perspective on social research, virtual and multi-sited ethnography, and a critique of mixed-methods research. Analyses are grounded in an understanding of three models of drug use: the pathology model, the harm reduction or public health model, and consumerism. Descriptive statistical analyses of survey data complement thematic and discourse analyses of interviewee texts and internet forum content.

Considering internet forums as information tools, I demonstrate that some internet forums enabled the consumption, production and dissemination of folk pharmacologies or ‘underground’ drug knowledges. These knowledges can be understood as forms of resistance against the dominant pathology model of illicit drug use. Considering internet forums as places, I show how most online forum users engaged in discursive strategies in order to present themselves as informed and responsible drug-using subjects, thereby rejecting the portrayal of drugs users as irrational, irresponsible and ignorant as inscribed by the pathology discourse. While the folk pharmacologies and micro-level normalisation and neutralisation strategies are not new phenomena in and of themselves, this thesis demonstrates that they are now being facilitated and accelerated by internet technologies. Considering the internet as a ‘way of being’ and internet forums as part of everyday life, I question the oft-stated claim that the internet facilitates anonymity and is therefore attractive to people who use drugs who are concerned about the potential stigma of being identified as a drug user. While anonymity was certainly understood as a general benefit of internet use, online anonymity was juxtaposed with the increasing convergence of online and offline social worlds. The more online and offline networks converged, the less informants felt able to discuss their own drug use in public internet forums.

This thesis adds to our understandings of folk pharmacologies, drug normalisation, the constructed delineation of online and offline worlds, and the use of internet methods in drug research. The findings are also relevant to drug policy and practice, including the facilitation of online peer-driven drug-user action, the use of online pill report databases, the regulation of internet content, and online drug trend monitoring. Many questions have also arisen from this thesis which form the outline of a proposed research program to continue efforts to understand drug practices in internet-saturated societies.

## Acknowledgements

Like others before me, I thought I could finish my PhD thesis in 3 years if I just worked hard enough. Little did I know what lay ahead of me when I began this process in February 2006. The process of completing my PhD has taught me that academic thinking and writing are intertwined and work together in an iterative cycle. Academic writing involves drafting and redrafting, responding to the feedback of peers and mentors, and drafting and redrafting again. Good academic writing takes time! And during much of this time, I isolated myself in various offices and my home study over the years: reading, writing, and working things out. I have never spent so much of my life alone just doing one project. Yet, this document would not exist without the support and encouragement of my family, friends, colleagues, and supervisors. While I take sole responsibility for the content of this thesis, in fact, it is a product of both my own efforts and the multiplicity of influences from all the people who have touched my life.

There are many people to thank. Firstly, I want to extend the deepest gratitude to all of the people who participated in this research. There were over a thousand people who donated a few minutes to an hour of their time to complete the online survey, and then there were hundreds who were interested in being interviewed about their experiences with drugs and online drug discussion. The 27 people who completed online interviews with me were prepared to share many personal stories with a complete stranger for hours. Many more people participated in discussions with me across numerous online forums. Moderators and administrators shared their thoughts on how to manage online drug discussion and offered me insights into the workings of internet forums. This thesis would not exist without these generous contributions. I cannot thank each forum individually due to the need for anonymity. The Bluelight forum, however, deserves a special mention for first sparking my interest in online drug discussion way before this thesis began and for allowing me to serve as a forum moderator since 2008. Unlike the other forums, Bluelight representatives would prefer to be acknowledged for their contribution to research (instead of anonymised). I would especially like to thank hoptis, phase\_dancer, TheLoveBandit and Sebastians\_ghost for their support of my work.

There is a long list of people who contributed to the success of the online survey. Purple Hazelwood, Anne-Marie Christensen, Johnboy Davidson, Buck Reed, Garth Lategan and Tim Hardaker assisted with the recruitment of survey participants. A group of experts volunteered their time to review the survey prior to its launch. I thank them for all their efforts which helped me to develop a better survey: Alexia Maddox, Beck Jenkinson, Cameron Duff, Carmel Acipella, Chris O'Halloran, Craig Fry, David Moore, Gill Bedi, Janette Mugavin, Jenn Johnston, Jessica George, Kylie Stone, Matt Dunn, Michael Livingston, Ben Haines, Paul Dietze, Paul McElwee, Pip Wright, Rachael Green, Raimondo Bruno, Richard Midford, Susan Clemens and Wendy Loxley. I also thank the anonymous volunteers that piloted the survey and helped me to make the survey more appealing to the target group. I am also grateful to the people who provided technical assistance: Paul-John Stanners, Rick Noble, Paul Jones and Ian Goldberg.

My colleagues have been instrumental in keeping me sane over this time. I value being able to talk with my colleagues about my research and to hear about theirs, to share issues and solutions, to hear about new ways of framing an issue, to offer and receive new insights. These conversations were incredibly valuable and often helped me to see my thesis dilemmas in fresh ways. I would especially like to acknowledge Rachael Green, Rob Dwyer, Christine Siokou, Nicola Thomson, Amy Pennay, Michael Livingston, Jason Ferris, Claire Wilkinson, Tina Lam, James Fetherston, Sue Carruthers, Paul McElwee, Shelley Cogger, Sharon Matthews, Susan Clemens, Alexia Maddox, Edwin Ng, Vince Cakic, Steve Bright, Cameron Francis, Ray Stephens and Matt Gleeson. I am also indebted to the organisers of the Victorian Substance Use Research Forum (VSURF), Michael Livingston, Paul Dietze and David Moore, and all the VSURF speakers and attendees. Regular attendance at the monthly VSURF seminar series has been another source of critical new ideas and a good way to let off some steam at the pub afterwards!

In order to make my vision for this thesis work, I had to familiarise myself with the academic field of Internet Studies. I would like to acknowledge the international scholarly network of the Association of Internet Researchers (AoIR). The online discussions and announcements about important issues in this field, especially regarding internet research ethics and online methodologies, were invaluable to my endeavours. Engagement in this field, through the 2006 AoIR

conference and the 2011 Communities and Technologies conference, was also very helpful as it facilitated my understandings of how my work intersects with what people are thinking about in digital and network technologies research. Thank you!

I have also been blessed with great practical support from the National Drug Research Institute, Curtin University, which included a stipend, conference support and administrative assistance. Paul Jones, Fran Davis, Jo Hawkins and Vic Rechichi have provided superb support over this time. Turning Point Alcohol and Drug Centre also supported me through granting study leave and hosting the online survey on their server. The National Drug Research Institute has continued their support by employing me to conduct new research around the intersection between illicit drugs and internet technologies. I am deeply grateful for NDRI's support of my work. I especially thank Steve Allsop for his role in facilitating this opportunity.

My primary supervisor, Simon Lenton, has been there for me as a mentor since I first worked as his research assistant in 2002. The impact of Simon's cannabis law reform research on policy in Western Australia originally inspired me to work in this field, because I could see that it was possible for research to effect drug policy reform. Simon trusted me when I came up with this thesis idea, even though it seemed somewhat far-fetched in 2006. I thank Simon for the tireless effort he has taken reviewing my work, thinking through each issue with me, challenging my assumptions, forcing me to articulate my ideas more clearly, and above all, reminding me that I am capable of making this thesis happen, especially in those moments when I had lost sight of the way through. I am also thankful that Simon has always made it clear that the decisions contained within this thesis are my responsibility guided by his advice. Simon, I am deeply grateful for all your efforts.

My co-supervisor, Matthew Allen, has exceptional academic ability. Although we only met around twice a year, without fail, I left those meetings with new, important ideas and increased confidence. Often I found my academic breakthroughs occurred after our meetings. Matt, I wish I had read your book 'Smart Thinking' earlier rather than later, but all the same, reading it had the same effect as our meetings: light bulbs went off and suddenly I knew how to approach the core argument of this thesis. I am eternally grateful for your contribution to this thesis.



Rob Dwyer deserves special mention. Rob kindly agreed to read and mark my thesis. I am indebted to her for the time she spent helping me firm up my ideas and tighten up my argument. Thanks, Rob, for going out of your way to help me.

Reaching further back in time now, I want to acknowledge my early mentors. Ali Marsh taught me Addiction Studies in 2000: her lectures opened my mind to the area of study that continues to fascinate me today. Ali suggested me as a candidate to work for Wendy Loxley where I was first employed as a research assistant. Wendy is an inspirational woman for whom I have great respect. I thank both Ali and Wendy for opening up avenues into the world of drugs research and providing me with those very first opportunities.

Finally, I would like to thank my family. I feel blessed to love and be loved by such generous and beautiful people. To my in-laws, Lin and John, thank you for treating me as your daughter and for becoming my 'Melbourne family'. Thanks for being the best landlords ever: the fact that I have been able to live in the same place for the duration of this thesis has helped me immeasurably. To my parents, Jan and Bob. You have believed in me for as long as I can remember. You have always told me that I could do anything that I put my mind to. Thank you, for without this unconditional love, I know I would not be where I am today and this thesis would never have been written. Thank you also for taking me in to live with you in Perth when I visited to work on my thesis: it has been such a joy to be looked after and to share that time with you both. To the love of my life, my 'partner in crime', Stu. Thank you for providing me with unconditional support as I pursued my dream, especially through the uncertainty of the last two years ('When will it be finished?' 'I just don't know...'). Thank you for your thoughtful comments on the draft. Thank you for listening to me talking about my thesis and for all your valuable input and guidance. Thank you for keeping me fed and looking after everything while I locked myself in the apartment writing. This thesis is as much yours as it is mine. And yes, now we can get on with the rest of our lives 😊

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## Glossary

This glossary offers definitions of technical and slang terms and abbreviations as applied within this thesis. Words defined in the glossary appear in **bold** when first encountered.

**2C-B / 2C-E** 2C-B or 2,5-dimethoxy-4-bromophenethylamine and 2C-E or 2,5-dimethoxy-4-ethylphenethylamine are phenethylamines with psychedelic effects. Drugs from the 2C family were sold online as ‘research chemicals’ in the early 2000s (Sanders, Lankenau, Bloom, & Hathazi, 2008).

**Acid** See LSD.

**Admin / Administrator** Admins oversaw forums. They held administrator rights which enabled them to moderate content, manage users and allocate moderator rights. See also Mod / Moderator.

**Asynchronous** Sending, receiving and responding to messages at different times, for example, when using e-mail. Cf. Synchronous.

**Avatar** Each forum user had their own avatar which was usually a personally customised image created or chosen by the user. The avatar was visible on the left-hand side of the forum user’s posts.

**Ban** Mods and admins were able to ban a forum user who repeatedly disobeyed forum rules by blocking their account or IP address. Banning could be temporary or permanent.

**Bluelight** Bluelight.ru is an international message board hosting drug discussion. It began in 1999 as a small forum focused upon harm reduction information for ecstasy users. Since then it has grown to encompass a wide range of drug and social discussion.

**Bump** Old threads were ‘bumped up’ when forum users replied to old discussion, causing it to move up to the top of the sub-forum. Bumping threads brought old content into current view. Bumping was generally accepted unless forum users bumped up their own threads for the sake of self-publicity.

**Close** See Lock.





was introduced as an alternative term for ‘hallucinogen’ and ‘psychedelic’ because both terms were loaded with negative connotations and neither referred specifically to drug use for spiritual purposes (Ruck, Bigwood, Staples, Ott, & Wasson, 1979).

**Erowid** Erowid.org is a drug harm reduction website that hosts information and trip reports on a wide variety of psychoactive substances. Erowid was founded in 1995.

**FAQ** FAQs (Frequently asked questions) were documents that instructed on a specific drug practice. The forum FAQ formed the guidelines or rules governing conduct when using the forum.

**Forum** Forums were websites that hosted asynchronous discussion about specified topics. Usually, only forum members could post, while anyone could read the discussion. Forum content and membership were managed by moderators and administrators. Also known as online forums, internet forums, message boards.

**Forum rules** The rules that governed conduct when participating in the forum. Forum rules were generally found stuck or pinned to the top of the sub-forum for increased visibility. See also Pin / Stick.

**GHB** gamma hydroxybutyrate.

**Gurn / Gurner** Gurning referred to the visible effects of ecstasy intoxication, primarily ‘contorted facial expressions’ within an Australian social network described by Green and Moore (2009). Gurning in public was described as potentially inappropriate or embarrassing to participants in Green’s ethnography.

**Hardstyle** The genre hardstyle or hard dance is a mix of influences from “hard techno, hard trance, hardcore and rave music”, typically consisting of “a heavy sounding kick, intense reverse basslines, and adrenaline-rushing melodies” (Wikipedia, 2011).

**HR** Abbreviation for Harm reduction.

**IM** See Instant messaging.

**IP address** An Internet Protocol address is a unique numerical label that identifies computing devices connected to the internet. IP addresses can potentially be linked to an individual’s identity.

**In Real Life** In real life, IRL and in ‘real world’ refers to everyday life rather than life online. The distinction between life on and offline implies a fictional or fantasy

element to online places, an assumption that does not necessarily apply to online interaction.

**Instant messaging** Instant messaging (IM) involved the exchange of textual messages in real time using digital networked technologies such as computers and smart phones. IM clients popular during data collection for this study included Windows Live (or MSN) and Google Talk.

**Internet forum** See forum.

**IRL** See In Real Life.

**ITM / ITMer** ITM refers to the large Australian dance music forum [inthemix.com.au](http://inthemix.com.au). ITMers were members of the ITM forum.

**Join-date** The month and year that the user first joined the forum. An indication of historical association with the community.

**Location** The location field could be used to indicate the town/city where the forum user resided; however, this field was usually used creatively or humorously.

**Lock** Threads were locked by moderators if they did not conform to forum guidelines. Locking threads was also described as ‘closing’ threads.

**LOL** Laughing out loud or Lots of laughs. Indicated laughter or humour.

**LSD** Lysergic acid diethylamide. Also referred to by the term acid.

**Lurker / Lurk** Lurkers read content in forums but did not join in the interaction by posting content themselves. Forum members and non-members could lurk in threads by reading without commenting.

**MDMA** 3,4-Methylenedioxymethamphetamine, also known as ecstasy, is a drug from the phenethylamine and amphetamine families that is associated with club, dance and partying cultures. The term MDMA was used when referring specifically to 3,4-Methylenedioxymethamphetamine whereas the terms ‘ecstasy’ and ‘pills’ referred to pills that promised ecstasy-like effects but may or may not have contained MDMA.

**Message** See post.

**Message board** See forum.

**Mod (verb)** Mods and admins were said to be ‘modding’ when they performed in their moderator role. Forum members were also said to be ‘modded’ when they were given the moderator title and rights. See also De-mod.

**Mod / Moderator** Moderators or mods managed forums on a day-to-day level. Moderator rights enabled them to edit and delete posts; move, lock and delete threads; and manage troublesome users. See also Admin / Administrator.

**Modafinil** Modafinil is an analeptic drug used to treat narcolepsy and other excessive sleep disorders. It was also described as a ‘smart drug’ to improve cognition and as a recreational stimulant.

**Net-speak** Internet slang, net-speak or chat-speak was a specific style of language popularised online. Typically, such speak used all lower-case letters, infrequent or unusual punctuation, and key-stroke-saving short-cuts or abbreviations (e.g., ppl for people).

**Newbie** People who had just begun interacting within forums were known as newbies. Join-date and post-count indicated the relative newness of a forum user in that community.

**Offline** Disconnected from the internet. Not present in internet forums. Cf. Online.

**Off-topic** In the context of threads, content was off-topic if it did not match the topic designated by the original post. Some forums provided specific sub-forums for off-topic (non-serious) discussions.

**Online** Connected to the internet. Present in internet forums. Cf. Offline.

**Online drug research** See Research.

**Online forum** See Forum.

**On-topic** In the context of threads, content was on-topic if it matched the topic designated by the original poster. See also Off-topic.

**OP** See Original poster.

**Original poster** The original poster (OP) was the forum member who started the thread. The OP chose the title of the thread and provided the original material to guide its content.

**Party drugs** The use of psychostimulants and/or hallucinogens as part of leisure activity, typically associated with electronic dance music scenes. Although psychostimulants and hallucinogens are the main party drugs, depressants and inhalants are also often used as well. Definitions of party drug use are contested and are explained in greater detail in Section 1.2.2.

**Pill reports** Threads about specific pills sold as ecstasy that included the OP's experiences and/or pill testing results and requests for similar information from others about their experiences with that specific pill.

**Pillreports website** An online database which hosts pill reports submitted by users (pillreports.com). Reports could be searched by type of pill, location and outcome of report (e.g., whether the pill was thought to be adulterated).

**Pills** Pills sold as ecstasy. See also MDMA.

**Pills, bad** 'Bad pills' referred to pills sold as ecstasy that were adulterated or would otherwise be considered dangerous or non-psychoactive. See also Copycat batch.

**Pin** See Stick.

**PM** See Private or Personal Message.

**PMA** Para-methoxyamphetamine.

**Post** Posts were the smallest unit of content that comprised internet forums. Each post contained the author's pseudonymous information, signature and post content.

**Post-count** The number of posts a forum user had ever made. High post-counts were an indication of seniority and time using the forum, although some users attempted to increase their post-counts without really adding useful forum content in order to gain the status of higher total counts.

**Private or Personal Message** PMs were messages between forum users that were private, not unlike e-mails. PMs could be read by forum administrators, but were otherwise private communications, unlike forum posts which were publicly accessible.

**Prune** Some administrators pruned old threads (deleted content) in order to make room for continued use of a forum if the server was approaching its full capacity.

**Pseudonym** Forum users created pseudonyms or usernames to represent themselves when using the forum. Pseudonyms could be very different to the individual's real name, or they may resemble names or nicknames used by that person in their everyday life. Pseudonymous identities may be valuable to their owners in their own right, while other pseudonymous identities may be seen as dispensable.

**Pseudonymity** The use of a pseudonym allowed forum members to identify each other while enabling members to keep their offline identities private.

**Psychonaut** Newcombe has described psychonauts as “long-term dedicated users of hallucinogens and other drugs, with an intellectual interest in their chemistry and effects” (2009, p. 5). See also Trip report.

**Psytrance / Psytrancer** Psytrance (psychedelic trance) described “a genre of electronic music originally developed in the 1990s by western travellers for parties in Goa, India” (Greener & Hollands, 2006, p. 395). Psytrance parties were associated with the use of psychedelic drugs. See also Doof.

**Rave / Raving / Raver** The term ‘rave’ dates back to the 1950s where it referred to ‘wild’ partying. From the 1980s, raves were associated with fast electronic music and light shows. In the context of this thesis, the term ‘rave’ was dated: instead, people referred to festivals or events where EDM was played. The commercialisation of the EDM scene and nostalgia for ‘real raves’ is explored further by Siokou and Moore (2008).

**Real world** See In Real Life.

**Recreational drug use** Recreational drug use is leisure-oriented. It is generally but not always controlled, low-risk, low-frequency drug use (see Moore, 1996, p. 50). In this thesis, I have defined party drug use as a subset of recreational drug use.

**Reply** Replies were responses to the original post of a thread. Threads were ordered in a sub-forum by the most recent date of reply.

**Report** Forum users could report a post for moderation if they believed it contravened the forum guidelines.

**Research** Informants used the term research to describe a process of gathering, sorting and evaluating information and experiences regarding specific drug practices, and this process generally took place entirely or partially through reading and

participating in online drug discussion. In most cases, informants indicated that their online research played a critical role in their drug-related decision-making processes.

**Research chemicals** Lesser known tryptamines and phenethylamines were sold online as ‘research chemicals’ in the early 2000s in an attempt by manufacturers to avoid laws applying to drugs intended for human consumption (Sanders, et al., 2008). This group of drugs became known as research chemicals or RCs within online drug discussion.

**Server** Forum data were hosted on servers. In some cases, servers became full and data needed to be deleted in order to make room for continued use of the forum. See also Prune.

**Shout** In the forum context, ‘shouting’ meant typing in all capitals. Shouting was considered rude and/or difficult to read.

**Shout-box** Shout-boxes provided a platform for users to post short messages and chat with other users synchronously and publicly. Chats were displayed on the front page of the forum.

**Signature / Sig** Signatures were found at the bottom of a user’s forum post. The signature offered a space to express individual tastes or interests, allegiance to sub-groups or cultures, or a way of alerting others to special forum threads or websites. Some signatures contained images or video, but most were just text.

**Smiley** See Emoticon.

**SNS** See Social network(ing) site.

**Social network(ing) site** Boyd and Ellison (2008, p. 211) defined social network sites as “web-based services that allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system”. Examples include Facebook and MySpace.

**Spam / Spammer** Spam generally referred to off-topic posts advertising products and services. Spamming would likely result in deletion of content and banning of forum account. In order to reduce spam, new users were not able to post new threads that included URLs until a certain post-count had been reached.

**Stick** Threads were stuck to the top of the sub-forum by mods/admins if they were of greater importance than standard threads. Unlike normal threads, ‘sticky’ threads did not disappear out of view when their latest reply became old. Sticky threads were indicated by an image of a notice-board pin. Sticky threads were also described as pinned.

**Sub-forum** Sub-forums consisted of a list of threads in order on a particular topic. The threads at the top of the list were those with the most recent reply. Mostly, sub-forums also had sticky or pinned threads that remained at the very top of the list. These threads were deemed by moderators to be of greater importance than normal threads and were stuck to the top of the list so that they were always in view. Sticky threads often included the forum guidelines or rules.

**Subscribe** Users could opt to be automatically subscribed to any thread. Whenever new posts were made, an alert would be sent to the subscriber’s nominated e-mail account.

**SWIM** Someone Who Isn’t Me. Used by some forum members who believed that talking about their drug use in third person protected them from self-incrimination.

**Synchronous** Sending, receiving and responding to messages at the same time or in ‘real time’, for example, when using instant messaging. Cf. Asynchronous.

**Terms of service** The agreement entered into by all forum members when they joined the forum. The terms of service usually included the forum rules. See also Forum rules.

**Thread** A thread was a conversation started by the original poster (OP) and continued by other members of the forum. The topic of the thread is determined by the original post. See also Original poster.

**Title** Some forums also assigned titles to all users based on their post-counts which were displayed underneath the username to indicate the user’s status in the community. On some forums, seniority (as determined by post-count and join-date) enabled users to personalise their own titles which served as a marker of community status. In other cases, titles were granted by mods/admins to forum users for other reasons (e.g., for a laugh, to designate a competition winner, etc.).



**tl;dr** Acronym for ‘too long; didn’t read’. Long posts were considered particularly serious and/or long-winded and would require large effort from the reader. Forum users dismissed such posts without reading them by stating ‘tl;dr’.

**Tor** The Tor Anonymity Network enables online anonymity by routing internet traffic through a worldwide network of servers. Tor users are protected from traffic analysis (conducted by corporations, governments and cyber-criminals) and can also use Tor to bypass internet censorship or filtering systems (see McCoy, Bauer, Grunwald, Kohno, & Sicker, 2008). See also <https://www.torproject.org>.

**Trip report** A detailed description of a drug experience. Associated with psychonauts, who seek to investigate their mind through altered conscious states, and produce detailed reports on the subjective effects of drug taking. See also Erowid.

**Trip sitter** A person who remained straight/sober in order to look after and monitor others who were taking psychoactive drugs.

**Username** See Pseudonym.

Trademarked names may appear in this thesis. Rather than using a trademark symbol with every occurrence of a trademarked name, I use the names only in an editorial fashion and with no intention of infringement of the trademark.

## Introductory quotations

More than any other single factor, the exponential growth of information technology has changed the context in which individual decisions about drug use are made. The range of information available through the Internet is unprecedented and some is potentially dangerous—not only how to use drugs but also how to make them.

(Klee, 2001, p. 31)

Biased or not, Australia is faced with a new paradigm—when it comes to finding out about recreational drugs, the method of choice is surfing the web. As consumers dissect these ever-growing sources of information, they'll become more clued in as to what will get them high, and how to go about it. Whether that's a good thing remains to be seen.

(Stapleton, 2004, online)

One could not only link to sources of *information*, but to a vast network of *persons*.

(Gatson, 2007a, p. 101, italics in original)

The technology was built to connect people with information. What has happened is that it has connected people with people.

(Krotoski, 2010, p. 4)

# 1 Introduction

Internationally, concerns about the ‘dangers’ of freely circulating drug information on the internet<sup>1</sup> were first raised in the 1990s, following increased availability of web content and uptake of home internet access. For example, a New York Times article painted an alarming picture: “teen-agers need only retreat to their rooms, boot up the computer and click on a cartoon bumblebee named Buzzy to be whisked on line, through a graphic called Bong Canyon, to a mail-order house in Los Angeles that promises the scoop on ‘legal highs’, ‘growing hallucinogens’, ‘cannabis alchemy’, ‘cooking with cannabis’, and other ‘trippy, phat, groovy things’” (Wren, 1997, online).<sup>2</sup> In 1996, Andrew Refshauge, the then Deputy Premier of New South Wales (Australia), stated that “a range of home recipes, which are available on the ‘Net, are dangerous and irresponsible, and are easily accessible by young people. Chemists take years to learn the skill, yet those on the Internet tell our young people that anyone can make an illicit drug” (Refshauge, 1996, online). Similarly, in Jenkins’ history of moral panics surrounding synthetic drugs, he warned that “the Internet has revolutionized the world of synthetic drugs, although the new environment is scarcely familiar to either media people or anti-drug authorities” (Jenkins, 1999, p. 166).

In the 2000s, Australian mainstream media regularly reported on the sharing of drug-related information and the availability of drugs and drug recipes through the internet (Harvy & Zwaans, 2009; Khadem, 2004; Leys, Davies, Egan, & Hoare, 2004; Stapleton, 2004). Over this time, local media focused their attention on drug

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<sup>1</sup> ‘Internet’ has been traditionally spelt with a capital ‘I’. Following other scholars (Baym & Markham, 2009; Chayko, 2008; Johns, 2010; Woolgar, 2002), I use the lower case ‘i’ in my work. If we think of the internet as a public utility or public commons rather than a privately owned or branded experience, then it is consistent to refer to the internet in lower case, just as we refer to other media (television, radio, telephone) and other public goods (air, sky, ocean). Decapitalising ‘the internet’ encourages its treatment as embedded in everyday life (see also Schwartz, 2002).

<sup>2</sup> The American Psychological Association (APA) guidelines stipulate that direct quotations from online sources should include an indication of where in the article the quote was derived. If there are no page numbers, the writer should refer to paragraph numbers if marked, or they should cite the heading in the document that is closest to the direct quotation (pp. 171-172). I have not used these conventions because the easiest way to locate a direct quotation in an online document is to use the search function. Instead, I have included the term ‘online’ wherever I have directly quoted from an online document.

users sharing tips about how to best avoid arrest at festivals, sharing locations of drug detection dogs and testing stations for drug driving, and discussing the content and purity of particular brands of **ecstasy** pills, all facilitated by the existence of public **internet forums** and the relative anonymity they provide (Cogdon, 2002; Metlikovec, 2006; Myers & Drill, 2008).

Alongside the concerns expressed by media and politicians, academics began writing commentaries and conducting research into how drug users were employing the internet. In the early 2000s, the internet was described as a medium through which information about illicit drugs could be easily disseminated and as a force driving demand (Klee, 2001; Mounteney, 2004). Research also implicated the internet as a medium through which pharmaceutical and emerging or novel drugs were supplied (Forman, 2006; Hillebrand, Olszewski, & Sedefov, 2010) and as a new and more sophisticated communication method used by international criminal organisations (Grabosky, 2007). Conversely, a growing body of evidence supports the use of the internet in delivery of interventions and treatments to people experiencing drug problems who may not otherwise be reached by conventional therapies (Copeland & Martin, 2004; Swan & Tyssen, 2009; Tossmann & Leuschner, 2009). Academic research also confirmed the popularity of the internet as an information source generally (Gray, Klein, Noyce, Sesselberg, & Cantrill, 2005; Rideout, 2001) and specifically in relation to sensitive topics such as illicit drugs (Gamma, Jerome, Liechti, & Sumnall, 2005; Gascoigne, Dillon, & Copeland, 2004). In the Australian context, the connection between the internet and illicit drugs has been recently recognised in the National Drug Strategy (NDS) (Ministerial Council on Drug Strategy, 2011). The NDS, which guides policy and research in Australia, nominated the internet as an emerging issue of importance in drug policy, as both a threat to the control of drug supply and an opportunity to deliver credible information and efficacious treatment to Australians experiencing drug problems.

In 2010, about 95% of Australians who were most likely to report the use of illicit drugs (those aged between 15 and 34 years) also reported being current internet users (Australian Institute of Health and Welfare, 2011; Ewing & Thomas, 2010). In this context, and given the attention the issue has received in media, research and policy discourses, it is important that the intersection between drug use and the internet be closely examined. In order to understand how drugs and the internet

intersect, we also need to carefully approach how both drugs and the internet are framed. In this thesis, I argue that common representations of the threats and opportunities arising from increased internet use in the lives of drug users rely on a limited conceptualisation of how the internet is used and what it achieves. As Gatson and Krotoski observed (see introductory quotations), the internet is not just an efficient and convenient information source. To more fully understand how the internet shapes drug practices, we must also conceptualise the internet as a place where people connect with people. We also need to theorise and observe the relationship between these **online** places and our **offline** lives. This thesis attempts to move beyond the focus on information seeking by drawing on broader conceptualisations of what the internet means and does as a technology on the screens and in the hands of people who use drugs.

In the remainder of this chapter, I present the research question and a description of the boundaries and definitions of the project. I then outline the theoretical assumptions that have informed my work. The critical perspective that I have taken draws from Fairclough's (2003) model of critical social research, which is informed by both social constructionism and symbolic interactionism. As I aim to understand how drug practices are shaped through online forum discussions and interactions, I have also drawn from the concepts of discourse and subjectivity that originally derive from Foucault and have been developed through discursive psychology and critical discourse analysis. I follow the theoretical approach with a brief outline of the methodology. I contextualise the thesis and underscore its contribution to knowledge by describing its theoretical, methodological and practical significance. To conclude, I outline the thesis chapter by chapter.

### ***1.1 Research question***

Most research into the role of the internet in contemporary illicit drug practices has theorised the internet as an information or purchasing tool. The metaphor of internet as tool has framed our sense of what the internet can and cannot do, making less visible alternative ways of understanding how drug practices are shaped by internet use. Annette Markham (1998, 2003, 2007) has outlined three distinct metaphors that people use to make sense of the internet: internet as tool, internet as place, and

internet as way of being. As a tool, the internet can be understood as an extension of our capacities, enabling us to get things done more quickly and more efficiently. As a place, the internet offers a location where one can spend time interacting with other people. This social space or **cyberspace** is constituted and mediated through online interactions. As a way of being, the internet is incorporated into the fabric of everyday life, rather than being a tool or place that is outside of or separate from everyday existence (see also Bakardjieva, 2011; Wellman & Haythornthwaite, 2002). Understanding the internet as a way of being moves the analytic focus from the internet itself to how people live their lives in an internet-saturated world (Markham, 2007).

This thesis examines public internet forums as tools, places and ways of being among Australians who use **party drugs**, and assesses how their use of forums shapes their experiences with drugs. The central research question I ask is ‘how has the use of public internet forums shaped party drug practices among an Australian sample?’ Informed by Fuchs (2008), who theorised that technology and society affect each other in an ‘endless dynamic loop’, I focus upon exploring both the deliberate use of internet forums by party drug users in order to change their drug practices and the secondary or unanticipated effects of internet forum use upon their drug practices. I have structured my response to this research question by applying three conceptual lenses, following from Markham’s work (1998, 2003, 2007). People who use party drugs are seen as (1) negotiating online instruction in drug use (internet-as-tool), (2) presenting themselves as particular kinds of drug-using subjects in online social interaction (internet-as-place), and (3) negotiating the tensions that arise from the integration of online forums with offline social life (internet-as-way-of-being). While information about drugs has undoubtedly become more available through websites, the use of participatory and social capacities of internet technologies by drug users is yet to be theorised and demonstrated. My aim in this thesis is to expand our conceptualisation of the internet in relation to illicit drugs so that we can more comprehensively understand drug use in contemporary networked societies.

## **1.2 Boundaries and definitions**

This study was bounded by three elements. Firstly, rather than focusing on all types of online media or places where drugs were discussed, I only examine public internet forums. Secondly, rather than encompassing all types of drugs and styles of drug use, I focus upon the **recreational** use of psychostimulants and hallucinogens, otherwise known as ‘party drugs’. These types of drugs and styles of drug use are generally associated with **electronic dance music** scenes and with **psychonaut** culture.

Thirdly, rather than conducting international online research, I confine the scope of the thesis to Australian people and events. Although each of these boundaries is somewhat permeable and artificial, these definitions and exclusions helped to shape the project into a manageable and meaningful whole.

### **1.2.1 Internet forums**

**Internet forums**, also known as online forums, bulletin boards, message boards, discussion boards/forums or just forums/boards, are interactive online spaces within which members exchange textual messages in **asynchronous** conversations (asynchronous communication involves sending, receiving and responding to messages at different times). Many of the concepts and terms used within internet forums were inherited from computer Bulletin Board Systems or BBS, which have been in use since the late 1970s (Banks & Card, 2008; Senft, 2003). BBS are computer systems that run software that allows users to connect to a central system using a terminal program. Users are able to perform a variety of functions using the BBS, including participating in message boards (Banks & Card, 2008). After the World Wide Web became popular in the 1990s, online communities were more likely to use internet forums than BBS, although some BBS are still operational today (Senft, 2003). Internet forums are distinct from online chat rooms or **instant messaging** where messages are exchanged **synchronously** or in real-time. Forums, unlike chat rooms, also generally archive their content so it can be searched and retrieved.

As well as being an ideal technology to examine as a tool, place and way of being, internet forums were also one of the most obvious examples of public drug discussion that could be found online when I started this project in 2006. Five years

later in 2011, various types of social media, including social network sites (Facebook), micro-blogging platforms (Twitter), and video sharing sites (YouTube), dominate the attention of the public and internet researchers. Yet, regardless of this trend towards new forms of social media and away from older forms like internet forums, drug discussion forums are still extremely active today. One reason for their continued popularity is that internet forums offer the potential for forum members to keep their identities and their drug discussions separate from their offline worlds, something that the newer Web 2.0 platforms actively work against as they converge information and identities together. For drug users who hope to evade social stigma by hiding their drug use from other facets of their lives such as employment or family, internet forums may still offer opportunities not afforded by the newer social media. This thesis explores how drug users negotiate the tensions between keeping separate online identities and experiencing online and offline social practices as merged.

An important aspect of internet forums for this project is their public nature. Internet forum architecture can be used within private networks; however, for the purposes of this project, only public internet forums were examined. The public nature of most internet forums has important consequences: it allows people who do not actively participate by posting their own messages to read other people's conversations or '**lurk**'. Active forum members are not only having a conversation with each other, their conversation is publicly visible to anyone who happens to be lurking. Furthermore, many internet forums are indexed by Google, allowing content to appear in the results of key word searches which attract new (invisible) audiences to the conversation. In the case of forums where drugs are discussed, this audience may include police, health professionals, journalists and researchers. Although internet forums are publicly accessible, forum members do not necessarily understand their conversations to be public, and may not consider the possibility of invisible parties documenting their conversations and reproducing them in different contexts like research papers or newspaper articles (Chen, Hall, & Johns, 2004; Sixsmith & Murray, 2001; Sveningsson Elm, 2009). The ethical issues of how to represent forum content are explored in Section 4.2, and the reaction of forum members to being represented in a tabloid newspaper are analysed in Section 8.1.



### 1.2.2 Party drugs

Historically, research into illicit drug use has been informed by the pathology model, which treats drug use as inherently harmful. Researchers sought to understand the problems experienced by drug users and to inform efforts to treat those problems. Populations of drug users were usually drawn from treatment or custodial settings, where people with drug problems could be more easily accessed. Without trivialising the severity of the problems experienced by these populations, a critique of this focus on pathological drug use has arisen. A sub-strand of research, generally situated in sociology and/or anthropology, has identified illicit drug use that is controlled, focused upon enhancing leisure time, and that does not necessarily lead to problems for the drug user (see Section 2.4.1). David Moore's <sup>3</sup> definition of recreational drug use has informed this work:

Recreational drug use belongs to social scenes in which the scene's members view drug use as primarily an expressive and leisure-oriented activity which exists in opposition to activities associated with the sphere of work. Recreational drug use is integrated into other aspects of particular lifestyles rather than dominating all other pursuits and pastimes. Recreational drug use is controlled, although not necessarily low-frequency, drug use. Recreational drug use is generally, although not always, low-risk drug use. (Moore, 1996, p. 50).

The concept of 'recreational drug use' has recently made a resurgence in the UK and Europe where it has been used in a way supportive of Moore's definition (e.g., Fletcher, Calafat, Pirona, & Olszewski, 2010; Järvinen & Demant, 2011; Smith, Moore, & Measham, 2009). The concept, however, is not without its problems. By seeking to differentiate recreational from problematic drug use(rs), negative stereotypes of 'addicts' or 'junkies' can be perpetuated through the use of an exclusive binary opposition (Moore [Karenza] & Measham, 2008; Rødner, 2005). Such terminology can also imply that one is either a recreational user or a problem user, when there is actually a dynamic interplay between styles and patterns of drug use over the course of a drug use career (Simpson, 2003). In this thesis, I use the concept recreational drug use as defined by David Moore, while acknowledging the

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<sup>3</sup> This thesis contains publications by two or more primary authors with the same surname. Where appropriate I have mentioned the first names of authors who may be confused with each other when discussing their work in the text, for example, Professor David Moore with Dr Karenza Moore, but not Tony Moore (a journalist at the Brisbane Times). Otherwise, I have only included author surnames in text, because including all initials of first authors with the same surname across the thesis as instructed by the APA (2010, p. 176) resulted in a less attractive manuscript.

fluidity of drug use careers and the potential for recreational styles of use to be problematic for the user.

In the 1990s and 2000s, club cultures and the drugs most often associated with the night time economy were increasingly the subject of research (Sanders, 2006). As this style of drug use emerged, researchers found it useful to categorise these drugs and this type of drug use in opposition to the dependent, daily and often injecting drug use that had dominated the attention of drug studies until this point. Generally speaking, US researchers labelled the drugs associated with club cultures ‘club drugs’ (Fendrich, Wislar, Johnson, & Hubbell, 2003; Hunt & Evans, 2003; Kelly, 2007; Ramo, Grov, Delucchi, Kelly, & Parsons, 2010), UK researchers used the term ‘dance drugs’ (Akram & Galt, 1999; McCambridge, Mitcheson, Winstock, & Hunt, 2005; Measham, Aldridge, & Parker, 2001; Riley & Hayward, 2004), and Australian (Bleeker & Silins, 2008; Duff, 2005b; Miller, Johnston, McElwee, & Noble, 2007; Pennay & Moore, 2010; Siokou, Moore, & Lee, 2010), European (Chinet, Stephan, Zobel, & Halfon, 2007; Gerhard, 2001; Nabben, 2010; van Havere, Vanderplasschen, Broekaert, & de Bourdeaudhui, 2009) and Canadian (Greenspan et al., 2011) researchers employed the term ‘party drugs’. Each of these terms has its limitations. The term ‘club drugs’ implies that these drugs are not used outside of club culture, and ‘dance drugs’ implies that they are only used to enhance dancing. Neither of these generalisations is true: a trend towards ‘club’ drug use outside of club contexts has been documented (Boeri, Sterk, & Elifson, 2004; Hansen, Maycock, & Lower, 2001), and enhancing dancing is only one of many functions of ‘dance’ drug use (Boys, Marsden, & Strang, 2001; White et al., 2006). While some prefer the term ‘party drugs’ because it refers to a context wider than clubs or dancing (e.g., van Havere, et al., 2009), the term has been vilified by Australian policymakers and politicians for purportedly glamorising drugs by associating them with enjoyment and fun (Copeland, Finney-Lamb, Bleeker, & Dillon, 2006; Drugs and Crime Prevention Committee, 2004).<sup>4</sup> Alternative terms that did not contain

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<sup>4</sup> In the first year of this project, ministers from an Australian federal government council agreed to instruct all their agencies and organisations receiving government funding “not to use language that glamorises or promotes the use of drugs (such as the terms ‘recreational’ and ‘party’) to describe drugs or drug use – in public statements, correspondence and reports” (Ministerial Council on Drug Strategy, 2006, online: text in parentheses in original). Then, in his last month of office, the former Prime Minister John Howard reportedly said that “Australians had to stop glamorising drug use by calling them recreational drugs and party drugs” (Karvelas, 2007, online).

contextual referents were adopted, including ‘ecstasy and related drugs’ and ‘psychostimulants’ (see Copeland, et al., 2006), or ‘amphetamine type stimulants’ (Commonwealth Department of Health and Ageing, 2008). These terms do not associate drug use with ‘fun’, and by removing the contextual referent, they could also be used to describe non-recreational, daily, dependent use. Furthermore, they exclude the hallucinogen user who does not partake in ecstasy or amphetamine use.

In this thesis, I define party drug use as a subset of recreational drug use. That is, I understand party drug use as psychostimulant and/or hallucinogen use that is “controlled, though not necessarily low frequency”, and “generally, although not always, low-risk” (Moore, 1996, p. 50). According to Sanders, party or club drugs usually indicate “a variety of drugs with stimulant and/or hallucinogenic properties commonly used within raves and clubs” (2006, p. 6). In this thesis, I do not assume that all party drug use takes place in a club environment, but I do assume that party drug use is a part of leisure time, in whatever form that takes (hence my preference for the term ‘party’ over ‘club’ or ‘dance’). While it may be a part of leisure time, party drug use is not necessarily unproblematic or safe. In terms of drug types, party drug use is primarily associated with psychostimulants and hallucinogens, including **ecstasy/MDMA**, amphetamines, cocaine, **GHB**, ketamine, **LSD** and hallucinogenic plant-based drugs (e.g., psilocybin mushrooms). Depressants (benzodiazepines, alcohol, opioids, cannabis) and inhalants (nitrous oxide, amyl nitrate) are often used prior, during and after psychostimulants and/or hallucinogens, but they are not usually considered party drugs themselves. Drugs designed to mimic the effects of psychostimulants and hallucinogens are also examined in this thesis as party drugs.

By focusing on internet forums and party drugs, this thesis taps into two drug-using cultures or traditions: electronic dance music or club cultures, and drug connoisseurs or psychonauts. There is some degree of overlap between these two broad cultures, since both are interlinked with digital technologies. Riley, More, et al. (2010) defined **electronic dance music (EDM)** culture as “an umbrella term used to describe the heterogeneous youth cultural phenomenon, also known as raving, clubbing or partying, that involves socializing and dancing to electronically produced music, often under the influence of stimulant and hallucinogenic drugs and/or alcohol” (p. 39). In contrast to EDM culture, Newcombe has described **psychonauts** as “long-term dedicated users of hallucinogens and other drugs, with an intellectual

interest in their chemistry and effects” (2009, p. 5). Psychonauts “seek to investigate their mind using intentionally induced altered states of consciousness” (Blom, 2010, p. 434). Psychonautics is associated with icons of the 1960s counterculture movement such as Timothy Leary and Aldous Huxley, and with the ‘father of ecstasy’ Alexander Shulgin. While it could be argued that ‘party drug’ use as I have defined it would not include drug use taken in the spirit of psychonautics because such drug use is arguably defined as an investigative, rather than a primary leisure activity, the influential place of digital technology in producing and sustaining both EDM (Moore [Karenza], 2006) and psychonaut (Rantala, 2005) cultures bring them both into view through this project. Furthermore, the sharing of ‘**trip reports**’ (accounts of drug experiences) through internet forums (part of psychonaut culture) occurs alongside discussion about the latest club events (part of EDM culture). Both became of interest in exploring the question of how internet forums shape party drug practices.

### **1.2.3 Australia**

Many online drug discussion forums attract international participation and the use of online research methods allowed for interaction with participants located across the globe. Nevertheless, I restricted this study to people residing in Australia and events happening in Australia. When searching for online drug discussion, I restricted my investigation to internet forums that were either hosted within Australia or included specific Australian sub-forums. There were practical advantages for narrowing the focus to Australians, such as being able to use local terminology, being more likely to find convenient times to conduct synchronous online interviews, and restricting the sheer size of the project. The more local scope also allowed me to draw on my own local knowledge and networks when interpreting field events and asking local people for assistance with the research. One disadvantage of excluding international internet forums that did not have an Australian sub-forum was that this action did not reflect the experiences of the drug discussants themselves, some of whom described involvement with international online communities. Even so, I found that the most often reported forum membership was to groups hosted within one’s home town, that were generally hosted by local EDM promoters. In this sense, my restriction to Australian internet forums followed the forum use patterns of the majority of party drug users that participated in the project.

### **1.3 Theoretical approach**

In this section, I outline the socio-political commitments and theoretical assumptions that underpin this thesis. Critical social research, as put forward by Fairclough (2003), involves being sensitive to social inequities and power struggles, and orienting one's research to transformative or emancipatory goals. Following discussion of the critical perspective, I describe the epistemologies and ontologies that have informed my theoretical approach and research practices. Symbolic interactionism and social constructionism are core approaches that I draw from, but I also question taking constructionism to its extremes, and instead, draw on a softer version of constructionism to outline how I can know the objects of this research and what I understand those objects to be. I also outline my understandings of the concepts of discourse and subjectivity in the context of neoliberalism while incorporating these notions into the critical perspective I have applied in this thesis.

#### **1.3.1 Critical social research**

The critical perspective that informs this thesis rests upon the main claims of social constructionism and symbolic interactionism, both of which I expand upon in the next section. Briefly, these approaches posit that meanings and knowledges about social worlds are constructed through and mediated by social interaction. The socially constructed, dynamic, and partial nature of knowledges and multiple social realities directly implicates the researcher as an active participant. Therefore, it is impossible for researchers to remain objective or neutral in the production of knowledge. Subjectivity can be used as a fruitful path to greater understanding of the subject matter and our role in its construction. Critical and social constructionist approaches can be contrasted with both positivist and realist approaches, where objectivity and neutrality of the researcher are seen as possible and desirable and subjectivity is viewed as bias in need of elimination (Guba & Lincoln, 1994).

Taking a critical stance orients one's research to transformative goals in two ways. Firstly, critical research approaches require scholars state their socio-political commitments upfront, so they can then invite the reader to use this information to evaluate the strength of their argument in light of their stated positioning. Secondly, using the critical social research framework offered by Fairclough (2003), scholars focus their attention on a social problem where power struggles are implicated. By

doing this, critical research is oriented towards transformation, through exposing injustices and bringing power struggles into view. A critical approach asks who benefits from how things are currently organised and who therefore has an interest in the problem remaining unresolved. A historically situated understanding of the social problem is also a key aspect of critical social research.

My starting point for this thesis was from the position that illicit drug users (and specifically party drug users) are stereotyped and stigmatised in public drug discourses. I had noticed that the multiplicity of drug user subjectivities that I knew to exist through my own interactions with people who use drugs were not represented in public discourses (see also Moore, 2010; Moore & Fraser, 2006). Dominant discourses about drug use inscribed specific kinds of drug-using subjects, including ‘the addict’ who lacked agency and was presented as a failed neoliberal subject (e.g., Brook & Stringer, 2005), in contrast to both the agentive drug user who was constructed as motivated to look after their own health (e.g., Fraser, 2004), and ‘the dealer’ who was portrayed as a calculating rational subject intent on profit at any cost (as shown by Dwyer & Moore, 2010). I observed that the officially endorsed way of conceptualising drug use in Australian society focused on drugs as a problem and drug users as deficient (the pathology paradigm, which I expand upon in Chapter Two). The idea for this thesis arose from my observations of how public internet forums were being used as ‘alternative places’ where what Foucault (1980) might call subjugated knowledges were being produced by people who use drugs. One particular kind of drug-using subject that was absent in the dominant pathology discourses, the informed, moderate and controlled drug user, was often constructed within these alternative online places (see also Tackett-Gibson, 2008). Other alternative ways of conceptualising people who use drugs were also present, including what one forum user called the ‘trashbag’ who rejects moderation in favour of privileging drug-induced pleasures and highs (see also Dwyer, 2008; Pennay & Moore, 2010). Dominant discourses on drugs, including the pathology paradigm, were not only resisted but were also reproduced and reappropriated in these online settings. These anecdotal observations brought this much larger project into existence.

By focusing attention upon how party drug users have utilised public online drug discussion as well as how their engagement with public internet forums has

shaped their drug practices, I give voice to the multiple types of drug-using subjects that are often silenced in official discourses on drugs through this document. Government leaders and representatives have historically prohibited the acknowledgement of recreational drug practices within official documents in Australia (e.g., Ministerial Council on Drug Strategy, 2006). By seeking to erase the words ‘recreational’ and ‘party’ from official documents in the illicit drugs field, these leaders simply illustrate how powerful word choice can be in affirming and disallowing social practices (as discussed later in this section).

### **1.3.2 Constructionism**

Symbolic interactionism informed my understanding of how people construct their own realities. Symbolic interactionism is an interpretivist account of how meanings are continually produced and reproduced through social interaction. It is based on three premises: (1) “human beings act towards things on the basis of the meanings that the things have for them”, (2) “the meaning of such things is derived from, or arises out of, the social interaction that one has with one’s fellows”, and (3) “these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he [*sic*] encounters” (Blumer, 1986, p. 2). Objects have different meanings for different people and in different situations; that is, meanings are socially situated. In other words, context matters. Qualitative studies in both the drugs field (Rhodes & Coomber, 2010) and the internet studies field (Johns, 2010) often rely upon Blumer’s seminal theory.

Understanding the intersection between drugs and the internet involves thinking about how society and technology are related. Informed by symbolic interactionism, the internet can be seen as an object to which we ascribe meanings that are continually shifting and may be conflicting across peoples and cultures (Johns, 2010). The meanings we ascribe to the internet and other technologies are socially constructed and socially situated (Fuchs, 2008; Leaning, 2009). For example, in her study of the use and meanings of mobile or cell phones in dance music cultures, Karenza Moore (2006) lists some of the multiple meanings of mobiles, including as status symbols, symbols of safety, potentially health-damaging, convenient as well as inconvenient, and invaluable as well as mundane. While mobile phones may perform instrumental functions such as enabling voice

conversations while away from the home or office, they are also produced as symbols and imbued with various meanings. Understanding technologies solely as tools that perform the specific functions for which they were designed is not sufficient to understand the varieties of meanings technologies have across peoples and contexts (Markham, 1998, 2003, 2007). Also important to recognise is the simultaneous shaping of technology by society and shaping of society by technology (Fuchs, 2008). These concepts underpin this thesis as an exploration that goes beyond seeing the internet as simply an information or purchasing tool.

The ongoing construction and negotiation of multiple meanings I have described forms the basis of social constructionism. However, there are different versions of social constructionism, only some of which work well within a critical perspective. The problem is the old ontological question ‘what is the nature of reality?’. Only a brief treatment can be applied here. Working within a strict constructionist approach, the scholar is unable to examine the relationships between subjective interpretations and objective reality, because no objective reality is thought to exist independently of human interpretation. Strict constructionism is relativist: all knowledge claims are evaluated as equally subjective. The problem with applying strict constructionism is that one cannot make judgements about accuracy of claims. For Goode and Ben-Yehuda, the “strict constructionist position is inhibiting, chilling, and paralysing. It makes a critical perspective towards contemporary society impossible” (2009, p. 161). Goode and Ben-Yehuda argue that contextual constructionism, a softer version, can still be used to focus upon the social processes through which meanings are constructed while acknowledging an objective dimension to social problems that can be verified. In other words, contextual constructionists accept an epistemology that there are multiple ways of making sense of the world and these knowledges are only ever partial, while rejecting the ontological claim that ‘there is no such thing as reality’ (Sims-Schouten, Riley, & Willig, 2007). Contextual constructionism as described by Goode and Ben-Yehuda has much in common with articulations of critical realism (Maxwell, 2002; Sims-Schouten, et al., 2007), subtle realism (Hammersley, 1992), and reflexive realism (Foley, 2002). According to Rhodes and Coomber (2010), critical realism is the paradigm within which most critical social scientists studying drug use work, even if on an implicit level.



### 1.3.3 Discourse and subjectivity

It is important for the purposes of introducing this thesis to describe how I use the terms discourse and subjectivity, and why they are critical concepts needed to understand participation in public online drug discussions and its consequences. This brief review of how discourse is understood through different theoretical lenses links back to both the idea of social constructionism and the socio-political commitment to conducting critical research.

There is no one definition of the term *discourse*. From a Foucauldian perspective, discourse refers to “a type of language associated with an institution, and includes the ideas and statements which express an institution’s values” (Danaher, Schirato, & Webb, 2000, p. x). A Foucauldian analysis of interview texts or public documents may identify the reproduction and resistance of institutional discourses so as to understand how they enable and constrain the production of knowledge and what kinds of subjects can and cannot speak (Cheek, 2004; Moore & Fraser, 2006). Other ways of understanding and operationalising *discourse* have applied Foucault’s seminal work to the fields of discursive psychology (Hepburn & Potter, 2007; Potter, 2004a, 2004b; Potter & Wetherell, 1987) and critical discourse analysis (Fairclough, 2003; van Dijk, 1993; Wodak, 2007). Discursive psychologists Potter and Wetherell (1987) use the term discourse to describe all texts as active within social practice by asking the question ‘what is achieved by this piece of text or discourse?’. As social psychologists working to critique mainstream psychological concepts such as attitudes and behaviour, Potter and Wetherell argue that linguistic resources or interpretive repertoires are used as ‘building blocks’ in the social construction of various accounts. These accounts actively construct meanings rather than reflect a set of attitudes or behaviours as was traditionally assumed in psychology (Hepburn & Potter, 2007; Potter & Wetherell, 1987; see also Scott & Lyman, 1968). Critical discourse analysts have taken a different direction by focusing on “the role of discourse in the (re)production and challenge of dominance” (van Dijk, 1993, p. 249). Fairclough, who has developed one form of critical discourse analysis, sees discourses as “ways of representing aspects of the world – the processes, relations and structures of the material world, the ‘mental world’ of thoughts, feelings, beliefs and so forth, and the social world ... discourses constitute

part of the resources which people deploy in relating to one another” (Fairclough, 2003, p. 124).

Strongly related to notions of discourse is the concept of subjectivity. Understanding what is meant by ‘the self’ is a long-standing philosophical question. Rather than assuming a stable conscious identity or self, multiple identities or subjectivities are understood to be inscribed within or positioned by particular discourses (Danaher, et al., 2000; Davies & Harré, 1990; Potter & Wetherell, 1987). Subjectivity is perhaps best illustrated through the example of neoliberal discourse and the production of the neoliberal subject within that discourse. Analysis of the political rationality of neoliberalism and the way in which it positions drug-using subjects has been an area of fertile scholarly activity (e.g., Bunton, 2001; Dwyer, 2008; Fraser & Moore, 2008; Keane, 2002; Moore & Fraser, 2006; O’Malley, 2002; Riley, Thompson, & Griffin, 2010; Seddon, 2007; Seear & Fraser, 2010).

Neoliberalism is associated with radical free market economics achieved through facilitating free trade and market deregulation, and with challenging the welfare state (Brown, 2005; Saul, 2005). As a political rationality, neoliberalism involves “extending and disseminating market values to all institutions and social action”; that is, “all dimensions of human life are cast in terms of a market rationality” (Brown, 2005, p. 40). The subjects inscribed by neoliberal discourse are constructed as “rational, calculating creatures whose moral autonomy is measured by their capacity for ‘self-care’—the ability to provide for their own needs and service their own ambitions” (Brown, 2005, p. 42). To claim status as a legitimate citizen in modern Western societies where neoliberal ideology is normative, a person is compelled to act as an entrepreneur of her own life (Kelly, 2006). This entrepreneurship extends across all aspects of life, including health and social well-being. In societies dominated by neoliberal discourse, people are expected to care for their health through changing their individual behaviours, attitudes and emotions to realise optimal health and prevent illness (Crawford, 1980; Hopwood, 2008). ‘Good health’ is seen to be the result of making the ‘right choices’, and the pursuit of good health is considered “both an obligation and a right” (Petersen & Lupton, 1996, p. 64).

In the pathology or deficit model of drug use (Karlsson, 2010; Mugford, 1991), it is assumed that the outcome of illicit drug use will be negative for the ‘self project’. It follows from this assumption that people who use drugs are positioned as either ignorant of this ‘fact’ or not capable of making rational decisions about the ‘care of the self’—they are, therefore, denied claims to neoliberal subjectivity, and come to be produced as non-citizens (Seear & Fraser, 2010). One example of drug-using subjects who are denied freedom are ‘addicts’, who are, paradoxically, constructed as both pathologically unable to control their behaviour and responsible for not making the right kinds of choices (Riley, Thompson, et al., 2010; Seddon, 2007). Keane (2002) argues that the reason we understand addiction as “the consequence of a pathological inability to control one’s behaviour” is “because of the presumption that people can and should exercise self-control and self-discipline, and that these virtues are the basis of success, achievement and good character” (p. 4), that is, the values of neoliberalism. In contrast, the way drug users are understood within the harm reduction discourse may be seen as a positive step away from the disempowered ‘addicted’ subject to an empowered individual who is able to act in ways that reduce the risks of their drug use (see Moore & Fraser, 2006). While constructed as a freedom, this conferral of neoliberal subjectivity may also be experienced as a responsibility and a duty to make the ‘right choices’, that is, choices that match the goals of self-entrepreneurship and the health imperative (Riley, Thompson, et al., 2010; Seddon, 2007).

The dominance of the neoliberal discourse in contemporary Western societies such as Australia and the way that this discourse intersects with various models of drug use (which I expand upon in the next chapter) provides a framework for understanding the public discussion of drugs in internet forums. Drawing on the idea of subject positioning in discourse, and seen through a critical lens, I focus attention upon the capacity for alternative subjectivities and subjugated knowledges to be produced through internet forums. Specifically, I am interested in uncovering discursive evidence of the informed and responsible drug-using subject alongside representations of privileging pleasure above other considerations. Conceptualised as an alternative place or as a way of being in the world, I see the internet and internet forums as offering a context within which dominant drug discourses may be reproduced, resisted and reappropriated.

## **1.4 Methodology**

In this thesis, I use a qualitatively driven mixed-methods approach to explore both the deliberate use of internet forums by party drug users in order to change their drug practices and the secondary or unanticipated effects of internet forum use upon their drug practices. People who use party drugs are conceptualised as (1) negotiating online instruction in drug use (internet-as-tool), (2) presenting themselves as particular kinds of drug-using subjects in online social interaction (internet-as-place), and (3) negotiating the tensions that arise from the integration of online forums with offline social life (internet-as-way-of-being).

As I argue in more detail in Chapter Four, a coherent mixed-methods research project run by one person is best driven by a single theoretical thrust (cf. ethno-epidemiology projects run by interdisciplinary teams, Moore et al., 2009). For example, while I collected quantitative data and conducted statistical analyses in this project, this component played a supportive role within an iterative logic, rather than, for example, being used to test pre-set hypotheses typical of the confirmatory analyses associated with quantitative inquiry logics. Furthermore, I used concepts from ethnography and especially multi-sited and virtual ethnographic methods to enhance the validity of this study. Multi-sited ethnography is spatially decentred, tracing networks of people rather than constructing place-based boundaries around fieldwork sites. Virtual ethnography occurs in online spaces and is, by the nature of online spaces and networks, also multi-sited. My interactions with participants in this project occurred entirely online, resulting in the engagement and observation of 40 internet forums where drugs were discussed, an online survey comprising responses from 837 party drug users who engaged in online drug discussion, and 27 synchronous online interviews with a subset of this sample. I also utilised two key events that occurred during the fieldwork by describing and interpreting what happened as well as consulting other contextual information, such as news media accounts of those real world events. While fully online data cannot be used to make claims about the relationship between online discourse and offline practices, it can be used to translate online cultures represented by forums where drugs are discussed to better understand how public internet forums might shape (offline) drug practices.

## **1.5 Significance**

Understanding how people use internet forums to shape their party drug practices has theoretical, methodological and practical significance. This thesis has implications for the theories of folk pharmacology and normalisation (see Section 2.4). It shows how the social processes involved in developing folk pharmacologies and responding to the threat of social stigma can occur online as well as offline. In contemporary societies where internet use is embedded in daily lives, how drug users respond to the tensions between the dominant pathology model of drug use and their own drug experiences is increasingly enabled and facilitated by internet technologies. This thesis also shows the tensions between separation and enmeshment of online and offline worlds. It is also significant that I have applied concepts from internet studies into the field of drug studies. The studies on drugs and the internet reviewed in Chapter Three have rarely done this.

Internet research methods have been embraced by drug studies due to their capacity to enable relative anonymity for and increased access to otherwise hidden populations. Online surveys, online recruitment of drug-using participants, and unobtrusive monitoring of drug-related websites have been particularly popular in this field (see reviews by Barratt & Lenton, 2010; Miller & Sønderlund, 2010). In this thesis, I draw from this history of internet research in drug studies and supplement it with innovations borrowed from the broader internet studies field, including the use of synchronous online interviews, participatory engagement in online forum discussions as a method of recruitment as well as a way of engaging with target groups, and a close consideration of the ethics of unobtrusive monitoring of public internet forums in the drugs field.

From a pragmatic perspective, this project has significance for the proliferation of drug prevention, intervention and treatment programs that are being offered online. Internet-based interventions have the capacity to reach target groups that would otherwise not enter treatment (Copeland & Martin, 2004; Swan & Tyssen, 2009; Tossmann & Leuschner, 2009). They are also more attractive to party drug users who seek treatment: Swan and Tyssen (2009) found that an Australian online counselling service attracted a higher proportion of clients who nominated psychostimulants as their primary drug of concern compared with clients using face-to-face and telephone counselling services. While treatment programs may succeed

at reaching clients who desire treatment but cannot otherwise access it, health promotion campaigns aimed at drug users who do not see their use as a problem typically fail (see Section 2.3.1). A clash between the dominant pathology discourse and alternative discourses of harm reduction and consumerism (see Section 2.1) may render interventions impotent. By exploring folk pharmacologies, normalisation and neutralisation in online settings, this thesis can inform the designs of online drug prevention, intervention and treatment programs that target party drug users.

This project is also significant for exploring the practice of trying to find out about the content and purity of ecstasy pills, especially through the use of **pill report** websites. International and Australian evidence suggests that pills sold as ‘ecstasy’ contain a wide variety of substances (Camilleri & Caldicott, 2005; Cole, Bailey, Sumnall, Wagstaff, & King, 2002; Quinn, Dunn, & Degenhardt, 2007; Vogels et al., 2009; Winstock, Wolff, & Ramsey, 2001), including substances that are more likely to cause overdose and death than MDMA itself, such as **PMA** (Caldicott et al., 2003). Moreover, the content and purity of tablets has been known to vary within the same batch, and pills that look similar may come from different batches and contain an entirely different blend of substances. The Netherlands (Vogels, et al., 2009), France (Giraudon & Bello, 2007), and the UK (Ramsey et al., 2001) have made efforts to map illicit tablet markets through testing samples solicited from ecstasy users. In Australia, the only regular monitoring of the content and purity of ecstasy tablets that is publicly available uses police and customs seizures (e.g., Australian Crime Commission, 2010). Seized tablets, however, only cover a small fraction of ecstasy markets in Australia (Camilleri & Caldicott, 2005), and even these sources are not analysed and released to the public in a timely enough fashion to enable their use as a harm reduction strategy. In the absence of an official public monitoring system, Australian ecstasy users have been found to employ various strategies in an attempt to determine the content and purity of the pills they use, including the use of websites and colour reagent testing kits (Johnston et al., 2006). In this thesis, I examine how party drug users utilise pill content information exchanged online. These findings have implications for the illicit tablet monitoring systems under consideration in Australia (Hales, 2009).

A growing area of research involves the unobtrusive monitoring and cataloguing of drug-related websites, including internet forums (e.g., Psychonaut

Web Mapping Research Group, 2010). The goal of this work is to supplement drug trend monitoring systems with data gleaned from online conversations and online drug vendors. Comparison between these ‘leading edge’ data sources and ‘routine’ or ‘lagged’ data is required to avoid over-reacting to trends that are not representative of wider changes (Mounteney & Leirvåg, 2004). This thesis has relevance to this monitoring work. Through participatory methodology, I was able to learn about how internet forums shape party drug practices not only through reading archived discussions, but also through live interaction with website participants. Unobtrusive monitoring offers no opportunity for the drug users at the centre of these trends to respond to claims about their practices. In addition, unobtrusive monitoring of drug websites may also run into ethical dilemmas. In the age of Google, no anonymity can be provided to websites if direct quotations from public discussions are used as evidence in research reporting, yet direct quotations are one of the best ways to illustrate findings to research audiences. While this thesis does not solve these dilemmas, it offers an example of participatory engagement with online communities which can inform designs for new drug trend monitoring systems that incorporate community input.

This thesis holds particular significance for Australians if the federal Labor government’s proposed legislation mandating that Internet Service Providers (ISPs) block all websites hosting refused classification content is passed (see Lumby, Green, & Hartley, 2009). Australia has historically banned books and films that were deemed to contain “detailed instruction in crime, violence or drug use” (see Section 3.1.4), and these banned books have included harm reduction texts alongside drug manufacturing guides. These censorship laws are currently applied to all media content that is brought to the attention of the Australian Communications and Media Authority, including websites, but can only be enforced if those websites are hosted in Australia, in which case the host receives a notice forcing them to shut down. Website owners can easily bypass these laws by hosting their websites in other less restrictive countries. Under the proposed legislation, ISPs will be required to block all sites that meet the definition of refused classification (see Section 3.1.4) and the blacklist will be kept secret. Although this policy has been promoted as a method of reducing access to child pornography, the legislation could also be used to block drug harm minimisation websites, as these sites tend to contain ‘detailed instruction

in drug use'. This thesis explores the use of some of the websites that would likely be blocked under this legislation and it provides some preliminary information from which to predict how party drug users may be affected by the implementation of this policy.

## **1.6 Outline**

In Chapter Two, I describe three models of drug use: the pathology model, the public health or harm reduction model, and the consumerism model. I show how the discourse associated with the dominant pathology model can position drug-using subjects as irrational, irresponsible and/or ignorant. I highlight how the tensions between drug user understandings of their actions and dominant constructions of them have negative repercussions for drug users and for public health more generally through contributing to ineffective interventions, stigmatisation of users, and inattention to context. The remainder of the chapter describes how drug users cope with this tension by resisting dominant drug-user subject positions through developing their own forms of information (folk pharmacologies) while also defending their actions in the context of dominant discourses (normalisation and neutralisation). While these kinds of responses have a rich history, their relevance here is that they are now being facilitated and accelerated by internet technologies, including public internet forums.

In Chapter Three, I introduce public internet forums where drugs are discussed into the narrative. I use Markham's three metaphors of the internet as 'tool', 'place' and 'way of being' to frame a review of the literature linking drugs and digital technologies. The review shows that the majority of research into the role of the internet in contemporary illicit drug practices has theorised the internet as an information or purchasing tool. Smaller bodies of work indicate how drug users have utilised the internet as a tool to create online folk pharmacologies where drug information is exchanged and debated. I also show how the internet can be understood as an alternative online place or cyberspace and how this conceptualisation may be applied to drug users online, who may seek to keep their potentially stigmatised identity hidden from their 'real life' interactions. Moreover, the internet can also be understood as a way of being or as part of everyday life due to the increasingly blurred boundaries between the 'online' and 'offline'. Work



around cultures of care and digital resilience is reviewed to demonstrate how this concept may be relevant to understanding contemporary drug practices.

Chapter Four presents the thesis methodology. Firstly, I argue for the use of mixed methods, situate mixed methods within a qualitative tradition and describe my borrowing from multi-sited ethnography and virtual ethnography as mixed-methods approaches. Secondly, I examine the construction of ethnographic fields of study, my role as researcher, and the ethical dilemma of balancing anonymity with acknowledgement. Thirdly, I problematise statistical inference from purposive samples of hidden populations, situate survey methodology as part of an exploratory research design, and review the survey methodology and the survey data. To conclude, I note the shift from understanding interviews as self-reports to focusing on the ways people account for their actions in the interview context, and describe the process of synchronous online interviewing and the use of both thematic and discourse analysis.

Chapter Five is the first of four results chapters. This chapter introduces the reader to the practice of being an online forum user as experienced through my immersion and participation in 40 online forums where drugs were discussed. Elements of the **post** are outlined, including author information, signature and content. Descriptions of the **thread** and the **sub-forum** are also provided, along with an overview of other common types of interaction and content encountered during fieldwork. After this general introduction to forums, readers are introduced to the online drug discussion enabled by forums. I briefly outline the characteristics of the forums where drug discussion was found, including their scope, topic and focus. Then, I explore the different types of drug discussion and the ways in which drug discussion was managed by forum users and moderators. I end this chapter with an overview of the demographic, drug, and internet use characteristics of the forum users who completed the online survey in order to give a sense of who participates in online drug discussion.

In Chapter Six, I use the conceptual lens of the ‘internet as tool’ to explore how informants described and practiced ‘**online drug research**’. I set the scene for this chapter by describing the first key event, the death of Annabel Catt following her consumption of an adulterated ecstasy tablet, and the response by one forum I was following during the fieldwork. Using a combination of fieldwork, survey and

interview data, I then describe the practice of online drug research by identifying: which drugs and information types were sought by my research participants, why they preferred online sources to offline, what kinds of websites they preferred, which drug practices they ‘researched’, and the characteristics of those participants who conducted online drug research. Then, I explore the challenges for the participants of navigating and strategies for negotiating the abundance of information available online in relation to drugs. In the final section, I discuss the aims and consequences of their online drug research, expressed as both the pleasures and the harms of using party drugs. The unknown content and purity of ecstasy pills is explored as an example of the internet as an information tool employed by some research participants to both reduce harms and increase pleasure. To conclude, I illustrate the limited power of information through exploring interviewees’ accounts of why such information is *not* translated into practice.

In Chapter Seven, I conceptualise internet forums as places where forum users are continually defining and negotiating cultural understandings and meanings. Following on from Chapter Six, I show how one **hardstyle** dance music forum discussed Annabel Catt’s death and the ensuing issues around adulterated ecstasy and PMA. I identify dominant and alternate models of drug use within this text: the pathology model which was generally resisted, the harm reduction model which drew from neoliberalism and was generally endorsed, and the ‘trashbag’ or ‘pleasure at any cost’ model which emerged as an alternative model that challenged the idea of ‘responsible drug use’. Using discourse analysis informed by discursive psychology, I demonstrate how informants constructed themselves as informed, moderate, mature, and responsible drug-using subjects as they interacted with me during synchronous online interviews, drawing from dominant neoliberal discourse. I show how informants used risk neutralisation strategies, narratives of transformation, and group social control in forums in order to construct themselves as good neoliberal subjects, albeit subjects who engaged in the ‘transgression’ of illicit drug use. I also explore the symbolic meanings and functions of online drug research. Online drug research was not only a direct effort aimed at improving the outcomes of drug use as shown in Chapter Six, it also served to mark ‘researchers’ as informed, responsible, mature, and capable of successfully negotiating the risks and pleasures of drug use. I

end the chapter by exploring how online drug research is linked with social support, reputation, relief from anxiety and empowerment.

In Chapter Eight, I shift focus to explore the extent to which internet forums are merged with or kept separate from everyday life. I introduce the second key event which tracks how tabloid media used discussions from an internet forum as part of their reporting on overdoses that occurred at the Ultraworld dance event, and how the forum users responded to what they defined as ‘wrong’ and ‘shoddy journalism’. I use a combination of fieldwork, survey and interview data to explore forum users’ perceptions of the risks associated with public drug discussion, and the extent to which they try to hide their own identity and reduce the potential for self-incrimination when engaged in public discussion. This analysis challenges the oft-quoted assumption that the internet necessarily provides a ‘safe place’ where drug users can be protected through anonymity. Then, I demonstrate how the convergence of online and offline networks is resisted and/or embraced by party drug users who use forums to maintain pre-existing relations, keep social networks separate, or enter new offline scenes through new online connections. These different convergence styles had consequences for drug practices, especially among the minority of informants who described using forums to enter new offline scenes. Expanded access to parties, party people and party drugs through this use of online forums augmented both new opportunities and new challenges for this group.

In the concluding chapter of this thesis, I summarise the results in terms of the three internet metaphors of tool, place and way of being. Then, I demonstrate the contribution this thesis makes to our understanding of theory, methods, and practice and policy, alongside its limitations. To conclude, I outline future research trajectories arising from this project.

## ***Conclusion***

This thesis adds to only a handful of studies that examine how the internet shapes drug practice. It expands upon previous studies by exploring the internet as a social space where drug users gather, rather than just as a tool to consume and disseminate information about drugs; and by rejecting the assumption that online sociability is always divorced from everyday sociability, thereby enabling the examination of internet forums as part of or merged with ‘real life’. The understandings of how

people utilise internet forums to alter their drug practices outlined in this thesis have theoretical, methodological and practical policy-relevant significance. Although specific internet and drug trends move quickly, rendering information that is years old out-of-date, the conceptual and theoretical frameworks I have used to organise and interpret these data are enduring and can be applied in future work that aims to understand the intersection between digital technologies and drugs.

## **2 Drug discourses and drug user responses**

Exploring how people use the internet to respond to official drug discourses and how this activity shapes their drug use requires a general overview of drug discourses and how they construct drug use and drug users. In this chapter, I review three key drug discourses reproduced and resisted by drug users: the pathology model, the harm reduction and public health models, and the consumerism model. These discourses meld together to create a ‘multi-layered mosaic’ (Seddon, 2007) of meanings of drug use and possible subject positions of drug users. After describing these models and showing how drug-using subjects are inscribed through them, I demonstrate the ongoing tensions between how drug users understand their own actions and how public discourses construct them. In some cases, such struggles have resulted in negative outcomes for drug users and for public health more generally. For instance, public health interventions may be more likely to fail, stigmatisation of drug users may be fuelled, and policy responses may pay inadequate attention to the context of drug use. I end this chapter by demonstrating the ways drug users actively engage with these tensions through reproducing and resisting different drug-user subject positions. Qualitative studies reviewed here show how drug users have developed their own forms of knowledge, while also defending or accounting for their actions in the context of dominant discourses that inscribe them as irrational, irresponsible or ignorant. While the folk pharmacologies and micro-level normalisation and neutralisation strategies reviewed here are not new phenomena, they are relevant here because they are now being facilitated and accelerated by internet technologies, including public internet forums.

### ***2.1 Three models of drug use***

#### **2.1.1 Pathology**

The pathology paradigm or deficit model has been identified by several scholars as a dominant model through which drug use is understood (Karlsson, 2010; Moore, 2002; O’Malley & Mugford, 1991; Southgate & Hopwood, 1999). The pathology model “positions illicit drug use as inherently aberrant, as destructive to both health and happiness and as reflecting some kind of deficit in personality or social position” (Southgate & Hopwood, 1999, p. 308). The ‘use reduction’ perspective on drug use

is informed by the pathology model (Caulkins & Reuter, 1997), which is also built into international treaties on drug control that require states to limit drug use to scientific or medical purposes. Use-reduction policies aim to reduce the prevalence of *all* non-medical drug use, regardless of the associated harms (and benefits) to the user. Because drug use is assumed to be ‘inherently aberrant’, non-problematic non-medical drug use becomes impossible and therefore invisible. In this discourse, the ideal society is believed to be ‘drug free’ (Caulkins & Reuter, 1997), and it is assumed that sociologically and psychologically ‘normal’ individuals would not consume illicit drugs (O’Malley & Mugford, 1991). Use-reduction policies contrast with policies aimed at reducing drug harms without necessarily reducing use (see Harm reduction, next section).

The pathology model drives a large body of research aimed at identifying risk factors for illicit drug use. For example, Hawkins, Catalano, and Miller (1992) reviewed 17 societal, interpersonal and individual risk factors. In this model, people were seen as being predisposed to using drugs if they experienced extreme economic deprivation, low bonding to family, peer rejection in school, and/or persistent problem behaviours. Protective factors have also been identified in an attempt to explain why some people who exhibit numerous risk factors do not use drugs or develop problems with drugs (Hawkins, et al., 1992; Swadi, 1999). The risk and protective factors approach informs prevention responses designed to reduce risk factors and enhance protective factors in order to reduce the uptake and continuation of illicit drug use. For example, school drug education programs focus on building peer pressure resistance skills and providing drug information, based upon the assumption that school students are deficient in information and social skills (Karlsson, 2010). While the risk factor approach and the pathology model may be useful for understanding and addressing drug users who may not be functioning successfully in their life, these approaches offer no way of understanding or even acknowledging the existence of recreational, occasional, and controlled drug practices (Parker, 2003; Zinberg, 1984).

Several scholars have argued that three crucial concepts are absent from the pathology model of drug use: agency, pleasure, and context (e.g., Brook, 2010; Hunt, Moloney, & Evans, 2009; Moore, 2008; O’Malley & Mugford, 1991; Zinberg, 1984). In terms of agency, drug-using subjects in the pathology model are positioned

as victims of individual or societal risks who require expert intervention in the form of prevention or treatment. They are “fundamentally passive, risky, or problematic consumers involved in risky consumption” (Hunt, et al., 2009, p. 605). Secondly, even though pleasure is a basic motivation for drug consumption (Gossop, 2000; Jay, 1999), pleasure is largely absent from the pathology drug discourse (Hunt, et al., 2009; Moore, 2008; O’Malley & Valverde, 2004). This absence is unsurprising, given that the pathology discourse constructs drug use as inherently aberrant and destructive. Thirdly, the pathology discourse focuses on pharmaco-centric explanations of drug use while largely ignoring the social context within which drug use takes place (Decorte, 2001; Hunt, et al., 2009; Zinberg, 1984). Inherent qualities of drugs are constructed as independent of human social construction, even though the social meanings and therefore experiences of drug effects are socially and culturally defined (Hunt & Barker, 2001; Hunt, Evans, & Kares, 2007).

Australia’s drug policy is officially based upon the principle of harm minimisation (the definition of which is contested, see below). Yet, it is clear that the principles of the pathology paradigm underpin official policies and practices here and in most other nations. For example, the prohibition of illicit drug use, in and of itself, is justified on the premise that all and any drug use is inherently aberrant and should ideally be avoided by all citizens. For these reasons, and as I demonstrate below, I refer to the pathology model as the dominant or hegemonic drug discourse within this thesis.

### **2.1.2 Harm reduction**

Definitions of harm reduction have long been contested (Jourdan, 2009; Keane, 2003). The broad definition, which encompasses any policy or practice aimed at reducing drug-related harm, is superficially appealing to most people and could be seen to include almost all drug policies depending upon how ‘harm’ is defined (Hathaway, 2001; Saunders & Marsh, 1999). More narrow definitions of harm reduction exclude policies and programs that require abstinence from drugs (e.g., Lenton & Single, 1998; Riley et al., 1999). An oft-cited definition states that the primary goal of harm reduction policies must be “the reduction of drug-related harm rather than drug use *per se*” (Lenton & Single, 1998, p. 216, italics in original). Harm reduction can also be defined as distinct from harm minimisation, at least in the

Australian context. Australia's National Drug Strategy has been officially based upon harm minimisation (the broad definition of aiming to reduce drug-related harm) since 1985, and comprises three 'pillars' of supply reduction, demand reduction and harm reduction (Ministerial Council on Drug Strategy, 2011).

The harm reduction model of drug use grew from dissatisfaction with the pathology model after the advent of HIV/AIDS among injecting drug users in the 1980s (Stimson & O'Hare, 2010). While the pathology model focused only upon reducing the prevalence of drug injection, the harm reduction approach advocated for the use of clean injecting equipment as a way of decreasing the spread of blood-borne viruses without necessarily reducing injecting drug use. The introduction of needle and syringe exchanges reduced HIV infections and heralded the first of many successful applications of harm reduction in drug policy (Ritter & Cameron, 2006). Defined in opposition to use reduction, this version of the harm reduction approach, as defined by Lenton and Single (1998), was based upon an acceptance of drug use (legal and illegal) as: a universal phenomenon; a 'normal' practice through which humans met their need to alter their conscious state; and a social practice that has benefits as well as harms (see Caulkins & Reuter, 1997; Gossop, 2000; Jourdan, 2009; Saunders & Marsh, 1999). Harm reduction, therefore, emerged as a direct critique of the dominant pathology paradigm.

Although the harm reduction model allows for the possibility of non-problematic drug use, most harm reduction policy is directed at a minority of drug users: those whose use is seen to be the most harmful (see Ritter & Cameron, 2006). People who inject drugs and dependent drug users are frequent targets of harm reduction policies and programs, although cannabis users who are targeted by law reforms such as cautioning and decriminalisation (see Room, Fischer, Hall, Lenton, & Reuter, 2010) constitute a notable exception. As Duff (2004) noted in regards to Australian drug policy, harm reduction offers little to the vast majority of psychostimulant and hallucinogen (party drug) users who use recreationally or socially and do not come into contact with legal or treatment services.<sup>5</sup> Duff (2004)

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<sup>5</sup> Funding in Australia for harm reduction aimed at party drug users includes limited support for 'Ravesafe' and other peer-based groups who attend dance parties and provide information and peer support, and non-binding safer partying guidelines which include provision of free water at venues. There is no government support for pill testing or other supply-side harm reduction. There is also no



argues that the indifference of harm reduction policy to the concerns of party drug users arises from its neglect of the place of pleasure in intoxication. Another reason why harm reduction has seldom been applied to party drug use through official (non-peer-initiated) interventions may be because drug policies might privilege the health of wider populations over and above the health of individual drug users. Rowe (2005) argues that harm reduction aims primarily to protect a(n imagined) non-drug-using community from the threats of infectious disease and crime, and only secondarily at increasing the wellbeing of people who continue to use drugs. While there are known harms associated with the use of party drugs (see Section 2.2.1), these harms do not have the potential to affect the wider population to the same degree as an HIV epidemic. The relative absence of specific harm reduction policies for party drug users may reflect the extent to which Rowe's argument is true in the Australian context.

These possibilities bring into focus a more critical analysis of the underlying ideologies of harm reduction. Within harm reduction discourses, drug-using subjects are generally constructed as able to make their own decisions about drug use through utilitarian cost-benefit analysis. This construction, however, produces a dilemma for drug users in that it simultaneously inscribes them as empowered individuals while also failing to adequately acknowledge the constraints of the socio-cultural context within which they are embedded (Fraser, 2004; Moore & Fraser, 2006). Some scholars (Mayock, 2005; Miller, 2001; Moore & Fraser, 2006) argue that this construction can result in drug users being more easily blamed for 'causing their own problems', while the social and structural determinants of health which lie outside their control are largely ignored. I do not mean to suggest that all versions of harm reduction draw solely upon neoliberalism or focus only upon individual behaviours to the detriment of social and societal factors. What these critics have argued is that harm reduction discourses can be and are often used in a way that privileges neoliberal subjectivity: people are urged to change their behaviour to reduce risk to themselves and others. Furthermore, while public health and harm reduction models generally claim to be 'value free' (see Hathaway, 2001), Lupton (1995) argues that

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government support for decriminalisation of party drug use, although some states of Australia have diversion schemes for first-time offenders which ensure they avoid criminal conviction.

these models are not value-free because they work under the assumption that all citizens should strive towards good health above all other concerns (the ‘health imperative’). As such, it has been argued that the harm reduction model weights the (assumed) cost-benefit analysis in favour of non-use by acknowledging but largely ignoring the importance of benefits and pleasures of drug use (Hathaway, 2001; O’Malley & Valverde, 2004) and elevating the importance of caring for one’s health by being risk averse (Miller, 2001).

The harm reduction model arose in opposition to the pathology model and provided a way of reducing drug-related harm without necessarily requiring a reduction of drug use itself. Harm reduction has experienced its share of vilification from hard-line prohibitionists for taking a neutral stance on the morality of using drugs. In this sense, harm reduction is positioned as an alternative to the dominant pathology discourse. However, much of the technologies of harm reduction draw upon neoliberal values, especially the imperative for individual citizens to take responsibility for their own health. In this sense, harm reduction can be seen as a counter-discourse to the pathology model that also taps into the much wider dominant discourse of neoliberalism in contemporary Western societies.

### **2.1.3 Consumerism**

Scholars have also viewed drugs as commodities that can be understood through the consumerism model (Brook, 2010; Duff, 2003a; Measham & Brain, 2005; Mugford, 1991; Olsen, 2009; Parker, 1999; van Ree, 2002). In this framework, drug use is understood within the wider sociological context of late capitalism, and, in contrast to the pathology and harm reduction models, pleasure is a central component. Within Western capitalist societies, there is an imperative to consume based on an appeal to and exploitation of hedonism, or consuming to ‘feel good’ (Measham & Brain, 2005; Mugford, 1991). In this model of drug use, drugs are thought of as commodities: products which are consumed to induce desired states of consciousness.

Conceptualising drug use in this way shows drug users to be conforming to the norms of a market-driven culture rather than pursuing a deviant or aberrant activity (Duff, 2003a; Mugford, 1991; Olsen, 2009; Parker, 1999; van Ree, 2002). The concept of drug consumerism underpins theories about the normalisation of recreational drug use (see Section 2.4.2) and the existence of a ‘culture of

intoxication', where people primarily engage in leisure activities in order to become intoxicated ('determined drunkenness' or 'excess', Measham, 2006; Measham & Brain, 2005).

While consumerism pervades most parts of Western capitalist societies (Miles, 1998), public spokespeople rarely use it when discussing the use of illicit drugs (Bright, Marsh, Smith, & Bishop, 2008). Race (2005) notes that illicit drugs occupy a unique position in Western societies. Most other 'vices' have been commodified and managed through the prism of the market to a large (e.g., alcohol, tobacco) or partial (e.g., prostitution, gambling, pornography) extent. By opening up these markets to various degrees, governments have enabled economic opportunities upon which the consumer economy now relies. Yet governments do not apply this logic to illicit drugs. Citizens find themselves in a contradictory position because the consumer economy within which they participate promotes some forms of hedonism while condemning others (Mugford, 1991; Race, 2005). Brook (2010) demonstrates this contradiction by examining the appearance of 'addiction mystique' in the marketing of banal consumer products: "'You can't say no' (to snackfood), 'You'll keep coming back' (for electrical goods), 'Once is never enough,' 'Betcha can't stop at one,' (chocolate), 'Resistance is futile', 'Oh yeah!' (fast food)" (pp. 102-103). 'Addiction' to sanctioned consumer products is celebrated across capitalist cultures, while the application of the same logic to psychoactive drugs constitutes a transgression.

The place of consumption in the production of identity is also of growing importance. Traditional social structures, which were historically theorised to be sources of stable identity, have faded in importance as societal roles increasingly fragment. In this more individualised society, people are more likely to craft their identities through their consumption choices and the symbolic meanings attached to them (Measham & Brain, 2005; Petersen, Davis, Fraser, & Lindsay, 2010). At the same time, governments in capitalist societies have become more able to regulate their citizens' lives through increased surveillance and monitoring (Hayward, 2002). Young people have less freedom in most parts of their lives, yet they have access to a wide range of consumption choices. Within this culture of intoxication (Measham & Brain, 2005), young people are determined to become intoxicated but only while attempting to manage the risks of doing so, through a kind of 'controlled loss of

control' or 'calculated hedonism' (Measham, 2004; Szmigin et al., 2008). Measham defined calculated hedonism as a balancing act where "the user not only pursues a desired state of intoxication, but also attempts to avoid an undesired state" (2004, p. 319). Hayward (2002) argues that, by constructing their identities through practices that enable a controlled loss of control, young people may use drug practices to attempt to resolve the contradiction between feeling insecure and being over-controlled. Voluntary risk-taking, be it drug use or sky-diving, may provide an opportunity for some young people to break out of the mundane routine of existence in capitalist societies (Lupton & Tulloch, 2002). Illicit drug use may also form part of the performance of an alternative or defiant subjectivity engaged in by those who wish to engage in acts of defiance: 'defiant consumption' (van Ree, 2002) or 'health resistance' (Crossley, 2002).

As an alternative model of drug use, consumerism provides a framework for understanding why people use drugs through emphasising the consumption of drugs as pleasurable commodities as well as the role of drug practices in the ongoing construction of identity. While consumerism is a dominant way of understanding economic activities within capitalist societies, it is not applied to illicit drug issues within official discourses and policies. Drug consumerism involves applying a dominant way of thinking to a subversive or subjugated object.

## ***2.2 Drug user constructions***

In this section, I demonstrate how official discourses of drug use present drug users as irrational, irresponsible and/or ignorant. I draw from a selection of public statements made by Australian politicians, police and medical representatives as quoted in media reports during the mid-to-late 2000s. These statements mainly draw from the pathology model of drug use, within which drug use is assumed to be inherently harmful to health. More subtly, these constructions also draw on discourses of neoliberalism and the health imperative. Other scholars (e.g., Duff, 2003b; Lupton & Tulloch, 2002; Mayock, 2005; Moore, 2010) have also focused on how drug-using subjects are presented by official discourses as either ignorant of the assumed dangers of illicit drug use, or if they are seen to understand the dangers and choose to use drugs despite this knowledge, they are framed as either irrational or irresponsible. My aim is to show how the dominant pathology paradigm defines and

positions drug-using subjects, then problematise these assumptions of irrationality, irresponsibility, and ignorance by describing how drug practices are understood by drug users through qualitative research evidence. While I write broadly about drug users in this section, I apply this argument more specifically to party drug users as a subset of illicit drug users in this thesis.

### 2.2.1 Irrationality

The first dominant assumption I address is that drug users are *irrational* because they have decided to use drugs despite the evidence of risk and harm associated with their use. That is, a rational person would have assessed this evidence and decided to ‘say no to drugs’. The irrational drug-using subject is inscribed within official discourses that associate an inherent danger and deviance with all kinds of (illicit) drug use. For example, Australia’s former Prime Minister John Howard<sup>6</sup> called for “uncompromising social condemnation of drugs” because “all drugs are evil” (Karvelas, 2007, online), and former New South Wales Drug Squad commander Detective Superintendent Greig Newbery, when describing the danger of ecstasy pills being adulterated with PMA, stated that the police were “renewing our warning to members of the public that they are endangering their lives when taking illicit drugs” (Davis, 2008, online). Generally, the dominant public discourses in Australia during the fieldwork period regarding illicit drugs were totalising: that is, they treated all illicit drugs similarly, as shown in the quotes from Howard and Newbery. The specific vilification of crystal methamphetamine was a notable exception: for example, former Justice Minister Chris Ellison stated that “ice is a pure form of [amphetamines] and it’s a very dangerous drug... [which] brings about very violent behaviour and that’s where it differs from other drugs and makes it so dangerous” (“Minister keen”, 2006, online). It is also worth noting how differently illicit drugs are treated compared with the legal drug alcohol, which is described as safe, if not beneficial, to consume in moderation. As Bright et al. (2008) note in their systematic analysis of dominant discourses in Australian media, “significant additional space is

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<sup>6</sup> John Howard was the Prime Minister of Australia from 1996 to 2007. He presided over a period of increased rhetoric of zero tolerance towards drugs and drug users (Bessant, 2008), even though the government continued to support harm reduction policies including the introduction of law reforms to divert minor drug offenders away from the criminal justice system (Hughes, 2009).

available for these [licit] substances to be considered a normative part of society” (p. 146).

By questioning the pathology paradigm and the assumptions about drug users inscribed by it, I do not mean to imply that illicit drugs are in any way ‘safe’. There is no doubt that risks are associated with the use of party drugs. Party drug users may experience a range of drug-related harms arising from intoxication, regular and dependent use, the nature of which depends upon the interaction between the drug(s) used, the individual’s characteristics and the setting of use (Zinberg, 1984). International reviews outline the short- and long-term potential harms of party drugs in general (Degenhardt, Copeland, & Dillon, 2005; Freese, Miotto, & Reback, 2002; Gahlinger, 2004; Koesters, Rogers, & Rajasingham, 2002; Maxwell, 2005; Smith, Larive, & Romanelli, 2002), and a growing base of Australian research exists on patterns of use and harms specific to ecstasy (Degenhardt, Barker, & Topp, 2004; Gowing, Henry-Edwards, Irving, & Ali, 2002; Topp, Hando, Dillon, Roche, & Solowij, 1999), methamphetamine (McKetin, McLaren, & Kelly, 2005), cocaine (Shearer et al., 2007), ketamine (Copeland & Dillon, 2005) and GHB (Degenhardt, Darke, & Dillon, 2002). For example, the most significant acute harms from using ecstasy/MDMA are hyperthermia and hyponatraemia, and the most significant and debated long-term harm from MDMA use is neurotoxicity (Gowing, et al., 2002; Lyvers, 2006). Other risks that have been associated with party drugs include sexual vulnerability, driving risk, impaired decision making, dependence, cognitive impairment, and mental health problems (Stafford et al., 2006).

Nevertheless, there are two problems with how the pathology paradigm inscribes drug-using subjects as irrational. Firstly, there are numerous examples demonstrating that drug-related harms *can* be minimised through informal control mechanisms and self-regulation (Becker, 1953; Decorte, 2001; Grund, Kaplan, & de Vries, 1993; Harling, 2007; Maloff, Becker, Fonaroff, & Rodin, 1983; Mugford, 1994; Shewan & Dalgarno, 2005; Waldorf, Reinerman, & Murphy, 1991; Zinberg & Harding, 1979, and see Section 2.4.1). Because the pathology model emphasises the pharmacology of the drug as the agent of harm, this model advocates avoiding the ingestion of drugs altogether, a stance that informs the “all drugs are evil” position advocated by the former Australian Prime Minister. In contrast, harm reduction models position the drug-using subject as an *informed* drug user who is able to make

a *choice* to aim at controlling certain parts of the drug experience in order to reduce harms, as shown in the responsabilising discourse used in harm reduction pamphlets aimed at drug users (Fraser, 2004).<sup>7</sup>

Secondly, the rational decision-making process that is assumed in the pathology model (and to some extent, harm reduction models) ignores the positive effects of drug use, such as the pleasurable effects of intoxication and other functionalities and benefits. Acknowledgement of the positive effects of drugs is entirely absent from the news articles in which Howard, Newbury, and Ellison are quoted. Yet, as I have already outlined, the pleasurable effects and other benefits of using drugs play a central role in drug practices. This point is emphasised within the consumerism model of drug use, where it is acknowledged that consuming drugs is one way through which people can engage in ‘calculated hedonism’ (see Section 2.1.3). Also, from the assumptions underlying some versions of harm reduction, drug use is seen to be a normal way of attaining altered states of consciousness, something that humans and other animals have done throughout history (Weil, 1972). Therefore, to discuss drugs without acknowledging the positive effects makes little sense. What the pathology paradigm does not acknowledge is that a ‘rational’ person, if faced with both benefits and harms, may ‘rationally’ choose to ‘say yes’ to drugs.

### **2.2.2 Irresponsibility**

The second dominant assumption I address is that drug users are *irresponsible* because they have decided to use drugs that could damage their health. Underlying this claim is the premise that a responsible person (a good neoliberal subject) would not voluntarily take risks with their health. The irresponsible drug-using subject is often inscribed within discussions of the right or wrong ‘message’ supposedly being sent by drug policies. For example, commenting on a proposal to test the content and purity of ecstasy tablets, former Australian federal parliamentary health secretary Christopher Pyne stated: “They (ecstasy tablets) are not safe for consumption in any context; the proposal sends entirely the wrong message. The right message to deliver

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<sup>7</sup> In contrast to Fraser’s work, Brook (2010) shows how some harm reduction discourses construct drug-using subjects that *cannot* freely choose to use drugs. By comparing drug dependence with diseases like diabetes and cancer, these versions of harm reduction obfuscate the role of choice in drug use.

is that people are foolish to indulge in an illegal drug which has the potential to kill them” (“No good ecstasy”, 2004, online). These statements are totalising (‘not safe in *any* context’), assume that the only factor of importance in drug use is risk (‘the potential to kill’), and that ‘people are foolish’ if they do engage in activities that pose a risk to their health.

There are two ways of questioning this assumption of irresponsibility or ‘foolishness’. The first way is to dispute the assumption that drugs damage health. As we have already seen, party drug use can have adverse health effects. While there is little doubt that party drug users engage in a practice that carries risk, qualitative studies (Bahora, Sterk, & Elifson, 2009; Duff, Johnston, Moore, & Goren, 2007; Fox, 2002; Hansen, et al., 2001; Hunt & Evans, 2008; Kelly, 2005) have found that some party drug users see their use as contributing positively to their well-being overall, while others see the negative health implications as manageable and ‘worth it’ when compared to the benefits they derive from drug use. Again, it is clear that the calculation of risk is not properly understood unless it is put into context with the expected positive effects also derived from drug use.

The importance of the ‘health imperative’ that underpins the assumption of irresponsibility may also be challenged. The health imperative is a moral judgement which often implicitly supports statements urging drug users to act in a responsible way, especially in the harm reduction discourse (Miller, 2001). The following two examples problematise the assumed health imperative. Firstly, some drug users actively pursue risky pleasures precisely because they are risky—conquering this risk has social meaning in their worlds which may be more important to them than the health imperative (Fox, 2002; Lupton & Tulloch, 2002; Sørensen, 2005). Secondly, people take voluntary risks with their health in everyday life—driving cars, flying on aeroplanes, playing contact sport, drinking alcohol. If the health imperative drove our lives completely, people who drive cars could equally be constructed as irresponsible because they ‘could damage their health’. That we do not apply the health imperative to other risky behaviours points to the uneasy relationship between self-responsibility and governance when it comes to currently illegal drugs (Race, 2005).



### 2.2.3 Ignorance

The third dominant assumption positions people who use drugs as ignorant of the ‘dangers’ of drug use. In order to continue to claim rationality and responsibility, the hallmarks of good neoliberal subjectivity, drug users *must* be ignorant because if they *did* know about the dangers, they would not have chosen to use drugs. The ignorant drug-using subject is most obvious within texts that accompany mass media campaigns that aim to educate drug users about the dangers of their actions. For example, Christopher Pyne stated that “drug users need to be educated about the dangers of being complacent with illicit substances, the dangers of playing with dynamite in the way that people do when they take illicit substances” (Kamper, 2006, online), and Royal Perth Hospital clinical toxicologist Frank Daly described the ignorance of party drug users who “don’t realise there are life-threatening complaints associated with all these agents - brain haemorrhage, stroke, heart attack” (Cox, 2007, online). This assumption of information deficit underlies much of the prevention activities aimed at drug users (Karlsson, 2010). In a more recent example, an Australian anti-drug advertising campaign included “confronting and graphic images of young people addicted to drugs” with the hope of educating young people who “don’t understand the very real and dangerous impacts of taking or using illegal drugs” (Roxon & Elliot, 2010, online).

David Moore (2010) has shown that the images in public discourse that construct young people as ignorant and incompetent do not match the findings from ethnographic studies of youth who drink alcohol and use party drugs. Taking ecstasy as an example, while some party drug users may believe it poses no risk in its pure form (Carlson, Falck, McCaughan, & Siegal, 2004), others show awareness of the risks of ecstasy use, although they may discount the potential long-term harms in favour of short-term benefits (Gamma, et al., 2005; Hansen, et al., 2001; Kelly, 2005; Nørgaard, Laursen, & Lassen, 2001; Shewan, Dalgarno, & Reith, 2000). The negotiation of risks and pleasures of drug use through calculated hedonism, intoxication bounded by social context, also defies the image of drug users as ignorant (Measham, 2004; Moore, 2010). Furthermore, knowing about the risks of taking party drugs divorced from their social context may have little resonance for drug users. Hunt et al. (2007) has shown how notions of risk are constructed within specific social contexts. Rather than viewing a drug as inherently risky or safe, it was

the combination of a particular drug in a particular social setting and/or particular mindset that was evaluated. The pharmaco-centric view of ‘knowing about the risks of party drugs’ incorrectly assumes that the potential harms are inherently part of the substance rather than mediated through the set and setting of use (Duff, 2003b; Zinberg, 1984).

## **Summary**

In this section, I have shown how the dominant pathology paradigm positions drug users as irrational, irresponsible or ignorant. These assumptions are rendered problematic by empirical studies that illustrate that drug users can also be rational, responsible and informed. Firstly, it is assumed that drug users are irrational because a rational person would choose to avoid a behaviour that is inherently health-damaging, yet this construction ignores the possibility of controlled and managed drug use and the propensity for positive health and wellbeing to accrue from drug use. Secondly, drug users are constructed as irresponsible because they knowingly use drugs that damage their health, but drug use is not inherently damaging to health, and not everyone considers health to be the most important part of their lives. Thirdly, when not constructed as irrational and irresponsible, drug users are constructed as ignorant about the associated risks, and this assumption that people who use drugs are uneducated about drug risks assumes that they would avoid drug use once adequately informed. This assumption, however, is problematised by the existence of drug users who make conscious informed decisions to use drugs and whose nuanced understanding of drug risks involves not only the pharmacology, but also the drug’s interaction with the set and the setting of use. By problematising these constructions, I have suggested possible tensions between how the public understand drug users and how drug users understand themselves. I now turn to exploring the potential consequences of these tensions for the health and wellbeing of drug users.

### **2.3 Consequences of tensions**

Hunt et al. argue that “viewing young drug users as simply misinformed or incapable of making rational decisions oversimplifies and disregards the multiple reasons why youth choose to participate in these activities and how they view their own involvement” (Hunt, et al., 2007, p. 92). This positioning of drug-using subjects as irrational, irresponsible, and/or ignorant can have social effects on the health and

wellbeing of drug users, for whom positively regarded subjectivities are more difficult to occupy. In this section, I show how these tensions between official discourses of drug use and the cultural logics of drug users can result in the failure of public health interventions and the fuelling of social division and stigma. The neoliberal values implicitly inscribed within official drug discourses can also result in an inattention to social context as a key part of the drug experience.

### **2.3.1 Ineffective health promotion campaigns**

Health promotion campaigns that draw from the information deficits model assume that “young people experiment with drugs because of exaggerated expectations concerning the likely drug high, and enduring ignorance about the nature of drug-related risks” (Duff, et al., 2007, p. 70). Within this model, social marketing campaigns targeting young people aim to increase their knowledge of drug-related harms, and it is hoped that this information will lead to them avoiding drug use altogether or reducing their use (Duff, et al., 2007; Karlsson, 2010). According to Moore (2010) and Duff et al. (2007), most party drug education and prevention campaigns in Australia operate under these assumptions. For example, in 2005, the Australian National Drugs Campaign used a fear-based strategy with the slogan “Ecstasy. You don’t know what it’ll do to you” (Pennay et al., 2006, p. 169). While the campaign was widely recognised by young people, and generally thought to be believable and effective in “making them think about what drugs can do to you” (p. 84), attitudes towards ecstasy as ‘a fun drug’ were significantly more positive following the campaign among the representative sample of 1400 people aged 15 to 20 years (Pennay, et al., 2006, p. 92).<sup>8</sup> In their international review of social marketing campaigns, Wakefield, Loken, and Hornik (2010) found that only a small number of campaigns focused on illicit drugs had been evaluated worldwide, and that evidence for their success was inconsistent. Almost all campaigns reviewed by Wakefield et al. resulted in no reduction in drug use indicators. In fact, an evaluation of a large US antidrug media campaign found that greater exposure to the campaign increased intentions to use cannabis (Hornik, Jacobsohn, Orwin, Piesse, & Kalton, 2008), and critical reviews of the Montana Meth Project found that the campaign was

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<sup>8</sup> The post-campaign sample were also significantly more likely to agree that ecstasy use was associated with a list of mental and other health issues (Pennay, et al., 2006, p. 92).

associated with increased acceptability of methamphetamine and reductions in the perceived dangerousness of other drugs (Erceg-Hurn, 2008) and that it had no discernible impact of methamphetamine use (Anderson, 2010).

Considering the arguments presented so far in this chapter, it is not hard to see why such campaigns might fail to reduce the acceptability of drug use. While drug users are constructed as irrational, irresponsible, or ignorant in official texts that draw from the pathology paradigm, many people who use drugs draw upon both harm reduction and consumerism models to construct their drug use as a rational choice. There are two issues that compound these tensions. Firstly, information campaigns are based on a theory of information scarcity that does not apply in an age where internet access to drug information is widespread (Duff, et al., 2007; Klee, 2001). Duff et al. argue that in the internet age, knowledge has “become a problem of plenitude or bounty rather than scarcity and ignorance” (Duff, et al., 2007, p. 70). The wider availability of drug information enables young people to seek alternate views on drug use. Secondly, drug users may resist the messages of campaigns that are seen to misrepresent drugs and the people who use them. This problem was explored by Crossley (2002) in her development of the concept of health resistance. Informed by neoliberalism and the concept of the health imperative, health becomes synonymous with the moral good and with responsible behaviour. Because some people reject this ‘moral goodness’ due to its association with conformity to dominant values, health promotion efforts can paradoxically lead to resistance and rebellion (Crossley, 2002). Notions of health resistance draw from the theory of psychological reactance (Brehm & Brehm, 1981). This theory asserts that an individual will be motivated to restore their freedom if they believe it is threatened, as can be understood to be the case if drug users are depicted negatively in health promotion campaigns. Rebellious against the source of the threat is one way for people to restore and retain their sense of freedom. Qualitative studies of party drug users have described such feelings of resentment towards, and reactance to, the negative depictions of drug users in official texts (Duff, et al., 2007; Fox, 2002; Harling, 2007).

### 2.3.2 Stigmatisation of drug users

Negative depictions of drug users in public discourses contribute to ongoing stigmatisation and marginalisation of people who use drugs. Goffman (1963, p. 3) defined stigma as “an attribute that others perceive to be deeply discrediting”. The pathology discourse, with its assumptions about drug use and drug users being inherently aberrant, is used to distinguish between ‘us’ (most people who it is assumed do not use drugs) and ‘them’ (the minority who use drugs and are assumed to experience problems themselves and pose a problem to society). For instance, Brook and Stringer (2005) illustrate how the pathology discourse negates the possibility of non-problematic drug use through their deconstruction of speeches made by Major Brian Watters, a key public figure in Australian drug policy during the Howard era. Watters says that, despite being told by “people who claim to know” that most heroin users “are capable of controlled usage”, he has “never met a successful ‘recreational’ user of heroin” (Brook & Stringer, 2005, p. 318).<sup>9</sup> The idea of a ‘responsible user’ is a “categorical threat” to Watters’ depiction of people who use drugs as weak, helpless, diseased, deluded and in denial (Brook & Stringer, 2005, p. 319). The pathology model renders ‘addicted’ individuals as non-citizens because they signify “disorder, chaos, lack of control, uncertainty and irrationality”; the opposite of the neoliberal subject and ideal citizen who signifies “agency, rationality, autonomy and choice” (Sear & Fraser, 2010, pp. 440-1). In response to the denial of possibilities of ‘responsible’ or ‘recreational’ drug users, many drug users hide their use to ‘pass as normal’ (Goffman, 1963) in non-drug-using contexts, while others involved in the treatment or legal systems must identify publicly as drug users and may then become the subject of stigma.

Party drug users, who do not usually come into contact with treatment and legal institutions as a result of their drug use, have been shown to employ various normalisation strategies to distance themselves from the threat of stigma that arises from the tension between the pathology model and their overall experiences of drug use (see Section 2.4.2).

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<sup>9</sup> In spite of Watters’ observation, research shows that it is possible to use heroin in an occasional and controlled manner (Powell, 1973; Shewan & Dalgarno, 2005; Warburton, Turnbull, & Hough, 2005; Zinberg & Jacobson, 1976).

### **2.3.3 Inattention to context**

I have argued that the inattention to the social context of drug use results from both pharmaco-centric thinking and neoliberalism. Responsibility for problems arising from drug use is commonly levelled at the drug itself, which is often described as a “terrible scourge” (e.g., by Watters, see Brook & Stringer, 2005, p. 322). In addition to perpetuating the stigmatisation of drug users, blaming drugs and the individuals who use drugs hides the effects of systems and environments within which drug use occurs. For example, Australian health promotion campaigns and police representatives urge young people to avoid taking ecstasy because no-one can guarantee that pills sold as ecstasy are free from adulterants. The most recent government campaign *Ecstasy: Face Facts* depicts an image of a grimy toilet used as a makeshift laboratory and displays the subtext “Made using drain cleaner, battery acid or even hair bleach. Then popped in your mouth” (Ongsuwan, 2010, online). And after discovering another batch of adulterated ecstasy pills, Queensland’s Drug Investigation Unit chief Detective Superintendent Brian Wilkins said that “people need to be reminded that if they take ecstasy, whatever the colour or logo, they actually have no idea of what they are taking” (Moore, 2007, online). Both of these responses prompt the individual to change their behaviour while leaving the systemic problems that contribute to the adulteration of ecstasy pills unacknowledged and unaddressed. Through focusing on individualistic solutions, the government-sponsored institutions that reproduce and support pre-existing social structures remain unchallenged (see also Fraser, 2004; Miller, 2001; Rhodes, 2002, 2009). An alternate response to this situation might consider how legal frameworks contribute to the emergence of adulterated pills and what legislative changes could bring about a reduction in adulterated supply for those who continue to use ecstasy.

### **2.4 Drug user responses**

In the remainder of this chapter, I describe how people who use drugs negotiate their identities in order to claim normative subjecthood in the face of pathologising public discourses. Two specific responses are discussed below: the production of their own drug information and the construction of drug use accounts that normalise ‘party’ or ‘recreational’ drug use. The development of folk pharmacologies and the use of normalisation strategies are both extended and expanded through the adoption and

adaptation of internet technologies by networks of drug users. The extension of drug user responses via internet technologies is a central part of this thesis which is introduced here and expanded in the next chapter.

### **2.4.1 Folk pharmacologies**

While formal deficit-based ‘use reduction’ norms “may have some influence on whether people start using illicit drugs”, they cannot “have a regulating effect on the actual use of drugs, as they do not provide instructions or rules for safe or controlled use” (Decorte, 2001, p. 318). In the absence of such instructions, knowledges and practices of controlled use can only be developed by users themselves as a kind of ‘folk pharmacology’ (Southgate & Hopwood, 2001) or ‘lay epidemiology’ (Miller, 2005). The importance of understanding folk models of drug use has been traditionally underestimated in the drugs field (Agar, 1985). Professional models of understanding have different foci and use different logics, and tend to be incompatible with folk models of drug use (Agar, 1985). Although folk models are also a part of normal meaning-making, the development of folk models of pharmacologies is of increased importance for drug users given the lack of formal regulations for safer drug use, the absence of which is the result of the dominance of the pathology model and the associated policy of drug prohibition.

In Becker’s classic work on deviance, he described how dominant drug discourses are broken down and blended with alternative discourses that develop within drug subcultures (Becker, 1963). In Becker’s model, drug users undergo a three-stage social learning process: learning the technique, learning to recognise the effects, and learning to enjoy the effects (Becker, 1953). This alternative set of knowledge and practices comprises informal controls or social rules that define acceptable drug use within that subculture. This socially organised knowledge, which he referred to as ‘social pharmacology’, shapes how people experience drugs and drug-related harms (Becker, 1967, 1977). Zinberg drew on Becker’s work in his development of the drug, set and setting model (Zinberg, 1984; Zinberg & Harding, 1979). Through studying people who were able to control their drug use, Zinberg argued that the social context (setting) and the individual’s attitudes towards the drug (set) were critical factors in the development of drug use patterns. According to both Becker and Zinberg’s accounts, people learn to regulate their drug use through

socially learnt rituals and rules aimed at controlling the drug experience, which is a nuanced interaction between the pharmacology of the drug, the individual and the social context of use.

The work of Becker and Zinberg has been extended. Grund et al. (1993) argued that the successful utilisation of social controls requires not only rituals and rules, but also depends upon life structure and drug availability. For example, the structured routines and meaningful identity of being a drug dealer protected dealers from excessive using patterns, despite high levels of drug availability. Waldorf et al. (1991) also demonstrated the importance of meaningful life roles that worked to anchor cocaine users against drifting towards a life centred entirely upon drug use. Cocaine users who were attached to meaningful identities were more able to limit their drug use. Decorte (2001) extended Becker's three-step theory by arguing that the social learning process does not end once the user has learnt to enjoy the effects, but continues throughout the entire drug-using career. Moore (1993) developed Zinberg's concept of setting to take into account the fluidity of the social processes that constitute social context. He showed how social networks within which rules and rituals are constructed are themselves in a constant state of flux: the networks are labile, may be linked to other networks through bridging ties, and may revolve around diverse foci, not necessarily strictly around drug use. To summarise Grund, Waldorf, Decorte, and Moore, learning to become a controlled drug user is a dynamic and continual social process that can also be contingent upon attachment to meaningful life roles.

Research with people who use ecstasy also suggests that many develop their own harm reduction strategies through these social learning processes. Harm reduction strategies included rationing, moderating, or limiting the amounts of ecstasy used in one session and across time (Allott & Redman, 2006; Hansen, et al., 2001; Kelly, 2007), purchasing ecstasy from known and trusted friends/dealers (Jacinto, Duterte, Sales, & Murphy, 2008; Kelly, 2007; Panagopoulos & Ricciardelli, 2005), and trying to find out the content and purity of ecstasy tablets through the use of colour reagent testing kits, on-site testing stations and online pill reports (Allott & Redman, 2006; Johnston, et al., 2006; Kelly, 2007). Users have reported that consuming ecstasy only when in a positive emotional state and avoiding its use during depressive states helped to increase the chances of a positive experience



(Hansen, et al., 2001; Jacinto, et al., 2008; Panagopoulos & Ricciardelli, 2005; Shewan, et al., 2000). It was also seen as important to use ecstasy in comfortable surroundings and in the company of trusted friends (Jacinto, et al., 2008; Shewan, et al., 2000) including experienced users (Panagopoulos & Ricciardelli, 2005). While using ecstasy, consuming water to ensure adequate hydration (Akram & Galt, 1999; Allott & Redman, 2006; Kelly, 2007; Panagopoulos & Ricciardelli, 2005), avoiding excessive use of alcohol (Kelly, 2007), having ‘chill out’ time if using ecstasy while dancing (Akram & Galt, 1999; Kelly, 2007), and having peers monitor each other to check on their wellbeing (Hansen, et al., 2001; Kelly, 2007) were other harm reduction strategies reported by users. Before and after ecstasy use, vitamins and supplements were used in an attempt to minimise the risk of neurotoxicity (Allott & Redman, 2006; Kelly, 2009).

The evidence of ecstasy-related harm reduction knowledges and practices illustrates how folk pharmacologies can be built and sustained. Unfortunately, due to their traditionally clandestine nature, harm reduction practices may develop through social networks of drug users that have only anecdotal evidence to support them. For example, Southgate and Hopwood (2001) studied the drug-related knowledges and practices that were produced and reproduced within networks of gay men. Experienced drug users, whom Southgate and Hopwood called ‘network nannies’, played the roles of expert, teacher and trouble-shooter (also see Jacinto, et al., 2008). Unfortunately, network nannies were not always equipped with accurate information. Southgate and Hopwood note that when GHB first appeared on the scene, confusion about its relationship to MDMA due to its street name ‘liquid ecstasy’ resulted in some network nannies incorrectly advising that GHB could be dosed similarly to MDMA.<sup>10</sup> Some of the ecstasy harm reduction strategies listed above are also untested. For example, there is insufficient evidence that at least one strategy sometimes employed, pre- or post-loading with supplements, offers a neuroprotective effect (Kelly, 2009). Furthermore, the existence of **copycat batches**, where manufacturers mimic a popular pill design using a weak or adulterated preparation, makes it difficult to interpret information about the content and purity of ecstasy

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<sup>10</sup> Compared to MDMA, it is relatively easy to overdose on GHB. Slight variations in dose can result in loss of consciousness and respiratory depression (Dietze, Cvetkovski, Barratt, & Clemens, 2008).

tablets (Kelly, 2007) and can confound user efforts to monitor their consumption so they can moderate their intake to reduce harm.

The ‘deviant’ status of party drugs plays a role in increasing the importance of folk pharmacologies, because there is little space in public spheres for the delivery of instructional material about how to use drugs in a controlled and safer manner. This is not to say that more general references to drug use in public spheres are uncommon: drug references are found throughout popular music and culture over many decades (see Forsyth, Barnard, & McKeganey, 1997; Kotarba, 2007) and these references are not insignificant in their association with popular acceptance and use of drugs (Forsyth, et al., 1997; Primack, Douglas, & Kraemer, 2010). However, prior to the distribution of drug information through internet technologies, it was more difficult to publicly distribute explicit instruction in drug use. In one relatively successful example from the UK in the early 1990s (McDermott, Matthews, O’Hare, & Bennett, 1993), research workers who had spent years studying young people using ecstasy developed a harm reduction booklet that was non-judgemental and aimed to develop “safer, more responsible drug use within the drug subculture” (p. 235). Their campaign successfully employed existing social practices and networks with the subculture to distribute the information through flyers and targeted magazine articles, but the campaign was ferociously attacked by tabloid press and government representatives for not aligning with the message that “drugs are wrong and drugs kill” (p. 238). McDermott et al. end their piece with the comment that “interventions of this type remain unlikely to be implemented while politicians and the mass media continue to approach questions of drug control from within an ideology rooted in moral absolutism” (pp. 242-243). Data presented in this thesis will demonstrate how internet technologies have altered this context through decentralising and democratising the consumption and production of information, although there has been little change in the moral absolutism of the more extreme parts of government and mass media. This thesis explores how the generation and distribution of folk pharmacologies now occurs in public online spaces, opening up access to wider, more far-flung networks of drug users (see next chapter).

## 2.4.2 Normalisation and neutralisation

In addition to the development of folk pharmacologies, people who use drugs can be challenged to defend their actions in the context of dominant pathologising discourses. Strategies employed by drug users to resist being subjectified as irrational, irresponsible and/or ignorant have been identified as forms of both normalisation and neutralisation.

The debate about whether drug use is normalised in particular societies generally operates on a macro or societal level (Measham & Shiner, 2009). For example, Parker et al.'s normalisation thesis rests upon societal markers of normalisation such as easier access, higher rates of use, greater tolerance of drug use by both users and non-users, and evidence of 'cultural accommodation' of drugs in public media and policies (Parker, 2005; Parker, Williams, & Aldridge, 2002). Using these markers, it has been suggested that recreational drug use has become normalised in the UK (Parker, 2005; Parker, et al., 2002) and in Australia, at least within clubbing contexts (Duff, 2003a, 2005b). Proponents of this theory emphasise the connection between drug use and consumerism. As consumption becomes more central to modern life, drugs feed an appetite for pleasurable commodities (Measham & Brain, 2005; Mugford, 1991). Others have argued that normalisation claims are exaggerated and do not reflect the diversity of young people's drug experiences (Shildrick, 2002; Shiner & Newburn, 1997).

While the extent of drug use normalisation across societies is an important macro-level concern, more relevant here is the application of normalisation within micro contexts. Rødner Sznitman noted that "Parker et al. pay no attention to the potential micro-politics that drug users might have been engaged in when trying to challenge the stigma attached to them" (Rødner Sznitman, 2008, pp. 456-457). As argued in Section 2.3.2, the negative depictions of drug users that are perpetuated by public officials and in public information campaigns fuel stigmatisation of drug users in the community. Rødner Sznitman (2008) identified two different ways that drug users may manage the stigma associated with illicit drug use. Firstly, following an assimilative agenda, people may attempt to 'pass as normal' by representing their own drug use as non-deviant. People who employ assimilative normalisation do not challenge the status quo of deviant drug use; rather, they work to define *their* use of drugs as normal. Secondly, following a transformational agenda, people may seek to

redefine the meaning of drug use and the label of drug user. Instead of trying to define themselves as ‘normal’, they reject the dominant pathology drug discourse that frames mainstream definitions of ‘normal’ and offer alternative ways of thinking about drugs and pleasure. An example of an alternative approach might be rejecting moderate, cautious drug use while celebrating intoxication. Transformational normalisation is more radical in that it works towards changing whole systems of thinking, whereas assimilative normalisation works by defining exemptions to deflect the stigma present in the dominant pathology discourse.

Drawing from Rødner Sznitman’s work, Pennay and Moore (2010) explored the micro-politics of normalisation among a network of young Australian party drug users. Many group members routinely broke agreements with each other to control aspects of their drug use (e.g., such as taking breaks from drug use and refraining from use due to work responsibilities). While making these agreements emphasised their capacities for self-control and worked to associate themselves with a ‘responsible’ brand of drug use, group members explained their inability to enact these agreements in terms of the dominant pathology discourse; that is, they tended to “fall back on established explanations that emphasise individual deficit” (p. 568) by blaming their own lack of control or “terrible willpower” (p. 567). In contrast to these examples of assimilative normalisation, other group members engaged in transformational normalisation by rejecting the need for self-control and moderation in their drug practices. Instead, these group members emphasised the desirability of acute intoxication and the associated corporeal pleasures. In Pennay and Moore’s work, we can see how drug users draw from the harm reduction model (making agreements to use drugs ‘responsibly’), the pathology model (blaming their own individual deficits for failing to use drugs ‘responsibly’), and the consumerism model (emphasising the desirability of intoxication) as they work to challenge potential stigmatisation through assimilation and transformation of these discourses.

The micro-politics of normalisation comprises the different techniques used by people in order to account for practices deemed ‘risky’ by others. Another body of theory and research has evolved with the similar aim of understanding the ways by which people neutralise or deny risk. Drawing on Sykes and Matza’s (1957) techniques of neutralisation, Peretti-Watel (2003) identified three techniques of risk denial. Peretti-Watel demonstrated that in order to resist the stigma associated with

cannabis use (defined by society as an unhealthy behaviour), “cannabis users scapegoat ‘hard drugs’ users, they emphasize their own ability to control their consumption personally, or they compare cannabis and alcohol risks” (p. 21). Similar justifications were described among ecstasy users who saw ecstasy as: safe as long as use was informed; normal, not regarded as a deviant act; and similar to legal drugs like alcohol (Gourley, 2004). Qualitative studies of recreational drug users consistently find evidence of what Peretti-Watel described as scapegoating, where recreational drug users differentiate themselves from people they consider to be drug abusers or addicts (Klee, 1998; McElrath & McEvoy, 2001; Rødner, 2005; Sørensen, 2005). While ecstasy users tended to demonise heroin and injecting drug users (McElrath & McEvoy, 2001; Sørensen, 2005), heroin users also used scapegoating by singling out ‘greed’ and ‘irresponsibility’ as traits of other heroin users that were offered as explanations for overdose (Miller, 2005).

In the original theory of neutralisation, Sykes and Matza (1957) argued that the risk-taker (the ‘deviant’ or ‘delinquent’) accepted the moral standards of the mainstream and that they subsequently used neutralisation techniques to offer themselves and others a plausible explanation for why their behaviour was *not* risky (or deviant), and why the rules of the dominant discourse did not apply to them. This attachment to mainstream values challenged the subcultural theories of deviance that were popular at the time (e.g., Cohen, 1955). These theories of deviance held that risk-takers were no longer committed to the dominant societal value system, because they had replaced it with their own set of subcultural values (Maruna & Copes, 2005). These distinctions between risk-takers who are committed to mainstream discourse and risk-takers who challenge mainstream discourse through offering alternative readings of risk mirror more recent developments described above as assimilative and transformational normalisation.

Normalisation and neutralisation strategies are not new phenomena: they occur across a wide range of populations where people seek to explain unanticipated or ‘deviant’ behaviour when engaging in social interaction (Maruna & Copes, 2005). Data presented in this thesis shows how normalisation and neutralisation strategies are used within public internet forums. Party drug users who participate in online discussions about drugs use these spaces to claim normative subjectivity and also to

redefine the acceptability of illicit drug use through developing alternative discourses.

### ***Conclusion***

This chapter puts the use of public internet forums by party drug users into context. I have shown how people who use drugs can be portrayed as irrational, irresponsible, or ignorant and how drug users can work to either reinstate themselves as normative neoliberal subjects despite this characterisation or reject the assumptions of neoliberalism by offering alternative readings of drug use. In the following chapter, I review internet technologies as information tools, social spaces, and as part of everyday life, and apply these conceptualisations of the internet to the folk pharmacologies and normalisation strategies of people who use party drugs.

### 3 Internet technologies and party drug use

Illicit drug use is increasingly occurring in an environment saturated with internet technologies. As in other developed countries (see Center for the Digital Future, 2008), internet access is now commonplace in most parts of Australia, especially among teenagers and young adults. Over the decade from 1998 to the time of data collection for this study (2007/08), the percentage of Australian households with access to the internet increased from 16% to 67% (Australian Bureau of Statistics [ABS], 2008). The proportion of Australians aged between 15 and 34 years who reported accessing the internet from any location within the year 2006/07 was over 85% (ABS, 2007). Similarly, 95% of 18- to 24-year-olds and 91% of 25- to 34-year-olds described themselves as current internet users in a 2007 Australian household survey (Ewing, Thomas, & Schiessl, 2008). Although internet use is increasingly a part of everyday life, there is still a digital divide in Australia. Non-internet-users are more likely to have lower income and to have completed less education, and most notably, to be aged over 65 years (ABS, 2007; Ewing, et al., 2008).<sup>11</sup>

The populations who are the most connected to internet technologies are the same populations who are the most likely to use party drugs. Over one quarter (28%) of Australian adults aged 20 to 29 years reported the use of any illicit drug in the past 12 months in the 2007 National Drug Strategy Household Survey, compared to 17% of both 14- to 19-year-olds and 30- to 39-year-olds, and 7% of those aged 40 years or older (Australian Institute of Health and Welfare [AIHW], 2008a). Cannabis, ecstasy and methamphetamine all followed this age-related pattern. Furthermore, use of an illicit drug in the past 12 months was not related to socio-economic status, as measured by the ABS residential Socio-economic Index, or to the completion of post-secondary school qualifications (AIHW, 2008a). Recent use of cannabis, ecstasy and methamphetamine is not associated with lower socio-economic status or

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<sup>11</sup> More Australians were using the internet in 2009 compared with 2007. While prevalence of internet use among the groups that were already almost all internet users in 2007 remained fairly constant (e.g., 98% of 18-24 year olds and 94% of 25-34 years olds reported internet use in 2009), underrepresented groups showed the most rapid uptake of internet use from 2007 to 2009. Nevertheless, lower income, lower education and older age continued to be associated with non-internet use (Ewing & Thomas, 2010).

lower education.<sup>12</sup> These facts contradict the assumption commonly implied in the pathology discourse that illicit drug use represents a deficit in the user's social position (Southgate & Hopwood, 1999). Claims that internet technologies would be less likely used by drug users due to the association of the internet with higher socio-economic status no longer apply in a world where over 90% of young adults are using the internet and the young adults who use illicit drugs cannot necessarily be characterised as socio-economically disadvantaged (see also Littlejohn, Baldacchino, Schifano, & Deluca, 2005).

Furthermore, the production and consumption of electronic dance music that forms a central part of club culture relies on digital technologies. Both the spectacular and the more mundane aspects of the clubbing experience are mediated by and through digital and internet technologies (Moore [Karenza], 2006). Among the lasers, DJ hardware and electronically produced sounds are mobile phones and digital cameras. In the 1990s, websites supporting club scenes functioned as noticeboards for future events, an avenue for discussions about the scene, and a mechanism for sharing photos of past events and other visual and audio creations (Gibson, 1999; Wilson & Atkinson, 2005). Using the web in this earlier era, where being online was the exception rather than the rule, enabled underground club cultures to grow. Arguably this growth contributed to the commercialisation of dance music scenes in the 2000s, when websites became just one part of the mainstream marketing of large for-profit dance music events (Siokou & Moore [David], 2008) and mobile phones became an essential part of the clubbing experience and the maintenance of the clubber identity inside and outside the club (Moore [Karenza], 2006). Digital technologies have always been embedded in club cultures and their associated club or party drug use. Clubs, drugs and digital technologies work together as integral elements in the formation of the experiences and meanings of club culture.

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<sup>12</sup> In the most recent 2010 National Drug Strategy Household Survey, age-based prevalence statistics remained similar except that recent illicit drug use among the 30-39 age group increased from 17% in 2007 to 19% in 2010. The 2010 survey again showed that recent illicit drug use is not associated with socio-economic status or education. For example, 15% of both the lowest and the highest socio-economic quintiles reported recent illicit drug use. Similarly, 15% of both people with and without post-school qualifications reported recent illicit drug use (AIHW, 2011).



Underpinned by recognition of the inextricable relationship between party drugs and digital/internet technologies, this thesis examines the use of one kind of digital technology, the public internet forum, by party drug users, and assesses how their use of forums shapes their experiences with drugs. Most research into the role of the internet in contemporary illicit drug practices has theorised the internet as an information tool. The metaphor of internet as tool has framed our sense of what the internet can and cannot do. Like drug discourses, internet discourses become *regimes of truth* (Foucault, 1980), and alternative ways of knowing and being may be shut out when we adopt a metaphor without reflecting on how it frames our thinking. Markham (1998, 2003, 2007) has outlined three distinct metaphors that we use to make sense of the internet: internet as tool, internet as place, and internet as way of being, with the ‘internet as tool’ metaphor being the dominant frame for thinking in this area. The aims of this chapter are to lay out the evidence supporting this framework and to critically review the social science literature linking drugs and the internet by applying this framework. I draw from the drug discourses and drug user responses discussed in Chapter Two and seek to apply them within the context of a digitally connected world.

### **3.1 Internet as tool**

#### **3.1.1 Conduit, prosthesis and container**

As a tool, the internet can be understood as an extension of our capacities, enabling us to get things done more quickly and more efficiently. Markham (2003) identified three different sub-types of the internet-as-tool metaphor: (1) internet as conduit, (2) internet as extension or prosthesis, and (3) internet as container. Firstly, as a conduit, we focus upon the internet as a medium for the transmission of information from one location to another (Markham, 2003). Literally, this is what ‘the Internet’ is: a medium that transmits digital information. We talk about the internet as a ‘web’ or a ‘net’, consisting of connecting nodes and grids that stretch out across the globe, flowing with information. For example, the early internet metaphor ‘information superhighway’ used the conduit concept, rendering what was unfamiliar (the internet) with what was familiar (the superhighway). Secondly, as prosthesis, we emphasise the capacity of the internet to extend our reach (Markham, 2003). Through the collapse of the constraints of space and time, the internet allows us to

extend ourselves across great distances to connect with people and with databases of information that would otherwise be physically inaccessible to us. Tokar (2009) locates the prosthesis metaphor in the terms ‘web sites’, ‘web browsers’, and the names of browsers, ‘Explorer’ and ‘Safari’, arguing that the language of ‘browsers’ allows us to explore sites located around the world, not unlike a real-life safari. Thirdly, as a container, the internet is envisaged as a vessel for holding and storing ‘stuff’, including but not limited to information (Markham, 2003). As a container, the internet is a space to be filled. This metaphor is evident in the terms library and archive, which are both used to describe the internet. The container metaphor includes expressions such as “uploading or posting something on the Internet” which suggest that the internet has a container of its own to which we upload (Tokar, 2009, p. 18). Markham stresses that “even as the terms prosthesis, conduit, and container describe actual features of the Internet, they foster perceptions that limit what becomes the nature and reality of the Internet” (2003, online).

The internet as tool is envisaged primarily as a network of digital information. Digital media refer both to digital information and the media that store it. Digital media have strong continuities with earlier forms of media; however, it is useful to consider the differences between ‘new’ and older media forms. The contents of analogue media (e.g., film photograph, photocopies, vinyl recordings) are continuous—analogue data cannot be reduced to binary codes. These binary codes that comprise digital information make possible not only storage but transmission across networks to other media devices. The most commonly implied network is ‘the Internet’, the global ‘network of networks’ (Castells, 2010), but other networks (intranets, local area networks, virtual private networks) also operate on a more restricted scale.

There are three ways that digital media and the internet are more effective and efficient as tools. Firstly, in contrast to analogue media, digital media foster *convergence* (Ess, 2009). Digital copies are basically perfect replicas of each other, whereas analogue copies tend to be degraded versions of the original. Digital media can be transmitted via shared and compatible systems, whereas analogue media have distinct systems that are not compatible with each other. Digital information is stored in a common form readable by different devices, fostering convergence of forms. For example, digital music can be downloaded from the internet direct to one’s computer

or portable device (tablet or mobile phone), burnt to a CD, transferred to a USB drive for portability, or played on a digital player or television. The distinctiveness and separateness of forms of analogue media are being superseded by hybrid digital media forms (Baym & Markham, 2009). Secondly, the information transmitted by digital media can travel *quickly and globally* (Ess, 2009). Digital information has been described as “*greased* to slide easily and quickly to many ports of call” (Moor, 1997, p. 27, italics in original). The distribution of information through analogue media is bounded by the traditional restraints of space and time, whereas the properties of digital information allow it to be copied and distributed more easily and quickly, without the barriers of traditional publishing institutions or gatekeepers. Thirdly, digital information can be transmitted across the internet, allowing new ways to *communicate* on a potentially global level (Ess, 2009). New relationships and networks can be formed with people who could not otherwise be accessible. Digital media as communication also foster, but do not guarantee, interactivity and fluidity (Ess, 2009; Leaning, 2009).

Public internet forums are one example of networked digital media. In addition to the possibilities of quick and global information transmission and communication, internet forums consist of an infrastructure of text-based and asynchronous interaction which is relatively anonymous (Barak, Boniel-Nissim, & Suler, 2008; Tanis, 2008a). For internet forum users, the act of writing about their issues may be therapeutic, the absence of visual information may allow them not to be judged on their physical appearance, and the asynchronous written nature of communication may allow them the opportunity to carefully formulate their responses and their presentation of self (Barak, et al., 2008; Tanis, 2008a, 2008b). The potential for anonymity or **pseudonymity**<sup>13</sup> on the internet may provide immunity to people who are concerned about social stigma and legal ramifications of revealing illicit or stigmatised behaviours and identities (McKenna & Bargh, 1998, 2000; Tanis, 2008a; Walther & Boyd, 2002; Wood & Ward, 2010). As such, internet forums may be conceptualised as tools through which people seek information,

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<sup>13</sup> Internet forum users who assume an identity characterised by a specific username and avatar are not anonymous from other forum users. The use of a pseudonym allows forum members to identify each other while enabling members to keep their offline identities private (de Koster & Houtman, 2008; Roberts, Smith, & Pollock, 2002, 2004).

produce information, extend themselves across traditional space and time barriers, and manage their presentation of identity in new ways.

### **3.1.2 The internet as a tool for drug users**

Most of the social science research investigating internet use among people who use illicit drugs has drawn upon the popular metaphor of the internet as tool. Specifically, two different products are seen as potentially flowing through the network of networks: information about drugs and drugs themselves.

International evidence suggests that teenagers and young adults report the internet as their primary source of information in general (Gray, et al., 2005; Rideout, 2001), and specifically to find health information, including information on alcohol and drugs (Rideout, 2001). In a study conducted with college students in the US, 76% of students reported having searched for information about club drugs using the internet, and knowledge about ecstasy and speed was significantly higher among searchers (Brewer, 2003). Similarly, in a survey of 15- to 24-year-olds in the EU, 61% of respondents reported use of the internet as a source of information about illicit drugs. The internet was the most popular drug information source, followed by friends (35%) and health professionals (34%) (European Commission, 2008). In Australian (Duff, 2005a; Gascoigne, et al., 2004; Johnston, et al., 2006) and international (Boyer, Shannon, & Hibberd, 2005; Falck, Carlson, Wang, & Siegal, 2004; Gamma, et al., 2005; Stetina, Jagsch, Schramel, Maman, & Kryspin-Exner, 2008) research, ecstasy and other 'party drug' users have consistently nominated drug websites as important drug information sources, alongside drug-using peers. User-oriented websites were preferred to those run by government or government-sponsored organisations (Falck, et al., 2004; Gamma, et al., 2005). The importance of the internet for obtaining drug-related information has also been established through qualitative studies (Barker, Harris, & Dyer, 2007; Duff, 2005a; Duff, et al., 2007; Murguía, Tackett-Gibson, & Lessem, 2007). For example, Barker et al. (2007) note that "many people reported reading testimonials and seeking information on the web before ingesting GHB for the first time" (p. 122) and Duff et al. (2007) comment that "the internet is transforming the way many young people approach the issue of drug information and how young people directly access this information" (p. 70). There are also some contrasting studies where party drug users have shown limited use of

the internet. For example, ecstasy users recruited at dance events in 2006-07 in three Australian cities were asked how often they accessed the internet for information about ecstasy and related drugs. Most of this sample either never (45%) or rarely (33%) accessed the internet for drug information (Bleeker et al., 2009).

In early research, pro-drug and harm-reduction oriented websites far outnumbered anti-drug websites in online search results for common recreational drugs (Boyer, Shannon, & Hibberd, 2001). This trend towards more pro-drug than anti-drug material may be more salient for more obscure psychoactive substances, as another study found that 64% of *Salvia divinorum* websites were rated as 'drug-friendly' compared with 24% for LSD (Siemann, Specka, Schifano, Deluca, & Scherbaum, 2006). Examining 280 ecstasy-related websites, Deluca and Schifano (2007) reported that 50% were anti-drug, 25% were pro-drug and 16% were categorised as harm-reduction websites. Although pro-drug ecstasy websites were outnumbered by anti-drug and harm-reduction websites, the pro-drug sites appeared significantly earlier in search engine results. Schepis, Marlowe, and Forman (2008) found that illicit methamphetamine was overwhelmingly portrayed in a negative light by websites; however, the analysis was conducted by comparing the proportion of the website sample captured, without consideration of the position of the website in the search result list. An examination of the first 10 or 20 websites is arguably more informative, given that most internet users do not look beyond the first page of results (Eysenbach & Kohler, 2002; Morahan-Martin, 2004). Overall, these studies suggest that harm-reduction and pro-drug websites feature more prominently in web searches compared with anti-drug websites, even though anti-drug sites may be more numerous. Given that the order of websites in search results is based on their popularity (Meyer & Langville, 2006), these findings also indicate that anti-drug websites are not as widely used as harm-reduction and pro-drug sites.

There is also evidence to suggest that drug users change their practices based on online information. In a survey of online drug discussion groups, members reported using harm reduction websites to increase their knowledge about drugs and minimise the risks of negative consequences, as well as to discover new drugs and methods of use (Murguía & Tackett-Gibson, 2007). While cases have been described where people have overdosed after following online advice (Brush, Bird, & Boyer, 2004; Wax, 2002), in other cases, young people in drug treatment reported having

attempted to reduce the harms of their drug use as a consequence of accessing drug information online (Boyer, et al., 2005). Boyer, Lapen, Macalino and Hibberd (2007) have shown how drug-related knowledge and experiences were rapidly distributed across networks of peers through instant messaging technology by young drug-using individuals. Boyer and colleagues describe these young people as “innovative drug users, a group of individuals who use the web to learn about a new drug, experiment with that substance, and then disseminate their knowledge and experiences to others” (2007, p.1). These ‘innovative drug users’ can be compared to Southgate and Hopwood’s (2001) ‘network nannies’: experienced members of drug-using networks who disseminate information to peers. In this case, the internet is used not only to consume information but also to produce it (see next section).

As well as being seen as an information tool, the internet may be used as a way of buying and selling psychoactive substances. The number of online pharmacies, including those that do not require prescriptions, has increased substantially over the past decade (Forman, 2006). Pharmaceutical opioids, stimulants, sedatives, and steroids can be sourced with relative ease without prescription through internet pharmacies (Forman, 2006; Littlejohn, et al., 2005; Schepis, et al., 2008), although Boyer and Wines (2008) concluded from analysing posts to a ‘pharmacy watch’ website that the availability of prescription opioids from internet pharmacies was decreasing. The other class of drugs that has been found for sale online is new or novel substances marketed as herbs, plants, ‘legal highs’ or ‘**research chemicals**’ (Hillebrand, et al., 2010; Schmidt, Sharma, Schifano, & Feinmann, 2011). While internet pharmacies may attempt to evade prosecution by selling products with legitimate medical uses, websites selling novel substances attempt to stay ahead of legislators by marketing products not yet scheduled or controlled, or products to be used as ‘research chemicals’ (Sanders, et al., 2008), ‘incense’ (Schifano et al., 2009) or ‘plant food’ (van Hout & Brennan, 2011) rather than for human consumption. Websites selling non-prescription drugs and ‘legal highs’ have been documented, including hallucinogenic plant materials (Halpern & Pope, 2001), *Salvia divinorum* (Hoover, Marlowe, Patapis, Festinger, & Forman, 2008), ayahuasca (Dalgarno, 2008), piperazine-containing ‘party pills’ (Butler & Sheridan, 2007; Sheridan, Butler, Wilkins, & Russell, 2007), mephedrone (Measham, Moore, Newcombe, & Welch, 2010; Winstock et al., 2011), and

synthetic cannabinoids (Griffiths, Sedefov, Gallegos, & Lopez, 2010; Schifano, et al., 2009). There is little evidence to suggest that the most popular party drugs (MDMA, methamphetamine and cocaine) or cannabis are available to purchase through websites, although there has been little research into the extent to which deals between friends are facilitated by online communication technologies.<sup>14</sup> Nevertheless, it is possible to purchase ‘grow kits’ for cannabis and hallucinogenic mushrooms through online vendors (Australian Crime Commission, 2007; United Nations Office on Drugs and Crime, 2006).

### 3.1.3 Democratisation of information

As well as being understood as a tool for consuming information and buying products, the internet has been hailed as a tool for spreading democracy.<sup>15</sup> The internet is generally understood as “a media form that specifically affords opportunities for the restoration of democracy or of resistance” (Leaning, 2009, p. 105). Leaning locates this claim within two contrasting philosophical frameworks: liberal democratic and radical democratic. Within a liberal democratic framework, the mass media is considered to have a key role in critiquing the activities of the state and guarding the interests of the citizens, while the public sphere is seen as a site for the legitimate expression of opinion. The internet is seen to offer an opportunity for non-institutional and non-corporate individuals to add their voices to public life. In contrast, the radical democratic position contends that, rather than critiquing the activities of government, mass media actually serve to legitimate and reinforce the state and that the public sphere systematically disallows minority and alternative voices. From this perspective, the internet can be a radical media only if “it affords true anti-systemic action, the articulation of contrary identities and the production of media content outside the normal spheres of action” (Leaning, 2009, p. 106).

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<sup>14</sup> In 2011, the situation has shifted considerably with the arrival of *Silk Road*, an anonymous online marketplace where almost anything can be bought or sold. *Silk Road* is accessible only to people who are using **Tor** anonymising software and the anonymous peer-to-peer currency Bitcoin. A complete range of drugs, including ecstasy, cannabis, stimulants, opioids and psychedelics, are available to technically minded buyers who are willing to receive drugs in the post. Authorities are still yet to determine how *Silk Road* and other similar websites could be shut down (Barratt, in press).

<sup>15</sup> This view is evident in the Middle East and North Africa uprisings of 2011. Commentators have noted the role of social media in facilitating information dissemination and mobilisation of protesters (Al Sharekh, 2011).

Leaning cautioned against non-critical acceptance of the internet as inherently democratising, yet shows how its use in particular circumstances may enable radical democratic action. The internet appears to offer ordinary people a tool through which they can consume, produce and disseminate information that may run counter to dominant discourses, in contrast to traditional forms of mass media where content is centrally produced and distributed to a mass of media consumers. This trend towards the merging of producer and consumer/user has been defined as ‘produsage’ by Bruns (2006). Key examples of produsage that have been facilitated by internet use include Wikipedia, a collaborative online encyclopaedia that anyone can edit (Fallis, 2008), and the open source software movement that promotes free rather than proprietary software (Bretthauer, 2002). This decentralisation of power through internet usage has also been identified by medical doctors who describe how patients consult online information about health conditions and are no longer reliant on the doctor as the sole expert (Eysenbach, 2008). The decentralisation of power and democratisation of information was also described by Bakardjieva (2005) in her ethnography of how people used the internet in their everyday lives. Most of the people she studied had “become lay researchers willing to make informed decisions on matters of daily life and were aware, thanks to the Internet, of the wide range of alternatives available” (p. 194). Online networks also appear to be more useful for gaining new information than physical-community networks, within which social ties are more closely bound (Boase & Wellman, 2006; Quan-Hasse, Wellman, Witte, & Hampton, 2002; Wellman & Gulia, 1999). Although increased participation in public spheres is enabled by internet technologies, Leaning’s critique warns us to not assume that such participation will necessarily be part of radical action. The capacities of the internet are contingent on societal factors that constrain and enable actions that may contribute to increased participation, power and democracy across citizen groups, including drug users.

#### **3.1.4 Online folk pharmacologies**

The democratisation of information made possible through the internet is directly relevant to the production of online folk pharmacologies. As described in Chapter Two, information about drugs made available in the public sphere has traditionally been restricted to warnings about drug dangers and general drug references in popular culture. Explicit instruction in controlled and safer drug usage is banned



from public spheres: indeed, publications may be refused classification and deemed illegal to distribute in Australia if they include “detailed instruction in crime, violence or drug use” (Australian Communications and Media Authority, 2011, online).<sup>16</sup> For example, the book *E for Ecstasy* (Saunders, 1993) was seized by Australian customs due to its drug-related content (Saunders, 1997), and *PIHKAL: Phenethylamines I have known and loved* (Shulgin & Shulgin, 1992) was also refused classification in Australia (“Expert opinions”, 1997).<sup>17</sup> While some targeted health campaign publications with explicit safer drug use messages have been removed from circulation after coming to the attention of the public and politicians (Fitzgerald, 2000), others, such as the *Handy Hints* drug-using guide (Australian Injecting and Illicit Drug Users League, 2010), have been funded by government through drug user organisations. In the context of drug prohibition prior to the mid 1990s, many authors who publicly disseminated drug-use instructions did so without identifying themselves in an effort to avoid negative legal and social consequences. For example, instructional materials in cannabis cooking, growing and use were published pseudonymously in the late 1960s and early 1970s, including *The super grass grower’s guide* by ‘Mary Jane Superweed’ and *The hashish cookbook* by ‘Panama Rose’ (Jaehrling, 2010), while in the 1980s, ‘Uncle Fester’ published the infamous *Secrets of methamphetamine manufacture*, which is now in its 9<sup>th</sup> edition (Fynes-Clinton, 2009).

Not long after the public began using the World Wide Web in the mid-1990s, media reports of websites distributing detailed instructions in drug use began to surface (Jenkins, 1999). Early use of the internet progressed in a largely unregulated fashion, and during this time, many websites that provided detailed instruction in drug use were created (Murguía, Tackett-Gibson, & Willard, 2007). The internet has facilitated drug-related publication through: enabling anonymous publication;

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<sup>16</sup> See *National Classification Code 2005* (Cth) s 3(1). Refused classification (RC) will be given to media that: (a) depict, express or otherwise deal with matters of sex, drug misuse or addiction, crime, cruelty, violence or revolting or abhorrent phenomena in such a way that they offend against the standards of morality, decency and propriety generally accepted by reasonable adults to the extent that they should not be classified; or (b) describe or depict in a way that is likely to cause offence to a reasonable adult, a person who is, or appears to be, a child under 18 (whether the person is engaged in sexual activity or not); or (c) promote, incite or instruct in matters of crime or violence.

<sup>17</sup> Excerpts from both books are now available online.

offering the capacity to host sites in countries with less restrictive censorship laws yet still make content available in other countries; and the relative ease and low entry barriers of maintaining websites and participating in collaborative online projects and communities. While it is still easier to publish online than in print, increased government regulation of internet content and increased use of proprietary websites and devices have reduced the ease by which instructional drug-related content can be published online. In Australia, the federal Labor government has proposed legislation mandating that Internet Service Providers block all websites hosting refused classification content (Simpson, 2008). Although this policy has been promoted as a method of reducing access to child pornography, an independent report assessed that the legislation could also be used to block drug harm minimisation websites (Lumby, et al., 2009). Furthermore, the increased use of proprietary websites (e.g., Facebook) and devices (e.g., iPhone, iPad) places restrictions on individual efforts to remain completely anonymous and on the type of content allowable for use on that website or device. For example, both Facebook and Apple have been accused of censorship through removing drug- and sex-related content (Diaz, 2011; Grim, 2010).

Notwithstanding these developments, the internet continues to be used as a tool of resistance in the face of dominant pathologising drug discourses. Boyer et al.'s (2007) 'innovative drug users', who learnt drug practices through websites, applied new knowledge then disseminated it through online networks, offer an example of folk pharmacologies produced through online communication. In Tackett-Gibson's (2008) analysis of discussion about the drug ketamine in a public online forum, group members debated the validity and the meaning of both the drug experiences of other members and the published research about ketamine risk. These drug users developed their own 'lay person' evaluations of the risks and benefits of ketamine use, with internet forums providing the means or setting for this to take place. Boyer et al. and Tackett-Gibson's studies indicate that the folk pharmacologies described in Chapter Two also occur in online environments and are facilitated by the use of online communication technologies. These peer-reviewed studies are supported by two Australian reports that investigated online 'party drug' discussion (Webster, 2005; Whiteaker, 2004). They found that drug-using peers exchanged information and experiences in public online forums, often for the purposes of reducing the possibility of experiencing drug-related harm. Like Bruns' 'producers',

these drug users consumed and produced information in a collaborative fashion, not unlike the online collaborators of Wikipedia and Open Source.

In summary, research into drugs and the internet has primarily focused on the internet as an information or purchasing tool. This body of work indicates that the internet is increasingly the preferred information source about drugs, especially among young people. This thesis adds to this work through exploring the potential role of the internet as a tool for accessing and disseminating otherwise suppressed information about how to use drugs in a controlled and safer manner. Folk pharmacologies that traditionally form within social networks of drug users or in drug user subcultures may also form within online networks and communities, yet unlike physical social networks, these networks can be publicly accessed and assessed. Public accessibility combined with relative anonymity provides a more potent medium of information exchange and critique than can be achieved in small, private networks.

### **3.2 *Internet as place***

#### **3.2.1 'Cyberspace'**

In her ethnography of a skinhead newsgroup, Campbell argued that “the internet not only enables the dissemination of data, but it is also a space which allows for dialogue and interaction” (2006, pp. 274-275). This ‘cyberspace’ or ‘cyberplace’ is the second of Markham’s three metaphors of the internet (1998, 2003, 2007). Almost all ‘tool’ metaphors are related to ‘place’ metaphors: for example, highways, libraries, (web)sites (Tokar, 2009). Other place-specific metaphors are used, including cyberspace, electronic frontier, global village, ocean (e.g., ‘surfing’ the web). The space/place metaphor has historically been associated with new technologies and is still part of our language today, even though it may no longer reflect how we make sense of radio, telephone and television (Markham, 2003). Just as we ‘go online’, we still talk about being ‘on the phone’ or ask ‘what’s on television tonight?’. The space/place metaphor writes new technologies into existence in a spatial and temporal way.

In terms of the internet, the concepts of cyberspace, frontier or community signal an imagined or perceived place where one can spend time interacting and

exploring. As previously mentioned, the names of internet browsers, Explorer and Safari, reflect this metaphor. The terms 'browser' and 'web site' also reflect the act of travelling to different places 'on the internet'. Regardless of the lack of literal physical space to which we 'go', research into online communities has explored how people experience the internet as a meaningful place where "things happen that have genuine consequences" (Markham, 2003, online). On the internet, "the self can interact, move, travel and exist" (Markham, 2003, online). In order to conceive of the internet as a place, there needs to be a sense of presence and of spatial boundaries. Online presence and boundaries are not physical: they are defined and redefined, produced and reproduced, through social interaction. That is, in order to see the internet as a place, internet users need to meaningfully interact with other internet users. As Markham has noted, studies of online communities have brought into focus the socially constructed nature of sense of place in the physical world as well as in the online world.

A sense of place is produced through social interaction, practice and affect. This process of place-making is how a house can be 'made' into a home, a place imbued with meaning that transcends the physical structure itself (Duff, 2010). This is also how a non-material place can be brought into existence in the minds of participants in online communities (Fernback, 1999). A sense of togetherness and a sense of place can develop through online communication; however, in contrast to physical-place-based communities, online places are more likely to be constructed through social interaction within networks with ties that are more numerous, loose-knit and far-flung (Wellman & Haythornthwaite, 2002; Wittel, 2001). The possibility of extending one's reach through the internet (prosthesis) enables online communities to form where people share an obscure or hidden interest or identity. This capacity for connection based on a hidden interest or identity is accentuated by the ability to present oneself anonymously (McKenna & Bargh, 1998). Feelings of anonymity can also lead to the experience of deindividuation, where people feel submerged in the group and do not identify themselves or others as separate individuals. Deindividuation has been linked to the higher levels of self-disclosure that occur in anonymous online settings (Joinson & Paine, 2007; McKenna & Bargh, 2000; Tanis, 2008a, 2008b). As a place, the internet offers a platform for the production and negotiation of meanings, cultures and identities.

Online pro-anorexia support groups and internet forums are just one example for which there has been substantial research that conceptualises the internet as an alternative place. Participants in pro-anorexia groups generate instructions for initiating and maintaining anorexia nervosa (Mulveen & Hepworth, 2006). In these groups, 'Ana' (anorexia nervosa) and 'Mia' (bulimia) are renamed and redefined. Instead of identifying anorexia nervosa or bulimia as mental illnesses or diseases, people with eating disorders redefine such disorders as lifestyle choices through which they hope to achieve control, perfection, success and beauty (Borzekowski, Schenk, Wilson, & Peebles, 2010; Mulveen & Hepworth, 2006). While such internet groups do share information that facilitates or instructs in disordered eating, these forums primarily serve as alternative *places* where similarly minded individuals can enact the kinds of identities that would be stigmatised in the rest of their everyday lives (Haas, Irr, Jennings, & Wagner, 2011). From the perspective of the anorexic, online groups offer a safe and supportive place which is notably different from 'real life', where a person deliberately starving themselves in order to lose weight must either keep their activities hidden or encounter resistance from their friends and family. By sharing a secret identity, pro-ana online groups normalise and strengthen thoughts and behaviours associated with the online group while weakening attachment to friends and family in the 'real world' (Gavin, Rodham, & Poyer, 2008). Pro-ana and pro-mia groups are of considerable concern in that they may work to increase the severity of disordered eating (Borzekowski, et al., 2010); however, their use also serves to reduce the likelihood of people with anorexia suffering in isolation (Gavin, et al., 2008).

Like the party drug users described by Pennay and Moore (2010), participants in pro-ana online groups engage in assimilative normalisation. Within a dominant culture that privileges individual control of one's life project and the imperative to take care of one's health, failing to eat a healthy diet is defined as an illness, and deliberate starvation is seen as the opposite of taking care of one's health. Pro-ana group participants attempt to exert greater control over their lives, a goal that also accords with neoliberalist norms, through starvation, a non-normal route of achieving this goal. It is useful to understand these practices as an endorsement, rather than a rejection, of the dominant neoliberal value of self-control, although the route through which pro-ana online group participants seek to achieve this accepted goal is

alternative or deviant, because it runs counter to the health imperative. The development of this alternative meaning of starvation is achieved through social interaction in alternative networks: in this case, connecting and communicating with similarly minded people is enabled and facilitated by public internet forums. Furthermore, an alternative place where these views can be performed and meanings can be negotiated is constructed through ‘cyberspace’.

### **3.2.2 Drug users in ‘cyberspace’**

As with the example of pro-ana online groups, the normalisation and neutralisation strategies discussed in Chapter Two occur in the context of social interaction both within drug user networks and when drug users account for their activities to outsiders. Just as social interaction shapes drug meanings and related sense-making strategies, *online* social interaction is also likely to affect the meanings, cultures and identities associated with drugs. When the internet is conceptualised as a place where people interact, it provides a context within which drug meanings are negotiated. The importance of such online social interaction is amplified by the prohibited nature of illicit drug use because online social interaction offers the advantages of anonymity and accessibility. Drug users can use the internet to construct a place where alternative discourses and identities can be enacted.

Two studies provide anecdotal evidence of the internet as a ‘safe place’ for drug users to gather. In Duff et al.’s study of the social contexts of ecstasy use in Melbourne (2007), an ecstasy user compared the online context to the university setting. He explained why there was “heaps of general chitchat going on (on the internet)” by noting that “you can’t just walk up to the next bloke at uni and go ‘oh yeah, so what do you reckon about ecstasy’ or something, you know?” (p. 56). Drug discussion forums on the internet, in contrast, offered places where you *could* ask strangers about their views on drugs. The second study drew from an international survey of drug discussion forum participants (Gatson, 2007b). When asked why they participated in online drug discussion, over one third of survey respondents (36%; 299 of 831) used the words ‘connect’, ‘similar’ or ‘talk’ in their open-ended responses. A subset of responses converged around the theme of internet forums providing a place where drug users can gather where they felt themselves to be free from the threats of arrest and stigma. For example, one survey respondent stated that

“you can’t talk about drugs freely in day to day life without getting weird looks from people and the police at your door. Discussion boards give me a chance to ask questions I need answered, or just to share a good time I had without having to worry about who’s looking at it”. Another participant noted that “there is no [other] place that educated middle of the road working class people hang out at where they freely discuss these topics [drug use]” (Gatson, 2007b, p. 141). These drug users identified the internet as a place where they could gather and talk about drugs in a non-judgemental setting.

Tackett-Gibson conducted discourse analysis of the discussions that occurred in public internet forums among ketamine users (2008) and prescription stimulant users (2007). Both studies provide evidence of drug users constructing their own meanings of risk and their own folk pharmacologies, using internet forums as stages for identity construction and the negotiation of contested meanings. Ketamine users debated the severity and likelihood of ketamine risks, sorting through and evaluating both academic and experiential evidence. They expanded the construction of ketamine harms from the official more narrow definition involving physical and mental side effects to a broader definition that included the setting of use and the economic, legal and social risks (Tackett-Gibson, 2008). Stimulant users discussed ways to obtain prescriptions for stimulants from doctors by feigning ADHD symptoms, as well as attitudes towards prescription stimulant use and reasons for choosing prescribed stimulants over other forms of amphetamines. Interestingly, some forum members labelled prescription stimulant users as “timid and weak” compared with users of methamphetamine and cocaine, although these characterisations were not endorsed by other forum members and were usually deleted by moderators (Tackett-Gibson, 2007, p. 130). In both studies, controlled, moderate and informed drug use was presented as the most desirable by the majority of the forum members and the moderating group.

Similar to the pro-ana groups mentioned previously, Tackett-Gibson’s ketamine users also appear to be engaged in processes of assimilative normalisation. Through online discussion, this network of ketamine users constructed ketamine as a drug that could be used relatively safely and in a controlled way. They redefined ketamine use as generally aligned with, rather than a rejection of, neoliberal values. Furthermore, Tackett-Gibson’s stimulant users who rejected prescription users as

‘weak’ for using a safer or tamer drug may be described as engaging in transformational normalisation. By defining prescription stimulant use as weak, this discourse worked to elevate the status and allure of illegal stimulants like methamphetamine. These methamphetamine users rejected the overarching normative values of control, moderation and being risk averse: their actions can be seen as a form of health resistance (Crossley, 2002, see Section 2.3.1). These examples illustrate normalisation and neutralisation processes occurring in online contexts among drug users.

The internet as place may also be conceptualised as a risk or enabling environment. Risk environments are places within which numerous factors interact to increase the chances of drug harm, while enabling environments increase resilience to harm (Rhodes, 2002, 2009). The internet as place may serve as a risk or enabling environment through its capacity to influence the social and cultural meanings of drug use, as well as the social networks and contexts within which drugs are used. While I have not been able to locate specific analysis of the internet as a risk environment for drug users, Duff’s (2009) research demonstrates the enabling capacity of the urban environment to support ‘cultures of care’ through which people in clubbing scenes can protect themselves from drug harms. Duff provides examples of young people who use internet forums to meet new friends from clubbing scenes and informal peer-led groups who use the internet to engage drug users with harm reduction information and services. In these examples, the internet as place is represented as an enabling environment that appears enmeshed with, rather than separate from, the ‘offline’ world of drug taking and clubbing. The relationship between online and offline worlds is the subject of the next part of this chapter.

### ***3.3 Internet in everyday life***

#### **3.3.1 Blurred boundaries**

Markham’s third way of making sense of the internet collapses the distinctions between self and technology (1998, 2003, 2007). As the internet becomes more ubiquitous, its use blends into everyday life in such a way that its distinctiveness disappears and the internet is seen as simply a way of being in the world.

Understanding the internet as a conduit (tool) separates the sender and receiver of information from the internet itself: they are attached to either end of the internet



'pipe'. In contrast, the internet as a way of being does not separate technology from humanity: both are interwoven into social structures and intermingled with each other. Understanding the internet as cyberspace implies a separate place to which one 'travels'. Comparatively, understanding the internet as a way of being blurs, merges and collapses those socially constructed boundaries between online and offline, or virtual and real life. One might imagine a map of internet 'places' bearing no relationship to the material world. Using the internet-as-way-of-being metaphor, maps of online and offline spaces are interwoven and enmeshed with each other to the extent that the distinction between online and offline ceases to be useful and disappears. The internet as a way of being is marked less by the use of specific metaphors, and more by the absence of reference to technology as a separate part of everyday life.

Many scholars in communication studies have argued that the apparent separation between online and offline, or virtual and real, no longer reflects how the internet is experienced, if it ever did (Baym, 2009; Orgad, 2007; Slater, 2002; Thomas, 2009). Academic and popular discourse in the earlier years of internet use assumed this divide between 'real life' and 'cyberspace', evident in the internet-as-place metaphor. This separation may have been a necessary phase that worked to make sense of a new technology (Slater, 2002). However, real life and cyberspace are experienced as less distinct for an increasing number of people (Baym, 2009; Thomas, 2009). Pang describes how our relationship with digital information is changing as we are increasingly always 'online': "We'll no longer have to choose between cyberspace and the world; we'll constantly access the first while being fully part of the second. Because of this, the idea of cyberspace as separate from the real world will collapse" (2006, online). Along with the concept of cyberspace, the activity of 'going online' is becoming less and less meaningful (Slater, 2002; Thomas, 2009). As Jordan (2009) argues, the blurring of the online/offline binary is part of a general blurring of cultural, geographical and linguistic boundaries in an increasingly globalised world.

The evidence for the integration of online and offline worlds is strong. Rather than fostering random connections or separate social networks, the people we communicate with online are increasingly the same people we communicate with offline (Ryberg & Larsen, 2008; Wellman & Gulia, 1999). Additionally, despite

online communication offering easy global networking, the majority of our online communication occurs within local networks (Ryberg & Larsen, 2008; Wellman, Quan-Haase, Witte, & Hampton, 2001). In one example, Danish teenagers who used a social network website primarily communicated with friends in their local worlds about local world issues, such as romantic partners, school and parents, and made no distinction between online and offline networks or identities (Ryberg & Larsen, 2008). Studies have also found that increased online sociability equals increased offline sociability, challenging the stereotype of the 'loner' internet user (di Gennaro & Dutton, 2007; Wang & Wellman, 2010; Wellman & Haythornthwaite, 2002; Wellman, et al., 2001). For example, about half of Britons in a national probability survey who met new friends online went on to meet these friends in person (di Gennaro & Dutton, 2007). Reconfiguring offline social networks through making new online contacts and developing existing offline friendships through online communication both blur the boundaries between supposedly separate online and offline networks.

However, there are downsides to the convergence of online and offline worlds. Anonymity, a key advantage of online communication for people with potentially stigmatised identities, is increasingly threatened by reduced separation between 'real life' and 'online' identities. If online and offline worlds are fully converged, anonymity ceases to be possible because it is the boundaries between worlds that facilitates communication with people who you would never meet '**in real life**'. The social network site Facebook offers a good example of the problem and its resistance. Despite Facebook's **Terms of Service** stipulating that users provide their real names, people who wish to draw boundaries between different social networks use a combination of pseudonyms, limited networks and privacy settings to resist the integration of networks and identities that is built into Facebook's infrastructure (boyd & Hargittai, 2010; Raynes-Goldie, 2010). The management of online and offline networks and identities by people who use drugs is explored in this thesis as a way of understanding how these boundaries are negotiated in the specific context of public internet forums.

### 3.3.2 Drugs and online/offline sociability

In this chapter, the majority of studies I located that explored internet use by drug users focused upon the internet as tool: how it enabled information exchange and online drug markets. I also reviewed a smaller number of studies that explored online communities of drug users (e.g., Gatson, 2007b; Tackett-Gibson, 2007, 2008). However, implicit in these studies is a conceptualisation of the online social space as separate from everyday life. Despite the advances in understanding the internet in everyday life, there is still a paucity of research in the drugs area that conceptualises online activity as integrated with offline activity.

There is some evidence to suggest that online sociability may be integrated into the everyday lives of drug users who live in worlds increasingly saturated with internet technologies. In his discussion of urban environments, Duff (2009) has demonstrated how nightclub attendees use the internet to produce enabling environments or construct ‘cultures of care’. Online sociability was shown to enhance their ability to more easily create and maintain reinforcing personal networks, which helped them to take care of themselves and their friends (Duff, 2009). Measham and Hadfield’s (2009) analysis of websites embedded in two contrasting clubbing scenes in England demonstrated the convergence of online and offline cultures. They described how promoters advertised events through their websites and how website participation was intrinsically linked with attendance at associated clubbing events. According to Measham and Hadfield, “virtual and actual club communities mutually reinforce one another (for those with access to the internet), meaning that relationships are not only maintained but progress through identification with a particular website” (2009, p. 377). In their study of the international psychedelic trance (‘**psytrance**’) movement, Greener and Holland (2006) found that almost all online community participants also participated in psytrance parties, with most doing so at least once a month. They also noted the convergence of online and offline worlds when they commented that “meeting up at physical locations for communal dances or ‘parties’ is important to virtual psytrancers, as it presents a means of developing and reinforcing their shared virtual reality, as well [as] cultivating kinship within their community” (Greener & Hollands, 2006, p. 407). In a more radical example of converged online/offline sociability, Wilson and Atkinson (2005) described the phenomenon of the virtual

**rave**, in which a live feed of DJs playing music was streamed to a chat room where ‘ravers’ could ‘virtually’ participate in the event.

The enmeshment of online and offline cultures may affect drug practices through enabling changes in accessibility of different people and social scenes, and the subsequent changes in drug market opportunities within those scenes. Making new friends through online communities may be preferable to approaching strangers in person, especially for shy people (Saunders & Chester, 2008). Online networking may also be understood as safer than meeting strangers in bars and clubs. Self-presentation online also affords a more controlled and managed performance of self, a quality which may be preferred when making first impressions in new relationships (Walther, 2007). In these ways, internet forums and other online networking platforms facilitate making new friends and entering new social scenes. Given that party drug use is inherently a social activity, the enmeshment of online networks in offline scenes is likely to influence party drug use through greater malleability of friendship networks and networks of social supply. Gatson (2007a) assessed the likelihood that the use of party drug websites would lead to new social connections with drug users through online observation and participation. Of 52 websites, she rated just over half of the websites as likely to lead to (offline) drug use. She also noted that it would be unlikely for a person with no initial interest in drugs to meet people through websites to take drugs, whereas such networking was more likely to occur among drug users who were actively seeking new social scenes. Gatson’s findings hint at the potential for party drug users to change their social networks and scenes through online sociability.

While the boundaries between online and offline networks are indeed blurred, there remains a tension between how integrated online and offline social worlds can be while drug users are still attempting to remain anonymous online. In this chapter, I have shown that drug users use the internet to communicate about drugs because anonymity/pseudonymity allows them to resist social stigma (see Section 3.1.2). However, it is not necessarily the case that drug users choose to remain pseudonymous and work to keep their drug-using status a secret when using internet forums. Firstly, they may not believe that their posts to public internet forums are visible to an imagined public audience. While it may seem obvious that posts to public internet forums are read by non-visible public audiences, the public/private

divide in online spaces has always been difficult for participants and researchers to define (Bromseth, 2002; Sveningsson Elm, 2009) and there are many cases where internet users understand their public posts to be private communications (see Chen, et al., 2004). Secondly, even if drug users understand their communications to be public, they may not believe that revealing their drug use would be a risk, if they were potentially identifiable. For example, drug users may not see any risk in other people finding out about their drug use because they believe that, firstly, the chances of being 'caught' are too low to worry about, and secondly, drug use is normal and socially acceptable. Thirdly, drug users may lack confidence in the technical methods of masking identity online or may be particularly concerned about the potential for all online communication to be traced and identified. These factors are likely to feed into the extent to which drug users who use internet forums keep their identities hidden and work to keep social networks separate or allow them to merge.

Another way of dealing with the problem of concealing the potentially stigmatised drug-user identity is to keep drug use hidden through performing alternative identities. In the case of all examples cited above of enmeshed online/offline clubbing cultures (Duff, 2009; Greener & Hollands, 2006; Measham & Hadfield, 2009; Wilson & Atkinson, 2005), it was the clubbing identity rather than drug-using identity that was prominent. The online components of clubbing scenes may influence drug practices indirectly through reconstituted or reinforced friendship networks, through which social meanings of drug practices are negotiated. More instrumentally, these new networks provide extra pathways through which information and drugs may flow.

The three metaphors of tool, place and way of being are useful conceptual lenses through which to study the internet. It is important to note that they are not separate or exclusive: they overlap with each other in meaning and all three may be used by one person or in one investigation (Markham, 2007). What I hope to achieve by using these three metaphors to structure this thesis is to move beyond a narrow conceptualisation of the internet as a tool for information seeking. Opening out how we think about the multiple meanings of the internet in the lives of party drug users expands our capacities to imagine ways in which the internet shapes drug use.

## **Conclusion**

In Chapter Two, I situated Australian party drug users within competing discourses of drug use and within the wider social context of neoliberalism and consumerism, and reviewed how people who use party drugs educate themselves about safer drug practices and define their use as normal and acceptable. In Chapter Three, I reviewed the contribution of internet use to this picture. In addition to offering a more efficient way of finding relevant drug information and purchasing prescription and emerging drugs, the internet may also offer an alternative place where drug users can gather, discuss their use, and collaboratively evaluate drug risks and pleasures. Furthermore, as boundaries between online and offline places blur, entry into new (offline) social networks and scenes is enhanced by (online) communication tools. The increased ease by which social networks can be reconfigured may have consequences for party drug practices, given that they are inherently social and their meanings are socially situated. In addition, drug information and drugs themselves may flow through these social networks that have been enhanced by engagement with online communities.

After describing the methodology of this project (next chapter), I present four chapters that address the question ‘how has the use of public internet forums shaped party drug practices among an Australian sample?’ both as intended by people who use party drugs and as secondary effects of their use of internet forums. Chapter Five introduces the internet forums that provide the context of this project. In this chapter, I draw from online discussions, observations and participation to outline how forums work, types of drug discussion, how drug discussion is regulated, and the characteristics of the participants in online drug discussion. In Chapter Six, the lens of internet as tool is investigated further by focusing on the phenomenon of ‘online drug research’. Informants depicted themselves as researchers who were keen to understand how to optimise their drug experiences through consuming and evaluating drug discussion available through internet forums. Such research did not necessarily lead to safer drug use. In Chapter Seven, I use the lens of internet as place to analyse the discourses and counter-discourses that are produced through internet forums and by forum users. The dominant discourse in internet forums and within online interviews with forum users was that of the controlled, moderate and informed drug user as inscribed by the harm reduction model of drug use. In this chapter, I demonstrate the symbolic meanings of conducting online drug research as

a way of garnering social support, maintaining and advancing a positive reputation, experiencing relief from anxiety, and facilitating empowerment. In Chapter Eight, I employ the lens of the internet in everyday life or as a way of being to explore how party drug users manage their identities in online forums and the extent to which their online and offline social networks are converged or kept separate. For those individuals where networks are converged, I look at some of the consequences for their drug practices.

## 4 Methodology

Methodology is more than just a collection of methodological procedures; it is the theory of how inquiry should proceed. In this chapter, I situate the methodology used in this thesis. Firstly, I argue for the use of mixed methods, situate mixed methods within a qualitative tradition and describe my borrowing from multi-sited ethnography and virtual ethnography as mixed-methods approaches. These issues informed the study design and the integration of results from multiple data sources and methods of data creation. Secondly, I examine the construction of ethnographic fields of study, my role as researcher, and the ethical dilemma of balancing anonymity with acknowledgement. Thirdly, I problematise statistical inference from purposive samples of hidden populations, situate this survey as part of an exploratory research design, and review the survey methodology and the survey data produced here. Fourthly, I note the shift from understanding interviews as self-reports to focusing on the ways people account for their actions in the interview context. I then describe the process of synchronous online interviewing and the use of both thematic and discourse analysis.<sup>18</sup>

### 4.1 *Mixed methods*

The central premise of mixed-methods research is “that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone” (Creswell & Plano Clark, 2007, p. 5). Mixed methods, as a third methodology, arose in the context of the ongoing ‘paradigm wars’ that pitted positivist–quantitative researchers against interpretivist–constructionist–qualitative researchers. Mixed-methods research was constructed as offering a new way of having the ‘best of both worlds’ (Denzin, 2010; Teddlie & Tashakkori, 2003). A long list of justifications for using mixed-methods designs have been advanced, including but not limited to: triangulation (convergence of multiple

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<sup>18</sup> I have not included a separate section in this chapter about ethics. Having committed to a reflexive ethics, I see ethical conduct as intimately intertwined with methodological detail (Markham, 2006; McKee & Porter, 2009). That is, my interaction with informants was imbued with ethical dilemmas which cannot be easily separated from research acts. To show this relationship, I have addressed ethical issues throughout this chapter as they have arisen through the critical examination of my methodology. This study was approved by the Curtin University Human Research Ethics Committee (Approval Number 102/2006).



methods to corroborate a result), offset (offsets weaknesses and draws on strengths of multiple methods), completeness (multiple methods results in a more comprehensive inquiry), explanation (one method is used to explain findings from another method), and sampling (one method facilitates sampling for another method) (Bryman, 2006). The key purposes of integrating qualitative and quantitative methods in the same study have been summarised by Brannen (2007) as triangulation, facilitation, and complementarity.

This introduction leads to a critique of mixed-methods research, followed by responses and redefinitions that fit this thesis. Here, I develop a methodology with an explorative and iterative logic that draws from multi-sited and virtual ethnography, using numeric and textual data that are integrated within the analysis.

#### **4.1.1 A critique of mixed methods**

What are we mixing in mixed methods? Numbers and words? Deductive and inductive logics? Positivist and interpretivist paradigms? Variables and cases? The basic problem with mixed-methods research can be found in its definition. Although mixed methods purports to be a pathway out of the paradigm wars, it defines itself using the discourse of the old camps of ‘qualitative’ and ‘quantitative’. By using this discourse, mixed methods inadvertently reinforces difference between research positions (Giddings & Grant, 2007; Symonds & Gorard, 2010).

Describing research as qualitative or quantitative is messy. Are we referring to methods or methodologies? If we are referring to methods (tools used to construct and analyse data), we must acknowledge that both numbers/statistics and words/narratives are used in both quantitative and qualitative inquiry (Maxwell, 2010; Sandelowski, 2001), therefore much mono-method research is already mixed-method. If we are referring to mixing methodologies (theoretical assumptions and values that underpin a particular research approach), we must acknowledge that qualitative and quantitative methodologies and methods are not exclusively paired. Methods can be transplanted into different methodologies from where they were originally situated, making it difficult to see the benefit of using the terms qualitative and quantitative when referring to methodologies. While proponents of pragmatism in research advocate using whatever methodologies suit the research question (Onwuegbuzie & Leech, 2005), critics note that theoretical assumptions and values

frame the research question in the first place, implying that there is always a dominant theoretical thrust whether it is acknowledged or not (Giddings & Grant, 2007; Morse, Niehaus, Wolfe, & Wilkins, 2006). Attempts to integrate understandings from multiple competing methodologies need not only employ multidisciplinary teams, but also specialists in knowledge integration and translation (Andrew, Salamonsen, & Halcomb, 2008; Moore, et al., 2009). While it is possible to mix divergent methodologies, it requires great care and reflexivity to avoid confusion (Blaikie, 1991; Giddings & Grant, 2007; Morse, et al., 2006). To summarise, multi-paradigm mixed-methods projects by single researchers are difficult if not impossible to do well.

Thinking at the level of methodology, Maxwell (2010) emphasised an important distinction between the approaches of quantitative and qualitative researchers that has implications for the critique of mixed methods. The distinction is between “thinking of the world in terms of variables and correlations and in terms of events and processes” (p. 477). The distinction between variance and process, or variable- and case-orientation, is also not exclusively associated with quantitative and qualitative data approaches, respectively (Onwuegbuzie, Slate, Leech, & Collins, 2009). For example, interview texts that have been thematically coded can be approached from a variance orientation (measuring the frequency and distribution of themes) and from a process orientation (examining the context and meanings within which a theme was embedded). For Maxwell (2010), the integration of both variance and process thinking signals mixed-methods research, while the integration of both numeric and textual data does not. This idea is not new: the distinction between idiographic (case-oriented) and nomothetic (variable-oriented) research was first made by Windelband (1894/1998), and popularised by Allport, who also pre-dated Maxwell’s definition of mixed methods when he stated that “a complete study of the individual will embrace both [idiographic and nomothetic] approaches” (Allport, 1937, cited in Hurlburt & Knapp, 2006, p. 290).

The rationale of triangulation through multiple methods has also been debated and critiqued. Although triangulated measurements in land surveying were of the same kind and shared a common ontology, the concept is applied in social research across different methods and methodologies (Blaikie, 1991). The triangulation of social data poses logic problems for researchers who reject naïve

realism, because different data sources are not reporting on a single knowable reality, rather, they are socially constructed representations (Blaikie, 1991; Denzin, 2010). This incompatibility has led both to redefinitions of triangulation as well as the rejection of the triangulation metaphor (Hammersley, 2008). For example, Denzin, who first introduced the concept of triangulation to qualitative inquiry in the 1970s, now promotes the metaphor of the crystal as more appropriate than the triangle. The crystal's many sides reflect and refract light from and through multiple perspectives, representing competing representations rather than validation of a central truth or reality (Denzin & Lincoln, 2005). Others have rejected triangulation or mutual validation, and have instead supported complementarity as a coherent and achievable aim of mixed-methods research (Brannen, 2007; Kelle, 2001; Woolley, 2009). Commenting on the paradigm wars in addictions research, Hartnoll asserted that it is the "synthesis of the two [approaches that] can provide a deeper and richer picture than either taken alone" (1995, p. 762). Triangulation is not a valid reason for research drawing on constructionism to justify a mixed-methods approach.

In summary, critics of mixed-methods research have argued that slippages in usage of the terms qualitative and quantitative, and method and methodology, are associated with incoherence in mixed-methods practice. In order to conduct a coherent mixed-methods project, using the resources available to doctoral students, my scholarship was guided by a single 'theoretical thrust' (qualitative–critical–constructionist) while incorporating both process and variance thinking to address complementary aspects of a research question. To be theoretically coherent, I have not engaged in triangulation as traditionally defined.

#### **4.1.2 Qualitative mixed methods**

Mixed methods has been critiqued as a confused and unsituated research practice, or alternatively, as a 'trojan horse for positivism' (Giddings & Grant, 2007; Hesse-Biber, 2010). That is, mixed-methods researchers may 'pay lip service' to the understanding of context and meaning typically associated with qualitative methodology by including a token amount of qualitative research in an otherwise positivist quantitative study. In response to this claim is the rise of qualitative mixed-methods research (Hesse-Biber, 2010; Mason, 2006), or rather, the reassertion that qualitative inquiry has always been inherently multi-method (Denzin & Lincoln,

2005). That is, led by an inductive and iterative research logic, qualitative inquiry can produce and integrate multiple data types from multiple data sources. Such an inquiry is a good fit with an exploratory research question. ‘Following threads’ in data that span multiple types, as outlined by Moran-Ellis et al. (2006), situates the inquiry within an inductive and iterative research logic, while still including both variable- and case-oriented analysis. In this thesis, I use mixed-methods methodology from a qualitative perspective, guided by multi-sited and virtual ethnographic methods. In this section, I describe how the logic and practice of ethnography and its use in internet research informed my approach.

### **Virtual ethnography**

Ethnographers seek to explain practices that appear ‘irrational’ from one perspective by providing rich description of the cultural logics of informants, to whom the practice makes sense (Agar, 2006; Northcote & Moore, 2010). In this way, ethnographers translate or interpret the cultural logics of one culture into another (Agar, 2011). Northcote and Moore (2010) see the key difference between general qualitative research and ethnography as ethnography’s reliance upon interaction with informants in their everyday context. Drug ethnographies involve “long-term interaction with drug users in natural settings in order to describe the lived experience, social processes and structural parameters of drug use” (Northcote & Moore, 2010, p. 287). Symbolic interactionism provides a framework that often guides the ethnographic method. According to Blumer (1986), meaning arises in the process of social interaction, and ethnographers aim to understand those meanings through prolonged participation in social life.

What if those social interactions take place in online settings? Ethnography has been used to understand online social practice since the beginning of internet research (Hine, 2008). Initial online ethnographies focused on illustrating online social life and were usually restricted to one internet context (Hine, 2008). More recent virtual ethnographies have sought to construct multiple sites of fieldwork connected through networks of research objects and actors, across and through spaces constructed as online and offline (e.g., Farnsworth & Austrin’s ethnography of global poker, 2010, and see below). Hine used the term ‘virtual ethnography’ to describe a kind of ethnography that was “almost the real thing, or good enough for practical purposes... as a means of exploring the cultural connections and

ramifications that internet activities entailed” (Hine, 2007, p. 666). Virtual ethnography may not quite resemble traditional ethnography, but it can do a good enough job when internet activities are the focus of the investigation.

A critique pertinent to virtual ethnography was made by Sifaneck (2010) in his comments on technologic advancement and symbolic interactionism in drug studies. Sifaneck questioned if meanings become more distant and abstracted when interaction is mediated through technology:

If Geertz observed the Balinese cockfight via streaming video, while he would be able to visually observe what transpired, he would not be able to smell the sweat of the crowd, feel the tension and temperature of the air, and observe the peripheral social contexts of interaction—all necessary qualities for adequate thick description and interpretive understanding of cultural meanings (2010, p. 793).

Yes, Geertz would miss out on the full experience of the Balinese cockfight if he only experienced it through video. However, to extend the example, what if the objective of study was not the interaction of the cockfight, but the online interaction in the comments field of the cockfight’s YouTube video? In this hypothetical case, viewing the video and reading (or even participating in) the online comments would be an integral part of understanding the perspectives of the participants.

Ethnographers are defined by their interaction with participants in the participants’ everyday setting, rather than relying only on materials constructed in ‘researcher’ settings through interviews and surveys. Returning to Sifaneck’s original concern with the use of technology in drug ethnographies, if drug users communicate with each other through technologies (like public internet forums), joining them by participating in these technologies becomes an integral part of conducting ethnography. In this thesis, I only interacted with participants through online communication. As a result, I did not observe and participate in drug use scenes like on-ground drug ethnographers would. Therefore, I cannot comment on drug practices from an ethnographic perspective. What I can do, through online ethnography, is translate aspects of the online cultures represented by forums where drugs are discussed to better understand how public internet forums might shape drug practices.

### **Multi-sited ethnography**

In traditional ethnography, the researcher entered a site or field and immersed herself in local life as she worked to understand culture from a local perspective. Multi-sited

ethnography challenges this convention (Marcus, 1995). Multi-sited ethnography is spatially decentred, and reflexively examines the ethnographer's construction of the field sites (Falzon, 2009). Multi-sited ethnography has emerged in a context where it is increasingly recognised that space is socially produced, that objects of inquiry (people, information, goods, ideas, etc.) are constantly in flux, and that ethnographers too are increasingly on the move (Falzon, 2009; Hine, 2007; Wittel, 2000). Critics, described by Falzon (2009), argue that ethnographers should limit their attention to only one part of a fluid and interspersed research object or site, otherwise their ethnography would lack depth. The multi-sited ethnographers respond by acknowledging that depth may be more difficult to attain due to reduced sustained attention in one site, but that this situation actually represents their informants' experiences of their worlds, as decentred, dispersed, and multi-sited (Falzon, 2009; Hine, 2007).

Online social interactions do not take place in a bounded context (Hine, 2008). The internet by its very nature is networked and hyperlinked. The 'online' is also intimately linked to the 'offline' (see Chapter Three). The multi-sited trend in ethnography applies very much to ethnographic examinations that include internet mediated space (Hine, 2008). In this thesis, multi-sited online ethnography reflected the habits of consuming and producing information of informants. That is, like the informants in this study, I looked across many online forum communities and found converging networks of information and people, rather than artificially limiting my attention to one community. Forums were connected to each other through website banner advertisements that linked similar sites, e-newsletters e-mailed to forum members from staff, and links shared by forum users in public online discussions. While limiting fieldwork to a singular internet forum would likely have resulted in a more in-depth account of the culture *of that space*, such an account would be unable to represent the networked experience. This methodological decision was also about ethics: conducting fieldwork across multiple internet forums protected any one forum from identification with a singular, in-depth account.

### **4.1.3 Design and integration**

Having problematised mixed methods and outlined the multi-sited virtual ethnographic perspective that informed this work, I now sketch the overall design of

the project. The design of this thesis grew out of critiques of mixed-methods research. I used an inductive research logic and drew from theories and practices of multi-sited and virtual ethnography to explore the question of how internet forums shape party drug practices. The research comprised three data components which were all conducted online: participant observation, a survey, and in-depth interviews. Regardless of whether the data consisted of numbers or text, each data component was analysed through both variance and process orientation (see Table 1).

**Table 1. Data analysis by variance and process orientation**

	Observations	Survey	Interviews
Variance	Associations between forum characteristics	Logistic regressions to compare group characteristics	Frequency of themes across thematic analysis
Process	Case studies of key incidents	Use of survey data to choose interviewees and inform interviewee case studies	Discourse analysis, situating interview talk in context

Two issues of importance in mixed-methods research are the relationship between data components and the integration of data in analysis. The three data components in this study were intimately connected through nested sampling: the survey respondents were recruited through internet forums that formed part of the participant observation, and the interviewees were recruited by using the survey sample as a sampling frame. Nested sampling, especially the ease of being able to select typical, deviant or extreme cases to follow up, has been identified as a strength of mixed-methods research (Kelle, 2006; Kemper, Stringfield, & Teddlie, 2003; Woolley, 2009). Nested sampling also enables better integration of data analysis (Yin, 2006). For some mixed-methods researchers (Bryman, 2007; Yin, 2006), data integration is seen as a defining feature of a coherent mixed-methods design. For Bryman, it is important to demonstrate that understanding of the findings of one component of the research has been enriched by findings from another component. Integration was achieved in this thesis by structuring the data production to enable an interplay or dialogue between different data components, and through the synthesis of data across project components. Data synthesis involved transposing data from one component (the survey) into the analysis of another component (the interviews). The computer-assisted qualitative data analysis program NVivo facilitated data synthesis through the use of ‘attributes’ and ‘matrix functions’ (Bazeley, 2007,

2008). More informally, in-depth interviews allowed ideas gleaned from participant observation to be explored, and participant observation helped me to learn more about the social contexts of each forum, which helped me interpret narratives about those forums within interviews.

## **4.2 Participant observation**

This section charts my construction of ethnographic fields of study, the extent of my participation as a researcher, my entry into the fields, and how I represented forum data in this thesis.

### **4.2.1 Constructing the fields**

Contemporary ethnographers no longer see ‘fields’ as predefined through physical or other boundaries. Our sense of place is socially produced and constructed through our interactions and meaning-making: places are in a state of flux (Duff, 2011). This postmodern concept of place fits well with the subjective qualities of online social spaces, which exist entirely as representations. ‘Cyberspace’, as it was once called, was constructed as a “consensual hallucination” (Gibson, 1984, p. 51), yet those involved experienced a ‘there there’ (Fernback, 1999): they experienced a sense of community through a socially constructed place.

The 40 online field sites included in this study were a network based around the commonality of drug discussion in Australia. This technique drew from multi-sited ethnographies that follow an object of study as it moves through different spaces (see Chapter Five for more detailed analysis of the forums). To begin my research in online drug discussion, I searched for internet forums where drugs were discussed, starting from websites already known to me, using search engines to discover new sites, and discovering sites through links on existing forums where I was observing activity. I constructed a network of forums that became the field sites of my ethnographic participant observation.

### **4.2.2 Role(s) of the researcher**

In internet research, unobtrusive non-participatory research into the lives of others is much more feasible to undertake compared with observing people in person. It is questionable whether observation without participation constitutes an ethnography,



because without participation, many nuances of the experience of being a member of an internet forum, or any other focus of ethnography, may not be experienced by the researcher (Hine, 2008). From an ethnographic perspective, interaction with research subjects and the establishment of a legitimate role in the community form a core part of research practice (Agar, 2006). Guided by these principles, I sought to engage with forums on various levels. Full engagement in 40 internet forums was impossible: instead, I surveyed and/or interviewed **moderators** and **administrators** from 22 forums, I posted threads to promote the project at 26 forums where I also participated in conversation, and after the completion of data collection, I began volunteering as a forum moderator at one participating site (**Bluelight**)<sup>19</sup> and posting feature articles about drug issues that were hosted at the dance music website inthemix (**ITM**).<sup>20</sup> A project website was also created through Curtin University to provide an official source of information to assist with participant engagement.<sup>21</sup> These methods of engagement occurred both during and after data collection in an effort to provide opportunities for researcher–participant interaction over sustained periods, beyond just recruiting participants then leaving the communities (see Barratt & Lenton, 2010, reproduced in Appendix B).

There are also ethical questions surrounding the role of the internet researcher. How researchers understand their role depends on whether they interpret public archives of internet forums as published documents or as the manifestation of conversations between persons (McKee & Porter, 2009). When viewing the internet as a publication medium, ethical conduct towards persons is often ruled out completely because documents are seen as historical or public artefacts (e.g., Walther, 2002). In contrast, an interpretation of the internet as a context for human interaction invokes an ethical stance of protecting human subjects from harm (McKee & Porter, 2009). The unobtrusive internet researcher, who does not announce her presence or intentions, does not provide an opportunity for community

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<sup>19</sup> See <http://www.bluelight.ru/vb/forums/180-Drug-Studies> archived <http://www.webcitation.org/61t3GXYbI>

<sup>20</sup> See <http://www.inthemix.com.au/people/tronica/portfolio/articles/> archived <http://www.webcitation.org/61t3OEjfE>

<sup>21</sup> See <http://ndri.curtin.edu.au/drugsonforums/index.cfm> archived <http://www.webcitation.org/61t31DqXc>

members to know about the research, and is also unable to test out ideas with the community to check on the validity of her interpretations (Bakardjieva & Feenberg, 2001; Hine, 2008; McKee & Porter, 2009). Through posting threads and hosting conversations, my participation in forums provided opportunities for public dialogues with forum users. Internet researchers often describe the benefits of sharing emerging research findings to increase the power of research subjects to engage with researchers (Brownlow & O'Dell, 2002; Matthews & Cramer, 2008). Unfortunately, in this case, releasing work-in-progress to participants through public forums meant potentially attracting attention from the mainstream media, who could publish the emerging results (see also Rutter & Smith, 2005). If this had happened, it could have had a negative impact on those forums, so I abandoned sharing results in this iterative way directly to participating forums. Instead, I have set up a website/blog for public dissemination of my published work.<sup>22</sup> The ethical issues of online research with people who use drugs described here are explored in more detail in Barratt and Lenton (2010, reproduced in Appendix B).

#### **4.2.3 Entering the fields**

One of the challenges of ethnography is entering the field and finding an acceptable role in the community. Entering public internet forums is considerably easier to achieve than entering foreign in-person communities as there are virtually no barriers to unobtrusive observation, but actually engaging with forum communities is more difficult. Forum communities impose limits on the activities of new users, who may be restricted from posting new threads or sending private messages until they have participated in other threads. In this way, new members are encouraged to engage in existing conversations and get to know the community before posting threads of their own.

Part of my approach to entering different field sites was through asking forum moderators and administrators about their opinions about online drug discussion. I created a short internet survey, specifically for forum moderators and administrators, with four open-ended questions designed to gather information about the forum and its aims as well as attitudes towards drug discussion. The questions were: '(1) Can

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<sup>22</sup> See <http://monicabarratt.net> archived <http://www.webcitation.org/61t3Y8XO9>

you tell me the story of your involvement in this forum? (1) Can you tell me a bit about your role as a moderator or administrator? (3) Could you describe the forum itself - its history, its aims, the story behind it, the people who use it? (4) What do you see as the main issues regarding discussion of drug use on your forum?’

Supplementary questions within the survey were included to determine whether forum moderators would support the other aspects of the research project, including posting threads to enable recruitment and use of the forum archives. I invited moderators and administrators from each forum to participate through that forum’s private messaging system. Forum moderators and administrators from 22 forums completed the survey and 7 engaged in follow-up open-ended online interviews.

In the case of forums where moderators did not respond to the survey, I attempted to enter the field by posting requests to the public forum and negotiating with any moderators who responded to me. As discussed in more detail in Chapter Five, discussion of illicit drugs was problematic across forum sites, and in many cases, posting threads that referenced drugs was prohibited. In the following vignette, I recount an example of my negotiations with forum moderators where I was unsuccessful in hosting a conversation about the project within that forum.<sup>23</sup>

A forum I have called ‘RA’ was used to discuss electronic dance music events in one Australian city. Forum content was publicly indexed and could be viewed by anyone. RA was very active with fast-moving sub-forums which contained many long, meandering threads. Searching for drug-related terms uncovered threads entitled ‘what to do about a friend in trouble with drugs’, ‘drugs in the scene’, ‘sniffer dogs at [local event]’. These threads were about drug-related issues rather than the personal use of drugs. Most of the other threads that included drug-related terms were long social threads where the drug references were incorporated into the conversation. Some threads were locked due to drug discussion and moderators tended to direct people who wanted to discuss drug use to the drug discussion forum Bluelight. The RA forum guidelines stated: ‘No mention of illicit drugs, EVER! No dealing, no questions, no reports, nothing.’ In practice, the moderators did not tolerate any discussion of the personal use of drugs when thread

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<sup>23</sup> See the Glossary (front) and Chapter Five for explanation of the ‘forum’ terms used in this description.

titles were obviously related to drug use, though some drug issue threads were accepted. It seemed that people could mention drug use inside the long social threads without the moderators intervening.

In this context, it was not immediately clear whether a thread promoting a drug research study would be accepted as an exploration of drug issues or removed as an example of drug use discussion. At 4:46pm on a Saturday, I posted a request in the *Help and Feedback* sub-forum with the title 'Seeking Mod input: best place to post this?'. Ten minutes later, a moderator responded noting that posting the survey 'shouldn't be a problem, as long as none of us can see what people say'. I assured him it would be anonymous and then posted the thread to the recommended sub-forum which hosted threads of a more serious nature on current issues. After posting the thread, I left my computer for the evening. I returned the next day to find that RA moderators had deleted my thread only about an hour after I posted it. At 7:07pm an administrator posted that I had been 'given false information' and that 'us Admin made a decision when we first started RA that there would be ZERO drug discussion on our website. Your thread has contravened the website rules and guidelines so unfortunately your thread will be deleted.' Although my attempt at engaging with members of this forum had been very brief, 10 people were referred to the online survey from RA and 5 of these people completed the survey, all between 5:30 and 7:00pm on a Saturday evening.

This interaction, and others like it, helped me to understand the controversial and contradictory nature of drug discussion from the perspective of dance music forum moderators. Such interactions reiterated the importance of engaging with the forums either from the role of researcher as in this case, or from the role of regular participant in other cases. Passively harvesting all content related to drugs from forums would miss the temporal interactions between users and moderators and the ongoing negotiations defining what kinds of drug discussions were acceptable within each forum and sub-forum. From an ethical perspective, this example also illustrated how the views of one moderator may not match the views of other moderators, illustrating the fragility of the informed consent process.

In contrast to my experience with RA, I was welcomed into many other forums where I engaged in conversations about the project. After closing the forum user survey in April 2008, I compiled data showing the survey referrals, forum

replies and forum views across 21 forum threads still active at that time (see Table 2). This table quantifies the extent of online interaction enabled by the multiple recruitment threads. A case study from one such thread was described in Barratt and Lenton (2010, pp. 76-77, reproduced at Appendix B). The discussion included a mix of humour or banter, discussion about the issue of drugs and the internet, the forum's drug discussion rules, endorsement of the research, feedback on survey items, requests to share the research findings, and criticism of mainstream media representations of drug users. Overall, these interactions demonstrated the potential for engagement between researcher and participants through online discussion as both a mechanism for learning about cultural logics and as a tool for participants to dialogue directly with researchers.

**Table 2. Referrals, replies and views across 21 online discussion threads**

Thread	Referrals <sup>a</sup>	%	Replies <sup>b</sup>	%	Views <sup>b</sup>	%
1	75	21.2	19	3.5	1,305	9.9
2 <sup>c</sup>	52	14.7	62	11.3	1,060	8.0
3 <sup>c</sup>	33	9.3	49	8.9	843	6.4
4 <sup>c</sup>	30	8.5	36	6.6	823	6.2
5	24	6.8	24	4.4	412	3.1
6 <sup>c</sup>	22	6.2	17	3.1	544	4.1
7 <sup>c</sup>	21	5.9	21	3.8	780	5.9
8 <sup>c</sup>	16	4.5	49	8.9	630	4.8
9 <sup>c</sup>	13	3.7	11	2.0	1,488	11.3
10 <sup>c</sup>	12	3.4	28	5.1	328	2.5
11	10	2.8	31	5.6	419	3.2
12 <sup>c</sup>	10	2.8	14	2.6	440	3.3
13 <sup>c</sup>	9	2.5	7	1.3	233	1.8
14 <sup>c</sup>	6	1.7	30	5.5	387	2.9
15	5	1.4	26	4.7	1,051	7.9
16 <sup>c</sup>	5	1.4	20	3.6	274	2.1
17 <sup>c</sup>	3	0.8	11	2.0	631	4.8
18 <sup>c</sup>	2	0.6	36	6.6	751	5.7
19	2	0.6	31	5.6	438	3.3
20	2	0.6	13	2.4	264	2.0
21	1	0.3	14	2.6	122	0.9
Totals	353		549		13,223	

<sup>a</sup> Number of referrals from the discussion thread to the online survey. These data were generated using Google Analytics, counting website visits that were from Australia, viewed five or more web pages of the survey and stayed on the site at least seven minutes.

<sup>b</sup> Data for replies and views displayed by forums on 13 June 2008, 2 months after the survey had closed.

<sup>c</sup> Denotes thread where poll was appended to generate interest and feed information directly back to forums.

#### 4.2.4 Representation

There is no consensus among researchers about how to represent textual data from public internet forums in research publications. Internet forum content is both publication and the result of online interaction between persons (McKee & Porter, 2009). At one extreme, forum users who post content should be acknowledged as authors under copyright law. As ‘amateur artists’ (Bruckman, 2002), forum users and forum communities have created content and have a right to acknowledgement. At the other extreme, content should not be reproduced verbatim in research publications if it is not possible to anonymise the source (McKee & Porter, 2009). With most internet forums indexed in search engines, no amount of anonymising—of pseudonyms and of forum group names—can stop quoted text leading back to its source if it is still online. The existence of the Wayback Machine internet archives<sup>24</sup> may even allow access to documents that have been taken offline, if the researcher provides a web address for the original material. In research into sensitive, stigmatised and illegal activities, exposing online groups to increased publicity may harm them and may ultimately lead to their demise (Chen, et al., 2004; King, 1996; Whitty, 2004). My concerns about this possibility led to a cautious initial approach in how to represent the forums in this work.

Engaging with moderators on this issue and observing how forum users reacted to being quoted in the mainstream media (see Chapter Eight) widened my understanding of the issues. Moderators had divergent views about the use of forum content by journalists and researchers. On the one hand, the drug forum moderators at Bluelight wanted to be quoted in research as they hoped to expand the public’s knowledge of their project; hence, I have acknowledged their contribution to this project. On the other hand, most dance music forum moderators did not want to be publicly associated with research into illicit drugs. As they expressed it, such an association could harm their brand. In response to their wishes and my concerns, I have used various strategies to anonymise them. The first was to use examples from dance music forums that were no longer operating, so that quoted text could no longer lead back to its source through search engines. The second strategy was

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<sup>24</sup> See <http://www.archive.org/web/web.php> archived <http://www.webcitation.org/61t3ox8RV>

editing quoted text to enhance readability, as this also reduced the possibility of the text being linked with its original source. The exception to anonymisation that I included in this thesis was my description and analysis of the Kryal Castle rave incident involving the dance music forum ITM, whose members were directly quoted and named by the Melbourne tabloid newspaper the Herald Sun. It was impossible to anonymise ITM while still demonstrating the rich links between the different internet forums, the incident itself and the mainstream media. I included it based on assessing the potential harm to ITM as minimal, and in response to recent research publications that have openly used ITM as a source for EDM scene commentary (Borschke, 2011; Montano, 2009, 2011; Siokou, et al., 2010).<sup>25</sup>

### **4.3 The survey**

In this section I review statistical inference from purposive samples of hidden populations and argue for the inclusion of survey data as part of an exploratory mixed-methods design. I then outline the survey design, measures, procedure and analysis.

#### **4.3.1 Situating the survey**

Survey methodology is normally situated in a quantitative–positivist paradigm. Taking a survey ideally involves randomly sampling units from a known population so that the principles of statistical inference can be used to extrapolate information from the sample to the population itself (Lohr, 2010). Statistical inference models are routinely used to determine the probability that a sample result will occur in the long run assuming the null hypothesis is true in the population. If the sample result is unlikely to occur assuming the null hypothesis, the researcher can use this information to reject the null hypothesis. This result provides qualified support for an alternative hypothesis that the sample statistic represents the equivalent population parameter. This model of inference is based on an assumption that the sample was randomly drawn from the population about which inferences are being made. The

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<sup>25</sup> I also sent private messages and e-mails to all ITM forum users quoted and the ITM Operations Director. The messages explained how I had represented them in this project and offered them an opportunity to read and offer comments on Section 8.1. Richie McNeill and hoptis replied and consented to be named and quoted. No other stakeholders responded.

survey researcher asks “How likely is this result, assuming the null hypothesis to be true and with randomization (random sampling and/or assignment) and a sample of size  $n$ ?” (Shaver, 1993, p. 299).

Strictly speaking, this model of probability theory and sampling methodology cannot be applied to research with hidden populations like non-treatment drug users (van Meter, 1990). For obvious reasons, there are no lists of drug users who are not in treatment or in prison from which to draw a random sample. This problem is compounded when surveys are conducted online. There are also no complete lists of internet populations, especially not lists of internet-and-drug-using populations. While there may be lists of more general populations (e.g., voting lists, student populations), some of whom may be drug users, only very large probability samples would result in recruiting enough drug users to be useful. Strictly, then, survey methodology using probability sampling is inappropriate for studying illicit drug use, unless at the level of household surveys that employ very large samples (although there are methodological problems with household surveys, namely, nonresponse bias, Groves, 2006).

Studies of hidden populations of drug users are mostly recruited through non-probability or purposive sampling techniques, including advertising and snowballing. Purposive sampling techniques have a long history in drug studies (Biernacki & Waldorf, 1981; Kemmesies, 2000; van Meter, 1990). Community-based samples of non-treatment-seeking drug users have been successfully recruited through a combination of snowball or network sampling and advertising: for example, non-treatment heroin (Powell, 1973; Zinberg & Jacobson, 1976) cocaine (Cohen & Sas, 1994; Mugford, 1994), ecstasy (Solowij, Hall, & Lee, 1992) and rave attendees (Lenton, Boys, & Norcross, 1997). From the late 1990s (Coomber, 1997; Nicholson, White, & Duncan, 1998), researchers have used purposive sampling online through advertising on websites, newsgroups, e-mail list, forums, chat-rooms, sending e-mails across social networks and even through spam (as reviewed by Barratt & Lenton, 2010; Miller & Sønderlund, 2010). These techniques have been very successful ways of attracting otherwise hard-to-reach populations in large numbers (e.g., 9,268 recreational drug users, Stetina, et al., 2008).

While purposive sampling is generally the only practical option in survey studies of drug users, its disadvantages need to be considered by survey researchers.



The first problem is that the sample cannot be assumed to represent any larger population (Couper, 2000; Lohr, 2010). The second is that formal statistical inference cannot be applied, because the relationship between the sample and any wider population cannot be known (Berk, Western, & Weiss, 1995; Kline, 2004). An additional problem is the tendency for web surveys to produce large sample sizes. In the case of a probability sample, larger samples can be generally assumed to be more representative, but this is not true for purposive samples (Lohr, 2010). Nevertheless, the use of inferential statistics with purposive samples is commonplace within psychology and other health sciences (as shown by Williamson in the nursing field, 2003). Inferential statistics are commonly used to test hypotheses about the relationships between variables within a sample, rather than to make inferences about the wider population from which the (purposive) sample was drawn (Aron & Aron, 1994, pp. 151-152).

Given these issues, I see the online survey of 837 party drug users reported in this thesis as supplementary to the other data components. Furthermore, I interpret the survey through a qualitative lens as a vehicle for exploration rather than the confirmation of pre-set hypotheses. There are precedents for this treatment of survey data. Exploratory data analysis (Finch, 1981; Tukey, 1977) specifically avoids making inferences beyond the sample at hand. Exploratory studies are aimed at generating hypotheses (rather than confirming them) and can inform future confirmatory studies designed specifically to test these hypotheses. Indeed, exploratory methods are appropriate when a researcher is interested in a population or phenomenon about which little is known, as is the case in this thesis. Thus, the online survey served two purposes in this overall study. Firstly, it produced large-scale descriptions of the drug and internet use characteristics of a sample of party drug users who participated in public internet forums. Secondly, it provided a sampling frame from which to select typical and extreme cases for in-depth interview.

### **4.3.2 Design**

The design of the survey was informed by conceptualising the survey interaction as a conversation between researcher and participant that follows conversational norms of *social exchange* (Dillman, 2007) and by applying *interpretive heuristics* to the visual

features of the survey (Tourangeau, Couper, & Conrad, 2004). Social exchange theory assumes that “actions of individuals are motivated by the return these actions are expected to bring, and in fact usually do bring, from others” (Dillman, 2007, p. 14). Survey design needs to balance ways of providing rewards, reducing social costs and establishing trust to enable optimal data collection. The concept of interpretive heuristics draws from Gestalt theory and provides a guide on how visual context unconsciously affects meaning-making through the experience of survey participation, for example: (1) middle means typical, (2) left and top mean first, (3) near means related, (4) up means good, and (5) like means close (Tourangeau, et al., 2004, p. 370). Following these heuristics not only improves validity but also decreases response burden (Tourangeau, et al., 2004).

Incentives are commonly provided to online survey respondents due to their positive effect on participant recruitment and retainment (Frick, Bächtiger, & Reips, 2001; Göritz, 2006; Heerwegh, 2006). Also, researchers often collect **internet protocol (IP)** addresses from their respondents and use this information to identify and eliminate potential multiple responders (e.g., Bowen, Daniel, Williams, & Baird, 2008; Gosling, Vazire, Srivastava, & John, 2004). In this survey, however, IP addresses were deliberately not collected to prevent the possibility of anyone linking potentially incriminating information with a participant’s identity in the unlikely case of the data being subpoenaed. No material incentives (e.g., lotteries, payments) were offered because online survey participants who receive material incentives are significantly more likely to respond multiple times (Bowen, et al., 2008; Konstan, Rosser, Ross, Stanton, & Edwards, 2005) and multiple responders are more difficult to identify when IP addresses are not collected. Furthermore, although it is typical to offer financial compensation to drug-user research participants in Australia (Fry et al., 2005), drug users have been successfully recruited to online surveys without compensation (see Miller & Sønderlund, 2010). In this context, the success of the survey depended more heavily upon the participants’ enjoyment, satisfaction and interest in the survey (Galesic, 2006; Marcus, Bosnjak, Lindner, Pilischenko, & Schutz, 2007). Repetitive measures were excluded and the survey length was limited to about 15 minutes to maintain interest and reduce burden.

The questions in the survey were delivered in five themed groups, one group per webpage, with approximately five questions in each group. Although presenting

individual questions on separate web pages is associated with responses that are less influenced by their context within the whole survey (Reips, 2002a; Tourangeau, et al., 2004), presenting questions in groups was preferred because it decreased the length of time needed to complete the survey, and therefore decreased response burden. Details of the researcher, university and links to drug-related services were always visible during completion of the survey (see Crawford, McCabe, & Pope, 2005; Reips, 2002b). A link to a profile page with a photograph and more information about the project was also provided on the official project website.<sup>26</sup> This site was accessed on 655 occasions by 608 people located in Australia over the survey period. In addition, the introductory information to the survey was written in first person voice in order to encourage a more personal exchange through the survey. These actions were part of establishing trust and encouraging a social exchange between researcher and respondent (see Daley, McDermott, McCormack Brown, & Kittleson, 2003; Dillman, 2007; Joinson, 2001).

Effective surveys typically undergo piloting to identify mistakes and refine the survey instrument (Bradburn, Sudman, & Wansink, 2004; Dillman, 2007). While initially developing the survey, a small group of drug forum users ( $n = 5$ ) assessed the initial draft. Open-ended questions were used to help generate a wide variety of potential response options for use in the final survey. The draft survey was presented to a larger pilot group ( $n = 28$ ) and subjected to a review by experts ( $n = 22$ ). Members of the larger pilot sample were asked to complete the survey, time themselves, comment on the survey's clarity and accuracy, and report on any technical issues. These data and reviewer comments generated ideas on how to improve the survey, through identifying different ways of interpreting the question wording, and drawing attention to survey elements that generated annoyance and items that collected contradictory data. For web surveys, extra care must be taken to determine that the survey works technically as intended and that it can be accessed from different types of devices, browsers and internet connections (Pequegnat et al., 2007). The final design was tested across all popular browsers and avoided complex pages or images to increase accessibility for those with slower internet connections.

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<sup>26</sup> See <http://ndri.curtin.edu.au/drugsonforums/index.cfm> archived <http://www.webcitation.org/61t31DqXc>

### 4.3.3 Measures

The survey (see Appendix C) measured: demographic information (age, sex, location, education, work), drug use (drug types used, frequency of use, description of last session of party drug use, drug-related problems, friends' drug use and future drug use), drug information (self-rated drug knowledge, drugs discussed recently online, drug issues discussed, websites and perceived credibility, influence of online drug discussion, online pill reports and testing behaviours and attitudes), and internet use (frequency of internet use, self-rated internet expertise, online forum use, attitudes towards internet use and social networks, online privacy behaviour and attitudes). The content of the survey was influenced by: what variables were considered to be of interest in the exploration of the topic; how variables had been measured in previous surveys; appropriateness of borrowed measures for this specific group and for use online; what had been learnt so far from online observations and contact with forum moderators; comments by pilot group members and expert reviewers; and constraints of the online environment. Where possible, the survey instrument measured items that assisted comparisons with other Australian party-drug-user samples (see Table 3). However, given the exploratory nature of the topic, unique survey measurement items were required.

**Table 3. Other surveys that informed the construction of survey items**

Name	Year/s	Population	Location	Reference
Ecstasy and related Drugs Reporting System (EDRS)	2006 2007	Regular ecstasy users	Australia	(Black et al., 2008)
National Drug Strategy Household Survey (NDSHS)	2007	General household population	Australia	(AIHW, 2008b)
Monash Psychostimulant user survey	2007	Regular psychostimulant users	Victoria	(Jenkinson, 2010)
Curtin Internet use and broadband access survey	2007	General household population	Western Australia	(Allen, 2010)
ABS Household use of information technology survey	2007-08	General household population	Australia	(ABS, 2008)
New Drugs Internet survey	2002	Drug online forum users	International	(Murguía & Tackett-Gibson, 2007)

I reviewed best practice in online survey item format to inform the design of individual survey items. In regards to the format of response options, web surveys offer a large array of options, each with their specific strengths and weaknesses. Drop-down boxes, for example, should be avoided because options that are immediately visible (do not require scrolling down) are systematically favoured over options further down the drop-down list (Couper, Tourangeau, Conrad, & Crawford, 2004; Crawford, et al., 2005; Healey, 2007; Stern, Dillman, & Smyth, 2007). Polar point response scales with radio buttons are preferred to designs where respondents must type a number into a box, because the latter involve more cognitive effort and elicit significantly higher values (Christian & Dillman, 2004; Stern, et al., 2007). Comparisons between radio button and visual analogue scales show that although they elicit data with comparable properties, visual analogue scales took more time to complete and were associated with more missing data (Arnau, Thompson, & Cook, 2001; Cook, Heath, Thompson, & Thompson, 2001; Couper, Tourangeau, Conrad, & Singer, 2006; Walston, Lissitz, & Rudner, 2006). Visual analogue scales promise to increase measurement precision to interval level (Reips & Funke, 2008), but their use is subject to too much respondent burden for current deployment (Couper, et al., 2006). This review supports the use of radio button polar point scales as the most effective response format for rating questions (e.g., attitudinal scales). Such scales must be designed to align with interpretive heuristics: middle means typical, left/top mean first, up means good, etc. For example, people tend to judge the visual midpoint of a scale as the middle even if conceptually it is not (e.g., if a 'don't know' category is present at the end of a scale) (Tourangeau, et al., 2004). It has also been found that reversing the order of a scale (e.g., ordered from bad-to-good instead of good-to-bad) can bias responses (Stern, et al., 2007). Following this research, I used radio buttons for all rating-type items and labelled scales consistently from left (negative or less) to right (positive or more).

Different types of labelling have been shown to affect data validity and response burden. Numbering polar points between two labelled endpoints is common, but should be done cautiously given that research shows consistent differences when different numbers were used. For example, people show a bias against negative numbers: numbered scales from -5 to +5 perform differently to the same scale numbered from 0 to 10 (O'Muirheartaigh, Gaskell, & Wright, 1995;

Tourangeau, Couper, & Conrad, 2007). These effects have lead survey researchers to recommend providing verbal labels for each scale point (Dillman, 2007; Krosnick & Presser, 2010). People spend slightly more time responding to questions with full verbal labelling (Tourangeau, et al., 2007; Yan & Tourangeau, 2008), and this format is associated with greater item reliability (Saris, 2005, cited in Yan & Tourangeau, 2008). Full verbal labelling appears to reduce the impact of other visual context features of the survey (e.g., shading), perhaps because they provide unambiguous information about the meaning of each scalar point (Tourangeau, et al., 2007). In this survey, I used full verbal labels for all scale points and the labels chosen were based on empirical research conducted by Rohrmann (2003). Regarding the optimal number of scale points, Krosnick and Presser (2010) concur with Rohrmann that uni-polar scales work best with five points while bi-polar scales work best with seven points, and that all points should have verbal labels. In keeping with this research, I measured bi-polar variables with 7-point scales and uni-polar variables with 5-point scales.

Multiple response and open-ended questions are also commonly used in surveys, however they can increase respondent burden. For example, it is quicker for respondents to ‘check all that apply’ from a list of possible options. This ‘check-all’ structure, however, performs differently to an alternative ‘force-choice’ format where respondents must categorise each response as either ‘yes’ or ‘no’ (Smyth, Dillman, Christian, & Stern, 2006; Stern, et al., 2007; Thomas & Klein, 2006). Respondents choose or endorse more options in the ‘yes-no’ format and take more time to complete the question. The ‘check all that apply’ structure does not force respondents to consider whether each response actually applies to them, so they may move on after having chosen enough items to consider they have adequately answered the question (Dillman, 2007). This response error is known as *satisficing* (Krosnick, 1999), where a respondent gives a ‘good-enough’ response without putting in the effort required to answer the question fully. Although I initially formatted multiple response questions in a forced-choice yes-no format, this format was identified as burdensome by piloters. In response to this feedback, I changed multiple response questions into check-all-that-apply format in order to reduce additional response burden, despite the potential for satisficing. Open-ended questions may also suffer from satisficing. They also involve more effort compared to choosing from pre-

defined responses, and should therefore be used sparingly and/or interspersed with other types of questions (Galesic, 2006). Furthermore, larger answer boxes consistently yield responses with higher word counts than smaller answer boxes (Christian & Dillman, 2004; Stern, et al., 2007). Given this, I only used open-ended questions sparingly and I tailored the size of the box to suit single-word, sentence and paragraph responses.

Paper-based survey respondents can always choose not to respond to items or sections of a survey; however, it is technically possible to force complete responses to a web survey. Should a respondent leave a question blank and attempt to go to the next page, an error message appears instructing the respondent to complete the question or to answer in the desired format. Although this would appear to improve the quality and completeness of data, unintended consequences may arise. Error messages that arose from a forced-response question-by-question survey design had a strong effect on drop-off rates and the nature of responses for those who continued completing the survey (Stieger, Reips, & Voracek, 2007), and they have also been shown to increase respondent frustration (Christian, Dillman, & Smyth, 2007). Moreover, survey respondents have an ethical right to choose not to answer a question without being forced to discontinue participation. Active non-disclosure options, such as 'I choose not to answer' or 'I prefer not to say', can be used (Joinson, Paine, Buchanan, & Reips, 2008; Joinson, Woodley, & Reips, 2007). Unfortunately, providing these options for all questions may induce satisficing (Krosnick et al., 2002). The inclusion of an implicit 'decline to answer' option, where it only becomes visible if a question is skipped, had the lowest missing data rate compared to standard 'decline to answer' options (DeRouvray & Couper, 2002). Allowing respondents to skip questions while using an implicit 'decline to answer' option appears to be the best way of balancing the desire for complete data with the risk of frustrating respondents to the point of discontinuing participation. Unfortunately, the survey software did not support implicit 'decline to answer' options: choices were either to force responses or to offer a 'no answer' option which was the default option for an individual item. I valued reducing frustration and the potential to drop out of the survey more than attaining complete data, therefore I allowed respondents to miss questions of their choice.

#### 4.3.4 Procedure

Respondents were recruited to the survey primarily through seeing the study advertised in the internet forums where I was conducted participant observation. According to the survey respondents, 74% reported finding out about the study through a 'thread in online forum', 19% reported being 'referred via e-mail / through internet', 6% 'saw the link on a social network site' and 2% were 'referred by word-of-mouth (offline)'.<sup>27</sup> A detailed discussion about the process of online recruitment can be found in Barratt and Lenton (2010), Appendix B.

Completing the survey involved reading an introductory page of information about the project, responding to the body of questions set over five web pages, submitting the data and viewing a thank-you page. The introductory page outlined the aims of the survey and procedures regarding confidentiality, freedom to withdraw and security. The organisations with which the research was affiliated were listed as links, and procedures for contacting the ethics committee were also available. Respondents from outside Australia were notified that they were free to participate but would not be included in the main analysis and may encounter Australian terms that could be unfamiliar to them. Respondents were informed that, by completing the survey, they had indicated their consent to participate. After submitting their data, participants were thanked for their contribution to the project. They were also encouraged to distribute the survey link to their friends and to post their feedback about the project in the online forum discussions.

#### 4.3.5 Analysis

The survey was completed 1,322 times over 6 months. As shown in Table 4, respondents were excluded if they did not live in Australia, were missing age information or reported an age under 16 years, had explicitly requested that their data be excluded, or had not reported use of a party drug in the past 12 months. To determine whether the remaining sample had recent experience with online drug discussion, four variables were examined. Respondents were included in the final sample if they reported recently browsing or searching for drug information on the

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<sup>27</sup> 822 valid cases; 15 missing. 810 provided only one response; 12 provided more than one.



**Table 4. The sample building process**

Description	<i>N</i>	Total remaining
Total number of surveys completed	1,322	1,322
Exclusions		
Not currently living in Australia	346	976
Missing age or under 16	3	973
Explicitly requested exclusion	8	965
Did not report party drug use in the last 12 months	93	872
Inclusions		
Recently browsed or search for drug information online	778	94
Recently used online communication methods to discuss drugs	49	45
Recently reported doing at least one online drug discussion activity	5	40
Using the internet in relation to their last party drug session	5	35
Final sample	837	

internet, recently using online communication methods to discuss drugs, recently doing at least one online drug discussion activity, or using the internet in relation to their last party drug use session. The remaining 35 respondents who had not reported any of these recent experiences with online drug discussion were excluded. The final sample consisted of 837 Australian residents reporting recent (last 12 month) use of party drugs, aged 16 and over, who had also reported recent (last 6 month) participation in online drug discussion.

Conflicting data were cleaned prior to data analysis by amending incompatible responses (e.g., if the respondent did not report use of LSD initially but then reported its use in their most recent party drug use session, the initial question was amended to indicate that they had used the drug). The data were also checked for duplicate entries. Five pairs of data that were submitted in the same minute were found to be unique.<sup>28</sup> Missing data were treated as randomly distributed. In logistic regression analyses, only subsamples with no missing data on all variables mentioned in each table were included. The presence of missing data is a limitation

<sup>28</sup> It is also possible that individuals submitted data on multiple occasions, knowingly or unknowingly. Almost all of the website visitors from Australia that spent at least 7 minutes and viewed at least 5 pages (962; 95%) were 'new' and the rest (55; 5%) were 'returning' ( $N = 1,017$ ); however, some returning visitors could have been different individuals doing the survey from the same computer. While it is still possible that a small number individuals responded more than once, this possibility could not have overly biased the survey as almost all respondents were new visitors.

of the approach taken in this survey that allowed people to skip questions if they did not wish to answer them.

The following statistical analysis techniques were applied to compare the characteristics of different subsamples. In univariate analyses, relationships between categorical variables were determined using Pearsons Chi Square with Yates continuity correction for 2 x 2 tables and univariate logistic regression, and median tests were used in comparisons of continuous ordinal or non-normally distributed variables between two groups. When median tests were conducted, cases at the median were equally distributed between groups lower and higher than the median. In multivariate analyses, multiple logistic regression models were used to explore the relationship between two categorical variables when controlling for other demographic, drug and internet forum characteristics. Such models are usually used to *predict an outcome*: implying linear causal relationships. In this analysis, it was not assumed that one variable caused another; the regressions showed associations, not causations.

Building the models that compared demographic, drug and internet forum characteristics by dichotomous dependent variables of interest involved computing descriptive statistics using cross-tabulations, running univariate logistic regressions for each variable and fitting one multivariate logistic regression model which included age, sex and all other variables with a univariate *p* value of .25 or less (Hosmer & Lemeshow, 2000). Some variables were dichotomised or trichotomised so they could be used as dependent variables in logistic regression. Dichotomising variables reduces variability in the data and is not recommended statistical practice (Cohen, 1983); however, no variable was suitable for linear regression due to non-normality or being ordinal, and transformation of these variables implied an additive linear relationship when there was no reason to assume this was the case.

There is no easy way of determining adequate statistical power for multivariate logistic regressions without estimating the expected effect size, which is not possible in exploratory data analysis. Long (1997) has suggested that logistic regression should not be conducted with samples of less than 100 and that samples over 500 should be adequate for most situations. For variables of very low prevalence, samples greater than 500 are needed for the analysis to have sufficient statistical power to find effects. Confidence intervals around the odds ratios are

provided to aid interpretation of statistical power. Wide CIs indicate less stable odds ratios and indicate where statistical power is compromised: this was most often the case when the indicator variable had low prevalence. An alpha level of .05 was used for all statistical tests.

## **4.4 Interviews**

In this section, I situate research interviewing from a constructionist perspective, then I describe how I built the interviewee sample through theoretical sampling, and my procedures for online interviewing, analysis and textual representation.

### **4.4.1 Situating the interview**

The practice of interviewing and being interviewed has become ‘taken for granted’, part of contemporary culture, to the extent that we are said to be living in an ‘interview society’ (Atkinson & Silverman, 1997; Denzin, 2001). In this context, interviews are seen as an ideal way of acquiring information about people’s lives: “the interview becomes a personal confessional, and the biographical work of interviewer and interviewee is concealed” (Atkinson & Silverman, 1997, p. 305). In the interview society, it is assumed that people have access to their own ‘authentic’ selves through confessional narrative. This assumption is challenged by social constructionists, who understand interviews as situated and negotiated accomplishments—situated in specific contexts and negotiated between the interviewer and interviewee (Rhodes & Coomber, 2010; Willig, 2008).

Constructionism problematises the idea that interviews are a clear window into the interviewee’s life. When narratives are understood as accounts (Scott & Lyman, 1968), interviewing is conceptualised as a way of understanding how people account for their actions (the how) rather than assuming a truth to those accounts (the what) (Fontana & Prokos, 2007; Rapley, 2007). This narrative turn has been accompanied by increased use of discourse analysis as a way of understanding how people use language to stake their case and serve their interests when interacting with others, including an interviewer (Martin & Stenner, 2004; Potter, 2004b).

In this thesis, I have co-produced textual or qualitative data with 27 volunteer informants that participated in the sites of my participant observation and completed my online survey about the intersection between drugs and the internet. These

interviews were conducted through the use of instant messaging or online ‘chat’. Unlike e-mail interviews, these online interviews were synchronous, that is, conducted in ‘real’ time.

#### 4.4.2 Sample building

At the end of the online survey (see Appendix C), participants were told about the online interviews and invited to indicate their interest in completing an interview at a future date. The survey explained the purpose of the interviews, and gave details about security precautions, data retention and data linkage. Survey respondents indicated whether they were interested in being contacted for an interview by providing online contact information. One third of the survey sample was definitely or maybe interested in completing an online interview (276; 114 definitely, 162 maybe), while the majority of the sample (493) stated they were not interested and the remainder (68) did not respond to the question ( $N = 837$ ).

The interviewee sample was build over three phases (see Table 5). Survey participants who expressed interest in completing an interview were approached based on the theoretical importance of their characteristics according to their survey responses. This process drew from theoretical sampling, which is “sampling on the basis of emerging concepts, with the aim being to explore the dimensional range or varied conditions along which the properties of concepts vary” (Strauss & Corbin, 1998, p. 73). The first phase recruited participants who had indicated that they had recently changed something about their drug use after viewing drug-related information online; thus, they had reported experiences with direct relevance to the study. The second phase recruited females and those with heavier forum involvement, because males who had reported lower levels of forum involvement

**Table 5. Response and conversion rates for interviewees over three phases**

	First	Second	Third	Total
Approached ( <i>n</i> )	17	13	41	71
Responded ( <i>n</i> )	10	9	19	38
Started ( <i>n</i> )	8	7	14	29
Completed ( <i>n</i> )	8	7	12	27
Response rate: Completed/Approached (%)	47	54	29	38
Conversion rate: Completed/Responded (%)	80	78	63	71
Weeks from survey to interview (median)	11	12	7	9

dominated the initial phase. For timing and logistic reasons it was not possible to fully analyse the transcripts before conducting the remainder of the interviews, as recommended by qualitative researchers (Charmaz, 2006; Strauss & Corbin, 1998). During the first two phases, it became apparent that leaving too long a gap between survey and interview meant it was less likely that the survey data was still currently accurate when the participant was interviewed. In particular, drug use and online forum use patterns had changed in some cases, which complicated the use of survey data to select appropriate cases to interview. Draucker, Martsof, Ross and Rusk (2007), who experienced a similar dilemma, chose to complete interviewing a wide range of their target group before using specific sampling techniques to choose relevant cases for later analysis. Following Draucker et al., I chose potential interviewees using characteristics that were emerging as important to the analysis, including: level of drug experience, level of involvement with online forums, social involvement in forum communities, and variety of different online forums mentioned. A table of demographic, drug and internet use characteristics of each informant can be found at Appendix D.

#### **4.4.3 Procedure**

Making contact with potential interviewees differed according to the type of contact information provided.<sup>29</sup> Private messages were sent to those who gave contact details, notifying them they had been chosen to complete an interview and advising them to either add my contact details to their instant messaging account or to provide their details to me. This process was unnecessary for participants who provided instant messaging details as I could directly add them to my instant messaging list. From this point, successful contact involved the participant agreeing to the invitation to chat, most commonly using the instant messaging programs Windows Live Messenger or Google Talk. If the participant was online, I introduced myself and provided information about the nature of the project, the survey they completed, and what the interview would entail. I also used the project website, which contained this

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<sup>29</sup> I have provided greater detail in this section because online synchronous interviewing is a novel technique. I am not aware of any other published studies using this technique with drug users, although it has been used with other population who are difficult to access, for example, right-wing extremists (de Koster & Houtman, 2008), women in Saudi Arabia (Al-Saggaf & Williamson, 2004), and young teenagers (Dunkels & Enochsson, 2007).

information and my profile, including a photograph, as a method of establishing the legitimacy of the study. I used the same image from the website as my **avatar** which remained visible during the chat. Following the introduction, I asked potential interviewees whether they were still interested in taking part. If the participant agreed to an interview, we arranged a convenient time. If the participant was offline, I sent a short message containing an invitation and a link to the website that would arrive when they next logged on.

At the beginning of each interview, I referred participants to the information sheet hosted at the project website (Appendix E). I copied four paragraphs into the chat about interview content and purpose, confidentiality and exceptions, data security, and encryption and anonymity (these paragraphs are included at the beginning of the semi-structured interview schedule at Appendix F). I also promoted the encryption guide on the website which explained the risks of plain text instant messaging and offered alternative software options (Appendix G). Demand for using encryption software was low—only one of the interviewees was interested in setting up encryption, but it was not implemented after we experienced technical difficulties. The encryption guide also noted the importance of using a pseudonymous instant messaging account so if the conversations were intercepted by a third party, the participant would be harder to identify. Most interviewees already used nicknames for their accounts, so this request was easily fulfilled. As a further precaution, I advised interviewees not to record the plain text conversation to avoid the risk of others accessing the transcript. To obtain online consent, I asked participants to agree to the following statement: ‘I have read the explanation of this study and agree to participate. I understand that my participation in this study is entirely voluntary.’

Types of conversational styles that can arise in the synchronous online interview context have been described as impoverished and limited, and thus better used as an adjunct to face-to-face interviews (Chen & Hinton, 1999; Davis, Bolding, Hart, Sherr, & Elford, 2004). While it is undoubtedly the case that synchronous online interviews *can* be impoverished and difficult to interpret, others have concluded that this mode of interviewing generally provides a context for in-depth meaningful exchange (Al-Saggaf & Williamson, 2004; Ayling & Mewse, 2009; de Koster & Houtman, 2008; Dunkels & Enochsson, 2007; O’Connor & Madge, 2001; van Eeden-Moorefield, Proulx, & Pasley, 2008). According to these researchers, the

success of sustaining a meaningful interview in this context depends upon both conversational partners' comfort and familiarity with the communication medium and the successful building of rapport. While personal disclosure assists with establishing rapport (Ayling & Mewse, 2009; Beusch, 2007; James & Busher, 2009; O'Connor & Madge, 2001; van Eeden-Moorefield, et al., 2008), a more interpretive and involved interview style is also suggested as necessary for the interview to develop into a rich meaningful interaction. The online interviewer cannot use eye contact, non-verbal cues or use non-words like um or ah to indicate their presence and empathy with the interviewee's story. Such empathy and encouragement can only be expressed through typed utterances that necessitate more interpretive style of interviewing (Ayling & Mewse, 2009; O'Connor & Madge, 2001). In response to this context, I conducted the online interviews in a personal and conversational style, which necessitated a degree of self-disclosure during the conversation. I began the interview with questions about the participants' opinions about how online forum use may lead to safer and/or more dangerous drug use, generally and from their own experience. Other topics discussed in the interview included: obtaining and implementing specific drug information, use of 'pill report' websites and pill testing, translating drug-related knowledge into practice, exploring how and why people get involved in online forums, and discussing drugs publicly online (see Appendix F for semi-structured interview schedule). The order of interview content depended on the flow of discussion and not all questions were asked of all participants.

During the interview, I used responses from the survey and the summaries made about key aspects of that person to personalise the questions. For example, 'You said in the survey that you had recently learnt how to enhance the effects of drugs when reading/participating in online drug discussion. Can you tell me more about that?' This technique enabled me to follow up survey responses that were of interest. Another advantage of having linked data from the online survey about interview participants was that I could review the participant's responses to information pertaining to the interview topics. I summarised these notes and kept them in view throughout the interview. On screen, I opened a file with the interview questions and follow-ups and another blank file to provide a space for me to 'cut', 'paste' and compose new ideas for questions while waiting for the participant to

respond. Researchers have commented on the usefulness of cutting and pasting questions into online interviews (Al-Saggaf & Williamson, 2004) but have also cautioned interviewers about rushing the interviewee by sending signals that a new question is being typed before the previous question has been answered (Voida, Mynatt, Erickson, & Kellogg, 2004). Instant messaging clients automatically inform users that their chat partner is typing, so to avoid sending this message, I used a separate text file to ‘play’ with ideas for the next question, rather than composing it within the chat window as is usually done. Other researchers conducting online interviews have noted the importance of being familiar with and competent using the technology (Ayling & Mewse, 2009; Illingworth, 2001; James & Busher, 2009). Composing my potential responses in a separate window was a form of active listening in this online environment.

The 27 completed interviews ranged in length from 1:00 to 2:26 hr ( $M = 1:48$ ). While negotiating the interview, some participants commented that 1 to 2 hours seemed ‘pretty long’, but they were not sufficiently deterred from participating. Despite the interview length, participants described the experience as ‘fun’ and ‘enjoyable’, and many expressed gratitude for being provided with an opportunity to contribute to research. The attractiveness of being interviewed online with no financial incentive or compensation may also be explained by the lower level of commitment required to participate in the online interview. Although participants could terminate or reschedule the interview easily, only two interviewees rescheduled their appointments, and two interviewees left the interview prematurely. Half of the interviews included at least one manageable interruption (e.g., phone call, smoking break, work-related task, friends starting conversations online), but in one case, an interview was terminated due to a friend arriving unannounced at the interviewee’s home. Half (14) of the interviews were conducted out-of-hours (weekends or weekdays after 6pm); with the remainder (13) conducted between 1pm and 6pm weekdays. Offering flexibility of both place and time enabled the participation of carers of young children and full-time workers. Flexibility to conduct interviews in the evenings also provided me with a safe night-time environment to complete the interview.



#### 4.4.4 Analysis

I read the transcripts closely and constructed a coding tree (which remained continually under construction) over the course of the analysis using NVivo, which began after the first phase of interviews was complete. After I had read and coded all transcripts once, I read through the transcripts again looking for specific themes that arose from initial readings. I used the constant comparison method (Boeije, 2002; Charmaz, 2006; Strauss & Corbin, 1998): categories were identified within and between interview transcripts and extracts of the same category were compared and contrasted to determine the differences and similarities between categories, in an iterative fashion. Reading through all instances coded to a category generated new ideas about its specific properties and attributes, and these ideas were investigated. I actively sought out negative or deviant cases from the data and worked through explanations for negative cases (Seale, 1999). I recorded case attributes (numerical data from the survey) and examined themes in cross-tabulations by case attributes (Bazeley, 2008).

The numbers of cases within which phenomena have been coded are presented for the sake of transparency. ‘Quantifying’ qualitative data must be done cautiously. Sandelowski, Voils, and Knafl (2009) critique the meaning of counting in qualitative research:

Present and absent may signify different things in transcribed interview data. Present in interview data may, among other options, mean that “it” (a) spontaneously came up in discussion, (b) was directed to come up in discussion, (c) was seen by the analyst between the lines, and (d) truly was a dimension of experience. Absent may, among other options, mean that “it” (a) did not come up; (b) was not seen by the analyst; (c) was forgotten as a factor by the participant; (d) was thought by the participant to be so understood as to not require bringing it up; (e) was a factor, but the participant did not want to bring “it” up; (f) was not brought up because the conversation veered away from “it”; and (g) truly was not a dimension of experience. 1 or 0 may signal a host of such diverse circumstances. (p. 217)

Following Sandelowski et al., I do not wish the thematic counts to be seen as a simple indicator of presence or absence of the phenomenon for each individual. Rather, thematic counts indicate the breadth of data available from which to produce an illustrative example. The provision of thematic counts is not intended to indicate prevalence of a phenomenon: firstly, the sample of interviewees is purposive and is not necessarily representative of any larger population, and secondly, as shown by Sandelowski above, presence and absence of a theme in the data does not equate to presence or absence of the phenomenon in that person’s life. Nevertheless, including

counts of the frequency of phenomena in the data alongside qualitative anecdotes offers a more balanced and transparent representation than presenting selected anecdotes alone (Seale, 1999; Stenius, Mäkelä, Miovisky, & Gabrhelik, 2008).

The coding tree formed the basis of exploring the data: it was a method of organisation and categorisation. Coding formed thematic analysis, where I present simple descriptions of themes in the data through providing examples and the number of cases. Thematic analysis is about describing what people discussed in their interviews. In contrast, discourse analysis focuses on the interview as a discursive performance. As discourse analyst, I examined the ways language constructs and positions subjects, and the ways that people present themselves and others in their interview talk (Martin & Stenner, 2004; Potter & Wetherell, 1987; Rødner, 2005).

In thematic analysis, I assumed that there was a relationship between interviewees' narratives and their histories or activities, even if this relationship was partial. Descriptive analysis assumes a good-enough validity of self-reports: that is, although interviewees will not perfectly narrate what has happened to them when they tell a story about themselves, descriptive analyses assume that there is some correlation between their story and their experience. To increase the likelihood that such data better represent what people have experienced, I focused upon building rapport with the interviewee, presenting myself as empathic and trustworthy, and as a (partial) insider through my membership of and familiarity with the internet forums used by my interviewees. In contrast, discourse analysis does not concern itself with what the text 'represents'. What is important in discourse analysis is how the story is told, and what the narrator achieves in the conversation by telling the story in this or that way. Interviewees (and interviewers) use linguistic or interpretive repertoires when constructing their accounts and themselves in the interview setting (Potter & Wetherell, 1987). Discourse analysis also includes my interactions as interviewer in the analysis, by focusing on the way meaning is constructed actively in the interview site. The discourse analyst demonstrates linguistic repertoires in action in the text and shows how the text constructs particular subject positions. In this thesis, I was sensitised towards seeing how the pathology, harm reduction and consumerist drug discourses were reproduced and appropriated by party drug users engaged in online drug discussion, especially towards how they constructed themselves as drug-using

subjects. Additionally, from a critical perspective, discourse analysis helped me explore how informants used the internet in response to the official pathologising discourses as a way of resisting such pathologisation and reinventing themselves in more positive ways.

#### **4.4.5 Representation**

The two different types of analysis (thematic and discourse) resulted in different ways of representing the online interview extracts. For thematic analysis, extracts are presented as paragraphs using ellipses to indicate breaks in the extract. For discourse analysis, extracts are presented as they were automatically logged, including both myself and interviewee and the timestamp showing when the messages arrived or were sent from my computer. Timestamps give the reader a sense of the length of time that passed between messages, providing a sense of the speed of the conversation. Timestamps with \* denote where I rearranged the sequence of messages to better represent the flow of conversation. In both types of data presentation, I used italicised square brackets to indicate edits for confidentiality and extra contextual information. I cleaned the text for typographical, spelling and grammatical errors to ease readability but was careful not to change the style of textual expression peculiar to this online context (e.g., lack of punctuation, use of lower case, **emoticons**, etc.) (cf., Markham, 2007).

#### ***Conclusion***

Using an inductive research logic and drawing from theories and practices of multi-sited and virtual ethnography, this thesis explores the question of how internet forums shape party drug practices. This process involved observations of, and engagement with, 40 public internet forums where drugs were discussed; an online survey of 837 party drug users who participated in online drug discussion; and 27 synchronous online interviews with a subset of the survey sample. In the next chapter, I introduce the internet forum environment, forum moderators and forum users that comprised this study.

## 5 Drugs and internet forums

This chapter introduces the reader to the practice of being an online forum user as experienced through immersion and participation. Elements of the **post** are outlined, including author information, signature and content. Descriptions of the **thread** and the **sub-forum** are also provided, along with an overview of other common types of interaction and content encountered during fieldwork. After this general introduction to forums, readers are introduced to the online drug discussion enabled by forums. The characteristics of the forums where drug discussion was found are briefly outlined, including their scope, topic and focus, and their openness to outsiders. This description is followed by exploration of different types of drug discussion and the ways in which drug discussion was managed by forum users and moderators. The chapter ends with the presentation of descriptive statistics showing the demographic, drug and internet use characteristics of party drug users who discussed drugs online.

### 5.1 *Introducing the forums*

When viewing internet forums for the first time during the course of fieldwork, I encountered websites that contained numerous sub-forums focused on diverse topics and sub-topics, the nature of which depended on the overall topic of the website hosting the forums. For example, in drug forums, there were sub-forums for discussion of different drug types; whereas in dance music forums, there were sub-forums for different music genres. National and international forums included separate sub-forums for local areas, such as a Melbourne forum, or an Australian forum. Dance music forums always had specific sub-forums for promoting upcoming events. Some of the larger forums had specific sub-forums for new forum users to introduce themselves to the group or to ask questions about how the group operated. Forums often also included sub-forums that ranged across general topics of interest including news, politics, film, music, sport, etc. A general **off-topic** or chat sub-forum was also always present where there were fewer constraints about the topics of conversation. In these general sub-forums, conversations were often less serious.

Most forums allowed content to be viewed by anyone, but required those who wanted to post their own content to register a unique **username** (screen-name, login name, user ID, etc.). Most usernames were creative pseudonyms that did not

resemble the user's name **in real life**. New users chose a unique username and **avatar** or image that would appear beside all posts made to the forum. In the process of registration, new users were required to agree with Terms of Service which included the rules or etiquette of the forum. All forums required that users were aged 13 years or over by requesting a date of birth, although there were no mechanisms for checking the accuracy of this information.

Specific characters or roles that were generally found across internet forums require brief explanation to inform the following description of posts, threads and sub-forums. People who read online discussion but refrained from active participation were known as **lurkers**. People who had just begun interacting within the forum were known as **newbies**. All forums described here had a system of content moderation. **Forum rules** were enforced by **moderators** or **mods**, who had power to edit and delete content and warn and **ban** users. Some forums had grades of mods with increased powers. Forums were run by **administrators** or **admins**, who had complete power to manage forum content and allocate moderator rights.

In the following paragraphs, I describe each element of the online forum discussion: from individual **posts** which enable online social interaction that forms **threads** of conversation, which are brought together and managed in a **sub-forum**.



### 5.1.1 Anatomy of a post

Across forums there was uniformity about what information was displayed in a post. Posts had three distinct sections. The left-hand side featured information about the author of the post, the bottom of the post usually included their **signature**, and the main content of the post was found in the centre-right space. Posts were also stamped with the date and time the post was uploaded. An example of a post is shown in Figure 1.

#### Author information

On the left-hand side was information about the author of the post, including: their username, their avatar, the month/year that the user joined the forum (**join-date**), and the number of posts they had contributed to the forum (**post-count**). In most cases avatars were personalised, that is, sourced or created by the user and uploaded to the forum; in other cases, users chose an avatar from a set of avatars offered by the

**Figure 1. One of my forum posts at Bluelight**

 14-09-2006, 13:38	#2				
<p> <b>Tronica</b>  <b>Moderator</b>          Drug Studies       </p>  <table border="1" data-bbox="161 488 448 607"> <tr><td>Offline</td></tr> <tr><td>Join Date: Mar 2002</td></tr> <tr><td>Location: Melb�urne</td></tr> <tr><td>Posts: 934</td></tr> </table>	Offline	Join Date: Mar 2002	Location: Melb�urne	Posts: 934	<p>Unless an email is encrypted, you should treat it as if it were a postcard - anyone could read it on the way from you to your recipient.</p> <p>Prince Planet's rule of thumb sounds pretty sensible!</p> <hr/> <p style="text-align: right;"><a href="#">contribute to research at Drug Studies!</a></p>
Offline					
Join Date: Mar 2002					
Location: Melb�urne					
Posts: 934					

forum itself. Avatars could also contain animation. There was also information about whether the user was currently online or logged into the forum. Sometimes there was information about the user's **location** as described by them. This field was often used creatively and/or humorously (e.g. 'where the grass is greener' or 'la-la-land'). Often there was also a button for readers to **report** the post for moderation if they believed it violated the user guidelines.

The reader could usually navigate directly from this information to a search for all posts made and all threads started by this author or to this author's profile (a page where the user can provide more information about themselves, including an image). The ready access to this aggregation of information played a role in people developing trust in the information provided by specific forum users (see next chapter).

Some forums also assigned **titles** to all users based on their post-counts which were displayed underneath the username to indicate the user's role in the forum. Titles were also how people knew about who were moderators or administrators or who played other specific roles in the forum community. On some forums, seniority (as determined by post-count and join-date) enabled users to personalise their own titles which served as a marker of community status. In other cases, titles were granted by mods/admins to forum users for other reasons (e.g., for a laugh, to designate a competition winner, etc.).

## Signature

At the bottom of each post was the user's signature. Forum users chose their own signature or **sig** - in some cases, sigs only consisted of text, while in others, users

could insert still or animated images into their sigs. Links to other websites or threads were also common. Sigs could have instrumental functions, for example, moderators used them to alert users to important threads. Sigs could also be spaces of individual expression where users displayed favourite quotes from films or music lyrics, and in some cases they were used to recount humorous events in short anecdotes. Sigs were also used to indicate the user's identification with peer groups. For example, conversations in dance music forums during the fieldwork indicated that the peer group CPW, which apparently stood for Car Park or Crack Pipe Whores, was associated with club attendees who reportedly used pass-outs and socialised outside dance events in their cars where they could more easily smoke crystal methamphetamine (in this Australian context, glass pipes used to smoke crystal methamphetamine were referred to as crack pipes). In one dance music forum, users displayed text and images of CPW and associated messages about partying to indicate their identification with this group. In this example, forum users displaying the CPW sig could be seen to be identifying with and celebrating transgression. In another case during the fieldwork, sigs were disabled for non-moderators in one drug forum because some users were including links from their sigs to blogs or other personal sites. Moderators were concerned that users who discussed their own drug use using pseudonyms were exposing their **real life** identities by the links they used in their sigs, and opted instead to disable this feature.

## **Content**

The **message** or **post** was the content composed by the user. Posts comprised text, **emoticons**, images, links, and in some cases, embedded video and audio content. The style of language varied between and within forums: some people wrote in a formal style, but most did employ at least some **net-speak**, the most popular being **LOL** (laughing out loud). **Emoticons** or **smileys** were small images (the same size as text) that were used to indicate emotions, actions or situations.<sup>30</sup> Emoticons using non-

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<sup>30</sup> It is important to note that emoticons (or 'emotion icons') do not necessarily map out neatly to facial expressions or to emotions. They are also used to create other nuanced meanings in conversation and their meanings depend upon other linguistic cues (Dresner & Herring, 2010). Nevertheless, empirical studies indicate that emoticons facilitate a basic shared level of expression to the extent that they function as quasi-nonverbal cues in online communication (Derks, Bos, & von Grumbkow, 2008; Lo, 2008).

animated images in forums were based on the original emoticons that were developed in text-only language. For example, :) = smile. In the forums, :) was represented by an image of a smiley face rather than by the textual representation, e.g., 😊. Forums offered a large range of emoticons for users to choose to insert into their posts, e.g., 😊 😞 😏 😐 😡 😢 😣 😤 😥 😦 😧 😨 😩 😪 😫 😬 😭 😮 😯 😰 😱 😲 😳 😴 😵 😶 😷 😸 😹 😺 😻 😼 😽 😾 😿 😺 🐼. Some forums had unique emoticons that were associated with that community's image or brand. Others were animated sequences that depicted situations that were often humorous; quite a few of these were related to alcohol and other drug use, sex and dancing.

Although post length ranged from very short (e.g. a reply consisting of one smiley) to very long (multiple paragraphs of text), in most forum contexts, long posts were shunned as they indicated the post was particularly serious and/or long-winded and it would require large effort on the reader's behalf (the **tl;dr** abbreviation for 'too long; didn't read' was observed across forums). Very short posts with little content were also not usually tolerated. Moderators were aware that users would sometimes try to increase their post-count quickly by posting rapidly across the forums without contributing any content of value. Typing in capitals (**shouting**) or not using paragraph breaks in longer texts were also shunned by users and moderators because these styles made the text difficult to read.

### 5.1.2 Anatomy of a thread

A **thread** was a conversation started by the **original poster (OP)** and continued by other members of the forum. The OP chose the title of the thread and provided the original material to guide its content. Certain conventions existed regarding new threads: each sub-forum's guidelines indicated the kind of content that moderators deemed suitable and if new threads did not conform, they could be moved to other sub-forums or the thread could be **closed** or **locked**, meaning no other replies could be added. Moderators could also delete threads entirely. Due to the propensity for outsiders to abuse the ability to create a new thread (for **spam**), some forums only allowed users to create new threads after they had established a certain post-count through responding to other threads (e.g., 10 posts). Others avoided spam by allowing new users to post new threads but only if they excluded links to other websites.



Other users became aware of new threads through monitoring the sub-forum. Users could opt to be automatically **subscribed** to any thread they had contributed to: whenever new posts were made, an alert would be sent to the subscriber's nominated e-mail account. In some cases, the alert would contain the text of the new post(s); in other cases, the alert would only contain a link back to the thread. In the first case of alert e-mails containing the original text of new posts, the subscriber would be able to read the original posts in the e-mail even if they were subsequently edited or deleted by moderators. During fieldwork, this function allowed the reconstruction of original and moderated content of subscribed threads.

Moderators monitored the content of threads: banned content could be edited out or the post deleted. Moderators were also concerned about the nature of the social interaction within threads: people were required to treat each other with respect and offensive language was deleted. If particular users continued to cause problems, they could be warned or temporarily or permanently **banned**. While banned users could return using a new username, the accrued status of known users with high post-counts and old join-dates provided an incentive to avoid being permanently banned. Threads were also supposed to be kept **on-topic** to keep the sub-forum organised. In that sense, moderators could merge similar threads or split threads where part of the thread had gone off-topic. The extent of moderation varied across forums and was often the focus of forum conversation as users debated the rationale and fairness behind moderating decisions.

### 5.1.3 Anatomy of a sub-forum

Sub-forums consisted of a list of threads in order—the threads at the top of the list were those with the most recent **reply**. Mostly, sub-forums also had **sticky** or **pinned** threads that remained at the very top of the list. These threads were deemed by moderators to be of greater importance than normal threads and were **stuck** to the top of the list so that they were always in view. Sticky threads often included the forum guidelines or rules. Generally, the names of the moderators were listed in an obvious place.

The sense of time passing in sub-forums depended entirely upon how many users posted in different threads. For example, the threads in busy sub-forums such as general areas for chatting could easily disappear off the front page of the sub-

forum within hours, as many users posted new threads and posted new replies to older threads. Users could browse older lists of threads from the sub-forum if desired; however, once a thread disappeared from the front page, its visibility to most users was greatly reduced. This phenomenon meant that if people wanted their thread to get more publicity, they needed it to contain sufficient interaction to remain visible on the front page or for the content to be memorable enough for users to search for it.

If the user viewing the sub-forum had logged in, most forums had icons next to each thread to indicate which threads: contained new posts since last view, contained posts by that user, contained large numbers of posts, or had been locked by a moderator. Others had icons chosen by the OP to indicate the nature of the thread (e.g. in a drug forum, different drug-related icons such as a cannabis leaf or a capsule could be chosen).

**Bumping** threads occurred when people replied to old threads, causing them to be **bumped** up to the top of the front page even though they were mainly old content. Bumping was acceptable in most forums but would sometimes be judged as spamming if the person was bumping up their own thread and was not a main part of the community. This practice was not acceptable in most cases.

Almost all forums had advanced search engines enabling fine-grained searching for forum content by title of thread, contents of thread or author of posts: if you wanted to find an old thread, you generally could. However, some forums engaged in thread **pruning** which involved permanently deleting old threads from the archive to make space on their **server**, and other forums suffered from server breakdowns that caused old archives to be permanently lost.

#### **5.1.4 Other interaction and content**

While the forum post, thread and sub-forum remained the main areas of activity in forums, they were not the only kinds of online interaction enabled by the websites. All forums also had private or personal messaging systems which were similar to e-mail but hosted within the forum website. **Private** or **personal messages** or **PMs** could be sent from one user to another, or from one to many users. Users could opt to receive an automatic alert e-mail to let them know when they had received a PM. Because PMs were easily abused by spammers, most forums required users to have attained a minimum post-count before being able to send PMs. To a large extent, the

contents of PMs remained unregulated by forum moderators, although forum users were encouraged to report other users if PMs were used for inappropriate purposes. Drug forum members were also warned not to give out identifiable information through PMs to avoid divulging their real identity to law enforcement officers posing as other forum users.

Some forums also hosted **shout-boxes** where users could post a short message and chat with other users synchronously and publicly. While this form of communication was obviously public and usually displayed on the front page of the forum website, one-to-one synchronous communication through **instant messaging** platforms also occurred between forum users. For example, user profiles contained fields for usernames or accounts used for a range of instant messaging services. Users could also opt to display an e-mail address and a personal website. Links with **social network sites** such as MySpace and Facebook emerged during the course of the fieldwork and have changed the landscape of internet forum activities more recently. During the fieldwork, Facebook groups were formed using the names of forum communities so members could connect with their friends using what was then a new online communication platform in Australia. While this evolution commonly occurred among dance music communities, drug forums resisted such moves due to fears about members' real-world identities being associated with being a drug user.

Most online forums were also part of larger websites that contained other types of content. Articles, photos, competitions and product sales were the most common. For example, larger dance music websites also sold tickets to upcoming events and an **entheogen** ("a substance used as a spiritual or sacramental tool", Tupper, 2002, p. 500) discussion group was hosted on a website that sold legal plant materials with psychoactive properties. More commonly, dance music promoters hosted their own forums as part of their promotional website outlining music, DJs and events associated with their brand. Hosting a forum as part of a larger website appeared to succeed in bringing people to the site and keeping them engaged with the community and the brand.

Having described the components of internet forums as experienced during the fieldwork, in the next section of this chapter, I describe internet forum content in relation to illicit drug use. Surveys and interviews with forum moderators and

analysis of the forum guidelines provide insight into how forum leaders defined and managed drug discussion.

## **5.2 Online drug discussion**

The discussion of illicit drugs was consistently controversial across the 40 public online forums involved in this study. The core problem was the tension between the way that forum users constructed their drug use and the mainstream cultural and legal perspective on drug use within which forum leaders felt obliged to act on a public level. To explore online drug discussion, I briefly outline the characteristics of the forums where drug discussion was found, including their scope, topic and focus, and their openness to outsiders. Then, after a brief overview of the instructional and normative types of drug discussion found during the fieldwork, I conclude with an analysis of how forum moderators defined problematic drug discussion and what strategies they used in its management.

### **5.2.1 Characteristics of forums studied**

I identified forty active internet forums during the 18-month fieldwork period (December 2006 to May 2008) where party drugs were being discussed by Australians. In terms of their local scope and focus, 28 of the forums were focused around specific Australian capital cities, 8 were national (Australian) and 4 were international with Australian sub-forums. Most (32) forums were embedded within specific electronic dance music scenes, including 10 forums embedded in the **rave**, **hardstyle** or **hard dance** music scenes, and 4 forums serving the **doof** or **psytrance** scenes. Four forums were directly about drug use and included forums discussing a wide range of chemical and plant based drugs, including entheogens. Other forums where drug discussion was found included forums discussing computing technology, rock music and sport/lifestyle. The 40 forums ranged widely in terms of their size, as defined by counts of posts and members. Forum membership counts ranged from hundreds to hundreds of thousands.

The extent to which forum communities were open to public viewing and/or were attracting new members and traffic to their websites varied too. Most (33) forums made their content available for anyone to view. Two forums were mostly public, but kept specific sub-forums only visible to members. Five forums made

content only available to members; however, in all of these cases, membership was automatically granted to anyone with a valid e-mail address. In almost all cases, users had to sign up as members to post content; only 3 forums allowed anonymous posting. Advertising strategies were related to forum size, topic and the extent of content publicly accessible. A third (14) of the forums displayed banner advertisements for numerous products/services, a quarter (9) displayed website cross-promotion – that is, supporting other similar websites only, and the remaining 16 forums had no advertisements at all. Larger forums which would involve higher running costs were more likely to host banner advertisements, the majority of small-to-medium-sized forums used no advertising, and none of the four drug forums hosted banner advertisements. None of the seven forums that restricted public access to their content displayed banner advertisements. While most of these forums were small, one forum where members were required to log in before viewing content was large, boasting over 10,000 members.

This broad overview demonstrates the wide range of individuals and groups served by internet forums where drugs were discussed by Australians during the fieldwork. Communities had different approaches to publicity. While some groups ran advertising and sought as much public exposure as possible, other groups kept content hidden and chose not to display banner advertisements.

### 5.2.2 Types of drug discussion

The types of drug discussion found during the fieldwork can be broadly categorised as discussions of personal drug practices and experiences and general drug use controversies or issues. **Pill reports** were a specific kind of personal experience discussion that provided an example of how the internet can be used as an information dissemination tool by drug users.

Detailed discussion of personal practices of drug use was restricted by most forums. For the drug-focused forums that allowed such discussion, I categorised personal drug use threads as either instructional or normative. Instructional threads usually involved OPs asking a specific question relating to a drug practice, such as how to avoid **bad pills**, beat workplace drug tests or enhance the effects of specific drugs and drug combinations. Drug **FAQs** or **Frequently Asked Questions** were found at online forums focused on drug discussion and were a more formal example

of the instructional thread. FAQ threads were more like documents than interactions as they tended to be written as instructions on a specific drug practice. FAQ threads covered such topics as how to safely use different drug types, combinations or interactions between illicit drugs and medications, how to set up a hallucinogenic trip, what to do if somebody has a bad trip, extracting codeine from pharmaceuticals using the **cold water extraction** method, instructions on different routes of administration, advice for hallucinogen **trip sitters**, etc. In contrast, normative threads about personal drug use were used to establish community norms. Users asked ‘what kind of drugs are you scared to try?’ and ‘How long have you been taking pills?’. These kinds of threads enabled comparison of drug use histories and trajectories and provided a platform for celebratory and cautionary narratives.

Discussion of drug controversies was also common. News articles about drug issues were often quoted and presented by forum users as the focus of specific discussions. Forum users reacted to news article content and presentation of drug issues in these threads. For example, the South Australian politician Sandra Kanck stated that ecstasy “is not a dangerous drug” (Haxton, 2006, online). This news article was quoted across many forums and sparked considerable debate about the safety of ecstasy use. Another report that was widely discussed was a documentary called ‘The Ice Age’ which focused on the lives of a network of crystal methamphetamine users who were of low socio-economic status (Carney, 2006). This documentary led to discussions about the validity of various constructions of ‘ice’. Threads based on drug use portrayals in the mainstream media functioned similarly in dance music forums as normative threads in drug forums: they enabled the production and reproduction of celebratory and cautionary narratives about drug use that contributed to community definitions of drug-related risk.

In a few dance music forums, people posted threads about specific pills sold as ecstasy and requested information from the group about their experiences with particular types of pills. Mostly though, pill reports were confined to **pillreports.com**, an international website that had been operating since 1999. pillreports.com was a public database which had different properties to online forums: users were unable to PM each other (to reduce the capacity for drug dealing), and the OP filled out a more structured form including questions about the pill’s appearance and dimensions and whether a reagent test was conducted.

pillreports.com was similar in other ways to conventional forums in that ratings and post-counts appeared next to users' reports and pill reports appeared in a list with the most recent entry at the top. Moderators also played a similar role by monitoring and editing conversations as directed by sets of guidelines.

### 5.2.3 Regulating drug discussion

Data regarding the regulation of drug discussion were generated through: forum moderators responding to an open-ended question in the online survey of forum moderators ('What do you see as the main issues regarding discussion of drug use on your forum?'); following these responses up in online interviews; content analysis of the forum guidelines; and observations of how these rules were enforced in practice. Moderator perspectives were produced through my interaction with representatives of 28 forums involved in the study and these data informed the following analysis about the problems of online drug discussion and the ways it was managed.

#### Defining the problem

Most forum moderators and/or guidelines ( $n = 20$ ) distinguished between problematic and non-problematic online drug discussion. The most commonly mentioned problematic discussions were those that promoted heavy or risky types of drug use ( $n = 12$ ). Forums were also concerned about members attempting to source or supply drugs ( $n = 8$ ). In the following example, a dance music forum moderator described these basic issues in response to the question 'What do you see as the main issues regarding discussion of drug use on your forum?':

It isnt really much of an issue but occasionally someone might post something without thinking which could incriminate themselves or make themselves look like an idiot. usually, a pm [*private message*] will get sent and the post will get edited or removed, either by admin or the user themself. the main issue would be people saying how messed up they got/are gonna get. there are a couple of threads that do deal with drugs. there is a thread about weed since it is decriminalised [*in this part of Australia*]. the only issue in that thread is the occasional "hey, can someone sort me out with some" post which is deleted asap [*as soon as possible*].

For this moderator, posts about getting 'messed up' and 'sorting' are edited or removed, but otherwise, drug discussion is not a major issue for the forum. The provision of inaccurate or misleading drug-related information was identified by 7 moderators as a problem they needed to manage. The forum guidelines of one large dance music forum expressed it like this:

Any information posted pertaining to the use or effects of illicit drugs, that is deemed to be heavily untrue or inappropriate, will be deleted. This is because some users may read information on *[forum]* and assume it is true, whether or not this is the case. With issues such as drug use, misinformation is a dangerous thing, and people's lives and well-being may suffer from the propagation of misinformation, and hence any offending posts will be deleted.

Other types of drug discussion considered problematic by some forum moderators included personal admissions of drug use or possession ( $n = 4$ ) and the linking of specific parties, settings or promoters with drug use ( $n = 3$ ). For example, in regards to pill reports, one moderator described the following approach:

Well everyone makes comments on the pills in the posts so we don't edit out any past use. We only edit/delete number of pills they have, if they sold them or sell them, prices, event, party and club/pub names, even if they didn't score there it brings bad *[media]* attention.

While drug forums accepted the need for discussion of past drug use, in contrast, guidelines from a dance music forum stated that:

All posts and threads relating to personal drug use will be deleted, and if there are continued posts, the user will be banned. However, drug talk not relating to personal use is permitted - but please be sensible. Issues such as drugs in society etc may be discussed. We are not here to censor your posts, we simply ask that you do not talk about yours or your friends' personal illicit drug use.

Two forums also described dealing with the problem of judgemental or stigmatising attitudes towards drug users. In this example, the moderator of a dance music forum described how arguments that were discriminatory towards GHB users were dealt with:

There have been many discussions around GHB users and their role in the "downfall of Rave culture" and following negative media attention. Many of these discussions have lead to very nasty and discriminatory comments about G users. We will not tolerate anyone doing this and who ever does asked to stop and the comment / thread is deleted/closed.

From online observations, I observed that most dance music forums allowed informed discussion of drug issues or news reports without reference to personal drug use. For drug forums, personal admissions of drug use were permitted, whereas even seemingly vague threads that related to drug supply (such as members posting that they were 'having trouble getting hold of' a drug) were not tolerated.

Moderators representing five forums claimed to prohibit all kinds of drug discussion, although full prohibition did not prevent drug issues threads or drug discussion 'hidden' in long social threads. For example, a small dance music forum's guidelines stated that:

No direct innuendo or the discussion of condoning drug usage or alcohol consumption to be posted.



In contrast, three forum moderators did not place any limits on drug discussion. In two of these cases, drug discussion was only a small part of their content as these forums were focused upon lifestyle, sport or technology. The remaining forum was unusual in that it was embedded in a local clubbing community yet had no regulations around drug discussion including the sourcing of drugs, even though the forum made no attempts to hide its discussions. Although this forum's approach was atypical within these data, other forum moderators were nostalgic about past times when the internet seemed less open to scrutiny and moderators worried less about the potential risks of hosting drug discussion. In interviews, the moderator of a large dance music forum described how their drug discussion policies had evolved.

If you go back to some of the really early discussion, it was basically a small group of people who all partied together. People spoke quite openly about drug use. That's changed over time as what was essentially a hobby website has grown to become an international resource and commercial enterprise.

Similarly, the moderator of a large drug forum indicated how much their practices had changed.

*[Forum]* has evolved a lot in the time I've been around. It used to be very small and run on a dodgy server. People were not as careful about what they said online. Obvious dealing went on for ages with no consequence. But the internet grew in that time and *[forum]* has smartened up.

In these extracts, moderators noted how their treatment of drug discussion had changed in response to increased acknowledgement of the potential risks involved in hosting illegal content. Legal ( $n = 9$ ) and reputation ( $n = 9$ ) risks were the risks most commonly mentioned by forum moderators. Legal risk was a concern both for the ongoing operation of the forum as well as for individual forum users. For example, one moderator wrote that 'there is always a chance that forum users might unwittingly reveal information about themselves, which could lead them to legal trouble or investigation' and another stated that allowing drug discussion would 'also open your users up to investigation and prosecution if a subpoena was supplied to hand over username information'. Similarly, moderators were concerned with the potential to portray 'a negative image' or to become the subject of 'negative media attention'. Moderators were also concerned about the reputations of their members, for example:

A privacy slipup on *[forum]* could lead to a lot more than some minor embarrassment. Loss of job, career, reputation and of course, police interest. Also employment and family knowledge of drug use is a concern for members.

As well as risks to the ongoing operation of the forum community and risks incurred by individual forum members, moderators also stressed risks that hosting problematic drug discussion posed to the dance music scenes they represented. For example, in one set of forum guidelines, moderators wrote that:

*[Drug discussion] is considered offensive to some members, and also creates a negative image for the [type of] scene, and the [forum] forum itself.*

In one case, a forum moderator expressed a sense of ‘social responsibility’ after describing the promotion of ‘harm minimisation’ information:

*[forum] started out as a small site run out of someones bedroom, as it has grown into a commercial enterprise, we've adapted our policies to be more inline with providing responsible services. We certainly feel a social responsibility in this regard.*

In most cases, the risks of online drug discussion discussed by the moderators and in the forum guidelines were constructed as arising from the public nature of the forum content and the underlying tensions between alternative and mainstream perspectives on the acceptability of drug use. For example, dance music forum moderators told their users through their guidelines that ‘inappropriate’ drug discussion could ‘get this forum removed’ or land them in ‘legal hot water’. The profit-based motivation for ensuring drug discussions accorded with mainstream views was most evident for moderators who explicitly made the connection between commercial sponsors and the risks posed by drug discussion. As one moderator noted:

*Microsoft wouldn't advertise on our site if we promoted drug use.*

A problem caused by drug discussion that was not inherently related to the public nature of internet forums was the issue of accuracy of information. This problem was a concern for drug-focused forums that permitted instructional drug discussion. Moderators expressed feeling an obligation to ensure that incorrect information was corrected as quickly as possible to reduce the risk to forum members who may follow the inaccurate advice. For example, one moderator stated that:

*As far as answering questions, the admins/moderators keep a close eye on answers provided to a drug-related question. Any question which may pose a health risk is hidden from view until a correct answer can be given.*

## Management strategies

Forum administrators and moderators also discussed strategies that they used to reduce the risks posed by drug discussions that they deemed to be problematic. The four main strategies—fostering community norms ( $n = 9$ ), moderation ( $n = 8$ ), referring to trusted sources ( $n = 5$ ), and limiting the visibility of drug discussion ( $n = 2$ )—are described below.

Fostering a culture of following the drug discussion rules and informing forum members of the risks associated with certain kinds of drug discussion helped many forum communities to enforce their own standards. Moderators discussed how forum members began adhering to the rules and helping others to do the same as the community grew. For example, a moderator noted that:

in most cases it is the membership that corrects new members or problem members and hence my intervention is usually not required.

Moderators also noted that it was important to inform forum members of the personal risk of incriminating themselves. In an interview with a small dance music forum moderator, I asked about a thread I had noticed warning people not to use each other's first names in public online discussions. The moderator explained that:

that thread would be related to an event that was organised which was heavily flyered around [*capital city*], and the [*forum URL*] was used without asking us. Several of the members I think used that as a warning to be more circumspect about what they were discussing and how it could be linked to them.

For the occasions when forum content did transgress community guidelines, moderators had a great deal of control over the content that remained visible. They were able to edit, modify and delete posts, warn and ban troublesome users, and lock or delete offending threads. For example, most moderators mentioned sending PMs to offenders explaining what rule they had broken and what would happen if they continued. In the following example, a dance music forum moderator explains his approach to new users who talk about their drug use on his forum:

if you come to the website and say "hello everybody, my name is Bob Smith. I like dance music and I take drugs. see you later" I will delete it. Send personal msg to Bob and say "hey pal.. welcome to the forums.. what music do you specifically like. would you please not discuss your drug preferences on this public forum and stay off it.. its bad for you".

Banning forum member accounts or IP addresses was mentioned as the final step should a user break the forum rules repeatedly. There were mixed opinions on whether this strategy actually worked, given that new accounts could be created and

IP addresses could be masked or anonymised. For example, one moderator commented that:

I've never banned a user – it's not effective anyway. They could just sign up another account if they so chose.

Although the banned forum users could technically join up again, most forum users wanted to continue using a known and established account:

Some users equate a big post count with credibility and status. It's one measure of the social status of a forum user. Most people don't want to risk losing that username and the associated credibility.

These methods of dealing with troublesome users were time-consuming and involved detailed content monitoring by people who mostly volunteered for the role, so it was preferable to build a community that 'policed itself', which was what most moderators described as their goal.

Another strategy used to deal with the problem of forum members sharing inaccurate instructional information about drug use was to refer people to more trusted information sources. In dance music forums where instructional drug discussion was prohibited, moderators would refer people to drug-focused forums and websites that were perceived as credible such as **Bluelight** and **Erowid**. In the following example, forum members themselves would refer drug discussion to more appropriate forums:

In many ways our own users are self-moderating and before we even see something like that they'll say "Take it to Bluelight" and report the post to the moderators.

Moderators also referred people seeking instructional information to see their doctor or to call drug information help-lines. Bringing experts, including ambulance officers and drug education workers, into the forum to deal with drug questions was another strategy used to increase the quality of instructional information.

The legal, commercial and image related risks previously outlined for forums hosting drug discussion only existed if the drug discussion was visible to public authorities. An alternative strategy for avoiding these risks was to reduce the visibility of drug discussion. Through my online searches, I found drug-related content was often hidden within long general chat threads where only regular forum users would be likely to see it. Another method of 'hiding' content was to create a sub-forum that was only visible to forum members. Anonymous readers could view

most of the forum and would be unlikely to suspect that another hidden part of the forum existed. Moreover, search engines could not index the ‘hidden’ forum content, which reduced the visibility of these discussions to outsiders. The hidden sub-forums found through the fieldwork contained more instructional and personal discussions of drug use than were permitted in the other publicly accessible sub-forums on those websites. Even though these ‘hidden’ sub-forums were less publicly visible, I was able to access these materials easily by signing up for an account and logging in. ‘Hidden’ sub-forums may reduce the risks associated with public visibility, but may also increase the risk of self-incrimination to those with access to the sub-forum.

This chapter has introduced the reader to the characteristics of the internet forums where drug discussion occurred during the fieldwork, guided the reader through the elements of posts, threads and sub-forums, and described the problem of drug discussion and its management from the perspective of forum moderators. I end this chapter with an overview of the demographic, drug, and internet use characteristics of the forum users who completed the online survey.

### **5.3 Characteristics of forum users**

#### **5.3.1 Demographic characteristics**

Over 800 Australian residents reporting recent use of party drugs as well as recent participation in online drug discussion completed the online survey. Nearly three quarters of the sample were male (see Table 6 for all demographic details). Their median age was 22 years ( $M = 23.6$ ,  $SD = 6.2$ , range 16–51 years).<sup>31</sup> When asked about their location of residence, most respondents (80%) reported living in a metropolitan area or capital city. Respondents resided across the states and territories of Australia. Over one third of respondents identified themselves as currently studying at university or technical college and a few were still completing secondary schooling. Of those who had completed secondary school, most (83%) had completed Year 12 and over half (62%) had completed some kind of tertiary

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<sup>31</sup> I use statistical abbreviations and symbols as provided by the APA Manual 6<sup>th</sup> edition (APA, 2010, pp. 119-123), including  $M$  = mean,  $SD$  = Standard deviation,  $OR$  = Odds ratio,  $p$  = probability,  $N$  = total number of cases,  $n$  = number of cases in subsample,  $\chi^2$  = chi-square test statistic,  $CI$  = Confidence interval.

**Table 6. Demographics**

Characteristic	<i>n</i> [ <i>M</i> ( <i>SD</i> )]	% [range]	Total valid <i>N</i>
Age in years	23.6 (6.2)	16–51	837
Gender (male)	595	71	833
Lives in capital city	659	80	824
State of Australia			828
Victoria	246	30	
New South Wales	217	26	
Western Australia	150	18	
Queensland	111	13	
South Australia	59	7	
Tasmania	24	3	
Australian Capital Territory	17	2	
Northern Territory	4	0.5	
Current education status			813
Not currently studying	454	56	
Still at secondary school	62	8	
Engaged in tertiary education <sup>a</sup>	297	37	
Highest qualification completed after leaving school			718 <sup>b</sup>
No qualification completed	270	38	
Trade or technical certificate/diploma	235	33	
Undergraduate or postgraduate qualification	213	30	
Completed Year 12 after leaving school	638	83	771 <sup>b</sup>
Current employment status			826
Engaged in paid employment	732	89	
Full-time	394	47	
Part-time or casual	289	35	
Self-employed	49	6	
Not currently in paid employment	94	11	
Students who are not working	54	7	
Unemployed, looking for work	23	3	
Home duties, no paid work	10	1	
Other	6	1	

Source: Online survey respondents in 2007-08.

<sup>a</sup> Tertiary education includes university, college and TAFE (technical college).

<sup>b</sup> Valid *N* excludes respondents who were still at secondary school.

qualification, including a trade or technical certificates and university degrees. Most respondents (89%) reported currently participating in paid employment. Only a handful (3%) of the sample reported being unemployed and looking for work. Their

median average income before tax was reported as \$AUD 400–599 per week or \$AUD 20,800–31,199 per annum ( $N = 805$ ).

### 5.3.2 Drug use patterns

Over 80% of the sample reported some use of ecstasy, alcohol, cannabis, amphetamines and tobacco and over half of the sample reported some use of LSD, nitrous oxide and amyl nitrate (see Table 7 and Figure 2 for more data on drug use patterns). The median number of drug types ever used by the sample was 9 from a total of 19, excluding ‘other drugs’ ( $M = 8.9$ ,  $SD = 3.7$ , range 1–19). Over half of the sample had used between 6 and 11 drug types, with the remainder either reporting 1 to 5 drug types (19%) or 12 or more drug types (25%). When considering all psychostimulants and hallucinogens as ‘party drugs’, around two thirds (527; 63% of 837) reported party drug use monthly or more often in the past 6 months. About half (425; 51% of 837) of the sample reported using ecstasy monthly or more often in the past 6 months. As shown in Figure 2, ecstasy was the most frequently used illicit drug among the sample. The median age of first ecstasy use was 18 years ( $M = 19.1$ ,  $SD = 4.1$ , range 12–48). When asked to estimate how many different types or batches of ecstasy pills they had ever used, one fifth of the sample estimated 1 to 10 batches, nearly half estimated 11 to 50 batches, and one third estimated over 50 batches. In terms of the setting of party drug use, most respondents reported spending at least some of the last session of party drug use at an event or venue: the majority spent some time at a licensed venue while the minority spent some time at an unlicensed venue (9% or 53 reported spending some time in both licensed and unlicensed venues). Some respondents reported spending the entire party drug use session at a private home (own, friends’, house party).

In terms of harms and treatment utilisation, over two thirds of the sample reported experiencing any type of problem with their alcohol and other drug use in their lifetimes, and over half of these reported problems within the past 6 months. Problems reported within the past 6 months related to mental health (24%), relationships (19%), work and study (17%), finance (14%), physical health (8%), and legal issues (3%). Less than one fifth of the sample reported having ever discussed their drug use with a counsellor or having ever received other drug-related treatment,

and 6% reported drug counselling or treatment in the past 6 months. One tenth reported ever injecting drugs and half of these had done so in the past 6 months.

**Table 7. Selected drug use characteristics**

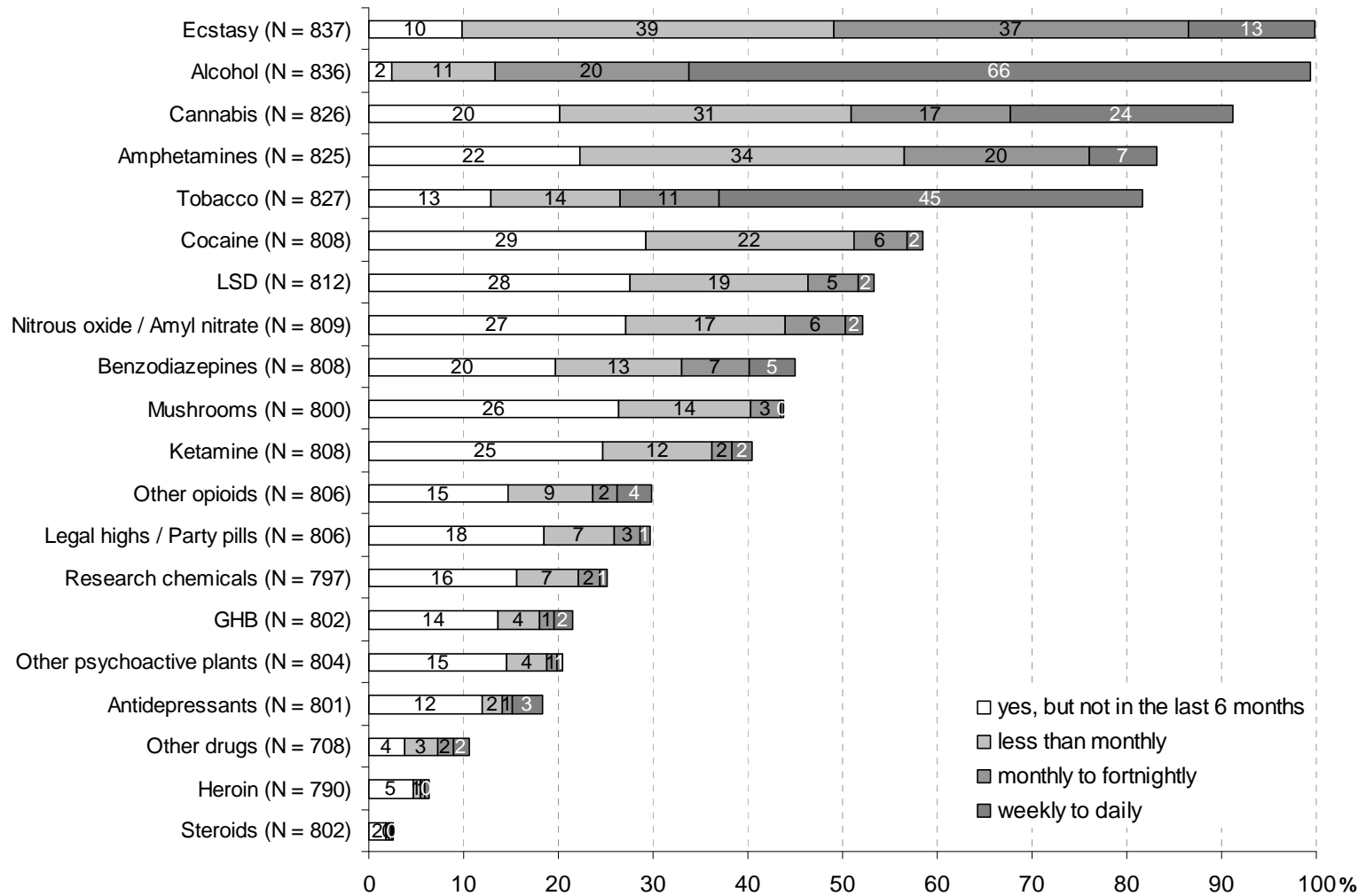
Characteristic	<i>n</i> [ <i>M</i> ( <i>SD</i> )]	% [range]	Total valid <i>N</i>
Number of drugs ever used	8.9 (3.7)	1-19	837
1 to 5 drug types	157	19	
6 to 11 drug types	474	57	
12 to 19 drug types	206	25	
Age of first ecstasy use	19.1 (4.1)	12-48	825
Number of different batches of ecstasy ever used			822
1 to 10 batches	177	22	
11 to 50 batches	361	44	
Over 50 batches	284	35	
Setting of last party drug use session			830
Some time spent 'at an event or venue'	603	73	
Licensed venue/event	537	65	
Unlicensed venue/event	123	15	
Entire session spent at a private home	106	13	
Experienced problems with their alcohol/drug use			829
Ever, any type	581	70	
In the last 6 months, any type	332	40	
Types of problems reported in the last 6 months			
Mental health	198	24	811
Relationships	152	19	810
Work and study	134	17	807
Financial	112	14	816
Physical health	63	8	808
Legal issues	26	3	813
Received alcohol/drug treatment <sup>a</sup>			814
Ever	140	17	
In the last 6 months	46	6	
Injected drugs for non-medical purposes			824
Ever	86	10	
In the last 6 months	38	5	

Source: Online survey respondents in 2007-08.

<sup>a</sup> Discussed their alcohol/drug use with a counsellor or received other alcohol/drug-related treatment.



**Figure 2. Frequency of drug use (for non-medical reasons)**



Source: Online survey respondents in 2007-08.

### 5.3.3 Internet use patterns

As shown in Table 8, the sample reported a median of 9 years since first use of the internet ( $M = 9.1$ ,  $SD = 2.9$ , range <1–20). Respondents reported spending a median of 20 hours online in a typical week ( $M = 24.0$ ,  $SD = 16.4$ , range 1–112). Almost everyone (96%) accessed the internet from home in a typical week, and some also accessed it from work (44%) and school or university (21%). Respondents were asked to rate their competence as a user of the internet. Over half (51%) rated themselves as expert, over one third (36%) rated themselves as above average, and the remainder rated themselves as average (11%), still learning (1%) or a beginner (0.2%).

The sample reported that they had been using internet forums for a median of 4 years ( $M = 4.4$ ,  $SD = 3.0$ , range <1–18). Most of the sample (87%) reported use of internet forums in a typical week, during which time they spent a median of 4 hours using internet forums ( $M = 7.6$ ,  $SD = 9.6$ , range 1–70). Of all respondents, over one quarter reported spending 7 or more hours using internet forums in a typical week. When asked about their level of involvement with internet forums, one third read forums without posting or ‘lurked’. Of the remainder who had posted in internet forums, their median post-count was 500 ( $M = 1979$ ,  $SD = 4285$ , range 1–62000). Over half of the sample reported that they were forum members with 1 or more posts and nearly one fifth reported experience as a forum moderator or administrator. Most of the sample (80%) also reported use of social network sites in a typical week, during which time they spent a median of 5 hours using them ( $M = 8.5$ ,  $SD = 10.1$ , range 1–90). Of all respondents, one third reported spending 7 or more hours using social network sites in a typical week.

Participants were asked to name the internet forums they most often used and responses were categorised into electronic dance music, drug or other ( $N = 639$ ). Over half (56%) used electronic dance music forums and less than half (46%) used drug forums. Only a few (13%) reported only using forums not categorised as dance music or drug related. The other category included technology, gaming, non-electronic music, cars, sport and lifestyle forums.

**Table 8. Selected internet use characteristics**

Characteristic	<i>n</i> [ <i>M (SD)</i> ] [median] <sup>a</sup>	% [range]	Total valid <i>N</i>
<b>General internet use</b>			
Years since first use	9.1 (2.9)	<1-20	819
Hours used in a typical week (median)	20	1-112	827
Location of internet access in a typical week			821
Home	792	96	
Work	358	44	
Educational institution	170	21	
Self-rated competence as an internet user			822
Beginner	2	0.2	
Still learning	5	1	
Average	94	11	
Above average	299	36	
Expert	422	51	
<b>Internet forum use</b>			
Years since first use	4.4 (3.0)	<1-18	819
Used in a typical week	712	87	823
Hours used in a typical week (median)	4	1-70	712 <sup>b</sup>
7 hours or more per week	232	28	823
Highest forum status			760
Read but never posted	231	30	
Member	403	53	
With 1-299 posts	200	26	
With 300 + posts	203	27	
Moderator or administrator	126	17	
Former	83	11	
Current	53	7	
Post-count in 2 most often used forums (median)	500	1-62000	529 <sup>c</sup>
<b>Social network site use</b>			
Used in a typical week	657	80	821
Hours used in a typical week (median)	5	1-90	657 <sup>d</sup>
7 hours or more per week	259	32	821

Source: Online survey respondents in 2007-08.

<sup>a</sup> Mean (*SD*) used when variable normally distributed. Median reported for skewed variables.

<sup>b</sup> Valid *N* excludes respondents who had not used forums in a typical week.

<sup>c</sup> Valid *N* excludes respondents who had read forums but never posted.

<sup>d</sup> Valid *N* excludes respondents who had not used social network sites in a typical week.

In summary, most of the survey respondents were young adults or teenagers and almost three quarters were male. Demographic information about this sample indicated that they were not particularly disadvantaged or marginalised: in fact, they were well educated and almost all were employed or studying. These characteristics accord with: (a) statistics cited in Chapter Three that show illicit drug users to be no better or worse off than non-illicit drug users (AIHW, 2011) and (b) demographic characteristics of Australian ecstasy users who participate in drug trend monitoring systems (Sindicich & Burns, 2011). While illicit drug experiences of the online sample were extensive, frequent use was rarely reported. Most of this sample participated in more occasional styles of drug use rather than regular or dependent styles. Most party drug use also occurred in a dance music event or nightclub setting. Survey respondents were also experienced internet users, most of whom reported engagement with either dance music or drug oriented internet forums. A range of forum users were represented including those who only ever read forum content (lurkers) and those who had been or were currently involved in moderating forum content.

## ***Conclusion***

In this chapter I have introduced the range of online forums where drugs were discussed by Australians during the fieldwork period and the general characteristics of the people who used party drugs and engaged in online drug discussion who completed the online survey. Drug discussion was a controversial issue for the forum moderators I surveyed and interviewed. Instructional drug discussion was prohibited in all but the drug-focused forums and the occasional dance music forum, while normative drug discussion was tolerated in most settings. In the majority of forums in this study that were associated with various EDM scenes, drug discussion was discouraged and heavily regulated in order to guard against what the moderators understood as legal, reputational and financial risks. The ways by which forum users conducted their online drug research is explored in the next chapter.

## 6 Online drug research: the internet as tool

As argued in Chapter Three, the internet has often been conceived as a tool enabling the dissemination of information directly from person to person, as opposed to other tools of mass media that broadcast filtered information from the powerful to the public. In this thesis, I argue that this popular conceptualisation of internet-enabled media as fuelling the decentralisation of information is critical to understanding the meanings and functions of internet forums among party drug users in this study. During the fieldwork period for this study, material that would be refused classification in literature or film could not be removed from websites hosted outside of Australia and Australians were not blocked from viewing such websites. This context made it possible for Australian drug users with internet access to consume and produce detailed instructions in drug practices through collaborative global and local networks.

To begin this chapter, I describe a key incident that occurred during the fieldwork period involving the death of a Sydney girl Annabel Catt after she consumed what was later found to be PMA. I have chosen this example to highlight the reaction of the Australian moderators at the international drug forum Bluelight as an example of online folk pharmacology: or a resistance of the dominant pathology model through using the internet as an information and communication tool. Following this example, I describe the core practice of conducting online research into drugs. Then, I outline what forum users see as the challenges of navigating and negotiating an abundance of information and determining the trustworthiness of information sources. Later in this chapter, I discuss the aims and consequences of online drug research, expressed in terms of both the negative and positive aspects of drug practices. I also explore the unknown content and purity of ecstasy pills as an example of how the internet is used as an information tool to both reduce harms and increase benefits. To conclude, I illustrate the limited power of information through exploring interviewees' accounts of why such information is *not* translated into practice.

## **6.1 Annabel Catt Part 1**

### **6.1.1 Description of the event**

On Saturday February 17 2007, 20-year-old Annabel Catt was one of many thousands who attended Sydney's Good Vibrations music festival. At 3:30pm, Annabel and her friends reportedly took an ecstasy pill each (Bannerman, 2007). Later on, as the effects began to wear off, they each took 'ecstasy' capsules (Bannerman, 2007) and by 9:00pm, they were reportedly "hallucinating, sweating and walking erratically" (Wilson, 2007, online). After leaving the festival and gathering at a house party, it was reported that the girls had high temperatures so they had showers in an attempt to cool down, then they tried to rest but Annabel was acting strangely so her friends called an ambulance (Bannerman, 2007). In other reports, Annabel "collapsed" ("Police warn", 2007, online) and had turned an "eerie ice blue" (Wilson, 2007, online). After being rushed to hospital, Annabel died at around 5 a.m. after suffering respiratory distress ("Woman dies", 2007; Gibson, 2007).

Before toxicology reports emerged, the then NSW Premier Morris Iemma expressed concern that the police had not yet provided warnings to the public about a 'bad batch' of ecstasy: "If they've got knowledge that there's a bad batch [*of ecstasy*] out there then the public quite rightly would be expecting to be told about that" (Gibson & Cubby, 2007, online). Police stated that they did not have any information about abnormal batches of drugs at that time (Gibson & Cubby, 2007). On Thursday February 22, preliminary toxicology reports were released that indicated the presence of PMA in Annabel's body ("Police urged", 2007; "Police warn", 2007; Alexander & Braithwaite, 2007). PMA is a form of amphetamine which mimics the effects of MDMA whilst being more hallucinogenic, but is much more dangerous because it has a lower fatal dosage. The presence of PMA in the toxicology results prompted the NSW Police to issue a public warning about the effects of PMA and a reiteration of the dangers associated with any illicit drug use. Drug Squad Commander Superintendent Greig Newbery stated that:

PMA is a highly toxic, highly hallucinogenic amphetamine, the drug is regarded as a rare form of amphetamine, that has previously been passed off as ecstasy. (I'd like to) remind people that the content, potency and effect of drugs are an absolute unknown. Taking any prohibited drug, especially manufactured prohibited drugs, people are gambling their own lives and really playing Russian roulette. ("Police warn", 2007, online)

Although the NSW police issued a general warning, the ABC reported that the NSW police "will not identify the colour or logo of the pill Ms Catt took because they do not want to create the impression some tablets are safer than others" ("Police urged", 2007, online). Gordian Fulde, Head of Emergency Services at St Vincent's Hospital disagreed: "[*the information*] should be put out there so everybody knows that this is what they look like and this is what you don't want to touch" ("Police urged", 2007, online).

On the following weekend, the NSW police posted another PMA warning (pillreports.com, 2007). A variety of pills and capsules seized between December and January, which were suspected to contain MDMA, had been sent for routine testing and were found to contain PMA. The press release did not include information that could be used to identify these pills and capsules, although a note at the end of the media release gave a contact for accessing the images.

The ABC's 7:30 Report covered the story on March 3 (Bannerman, 2007). The NSW Department of Health issued a statement that routine drug testing takes 8 to 12 weeks. Results for the drugs seized in December 2006 were only available on February 19, one day after Annabel's death. The reporter asked whether Annabel Catt's life could have been saved if the routine testing for the content of seized illicit drugs could be conducted in a timelier manner. Greig Newbery replied:

Police are continually providing the message to the public that prohibited drugs are dangerous. All prohibited drugs are dangerous. I don't know whether it would have made a difference. It certainly may have provided a bit more information to the public. Whether it would have made a difference in Annabel Catt's case is, again, very difficult to say. (Bannerman, 2007, online)

Annabel Catt's death was a focal point of discussion across multiple online forums. The following analysis, based on participation, observation and online discussion archives, illustrates how Bluelight moderators used the internet to distribute alternate information in response to Annabel Catt's death through online networks of drug users.

### 6.1.2 Bluelight's response

A few days after Annabel's death, unrelated server problems led to the drug forums Bluelight and Pillreports going offline and not returning until Monday February 26. On Friday February 23 while the servers were down, Australian Bluelight moderators began distributing an e-mail that they had composed. The e-mail warned readers about PMA, encouraged them to test their pills with colour reagent testing kits and to call an ambulance immediately if a friend was in trouble (see Extract 1). Bluelight members were asked to distribute the e-mail widely in the hope that the information might save lives. The message was displayed at the homepages of Bluelight.ru and Pillreports.com while the servers were being fixed.

On Monday February 26, soon after Bluelight and Pillreports came back online, moderators posted the NSW police warning alongside images of the pills and capsules that contained PMA. The images were sourced through the contact provided in the police media release. The Bluelight and Pillreports posts also contained warnings that this information should not be interpreted as implying that these pills and capsules are the *only* ones that contain PMA and that people should test their own pills.

The actions of Bluelight moderators in response to Annabel Catt's death demonstrate the capacities of the internet as a tool for information exchange. Firstly, prior to this event, internet forums enabled the formation of relationships between Bluelight moderators who were otherwise dispersed across Australia. Secondly, the fast and free information production and transmission capabilities of the internet enable a detailed yet timely response to a time sensitive event. Thirdly, the ability to construct pseudonymous identities online made the distribution of the e-mail less risky and, therefore, more likely to occur. In the following paragraphs, I elaborate upon these three aspects of how the internet as an information exchange tool enabled Bluelight's response to Annabel Catt's death.



### **Extract 1. Bluelight e-mail sent 5 days after Annabel Catt's death**

In the wake of the tragic events surrounding the death of Annabel Catt, we are reminded of the ever present dangers surrounding recreational drug use. Although tragic, these events are a timely reminder of the importance in implementing and promoting as many harm reduction techniques, in regards to illicit drug use, as possible.

It is believed Ms Catt ingested Para-methoxy-amphetamine (PMA) in the mistaken belief that it was 'Ecstasy', which is the often incorrect vernacular term for 3,4-Methylenedioxyamphetamine (MDMA). PMA is a strong psychedelic stimulant with much smaller dosage rates than that of MDMA. The ingestion of PMA can lead to muscle spasms, increased blood temperature, increased blood pressure, increased body temperature, increased pulse rate and laboured breathing. If left untreated the consumption of PMA can ultimately lead to hyperthermia, convulsions, coma and death. Although some of these reactions can also be attributed to the consumption of MDMA, any reaction out of the ordinary should be addressed immediately by a trained medical practitioner.

There are some simple steps that can be taken to minimise the risks associated with the consumption of 'Ecstasy'. Obviously the easiest way to minimise the chances of consuming PMA would be total abstinence from 'Ecstasy' itself. As this is often not an option for a lot of people, the use of a reagent tester will return a result for PMA. The result seen with a variety of reagent testers are detailed below;

- **Mandelin** - reagent will produce a change from green through to red or reddish brown.
- **Marquis** - reagent will produce some effervescence but no colour change.
- **Mecke** - reagent will produce a lime/green colour.

If any of the reactions listed above occur, it may indicate that the substance tested contains PMA and could be potentially fatal. It should be noted, however, that if PMA is mixed with another substance that also reacts with the reagent, the reactions listed above may be obscured by a darker reaction, like that seen with MDMA. Reagent testers are available online at <http://www.enlighten.org.au/>, <http://www.ez-test.com.au/> or can usually be found at tobacconists, head shops and some music stores.

Another simple measure in harm reduction is keeping an eye on your friends. If they start to display or complain about any of the aforementioned effects, it is 'better to be safe than sorry' and seek immediate medical attention. Please don't risk a life with a 'she'll be right' attitude in the hope that it will go away or through a misguided worry that you will get in trouble. Medical practitioners have no professional obligation to pass information about drug use on to the police and will only notify police if you are a danger to yourself or others. Please don't be selfish when making a decision about seeking medical attention, as your life or the life of your friend is worth more than a good night out.

We ask that you disseminate this e-mail as widely as possible to your fellow Bluelighters, non-Bluelighters and even non drug users as most people know someone who partakes in the use of 'Ecstasy'. Please don't disregard and delete this e-mail, as the life you save could be someone close to you. Send it on to all the people on your contact list as you could be saving their life by doing so.

This e-mail is being sent out by members of the harm reduction website Bluelight. It is being sent to provide as many individuals with information about PMA as possible, in response to concerns there may be a batch of 'Ecstasy' that contains this substance. It is the hope of the authors that further deaths and sickness can be avoided. The Bluelight website can be accessed by visiting <http://www.bluelight.ru/> but is currently down due to server issues and is expected to return to normal operation shortly.

Kind regards,

Australian Drug Discussion Moderators

Bluelight

DISCLAIMER: The views expressed in this e-mail are those of the authors alone. They do not represent the views or opinions of Bluelight.ru or its staff, nor do they represent the views or opinions of any entity of, or affiliated with, the Bluelight network.

Source: E-mail received by the author, 2007, February 23.

The Australian Bluelight moderators at that time consisted of a small group of volunteers who had earned the right to have the title, power and responsibility of forum moderator by consistently demonstrating their commitment to the values of the community, the most important being the focus upon harm reduction. Drawn from different parts of Australia, they would not have otherwise met or formed this alliance without the underlying internet infrastructure upon which the Bluelight community was continually being made and remade. So, the capacity to bring people together with a common cause who would not otherwise have met enabled the action taken following Annabel Catt's death.

Bluelight members who received the message composed by the moderators were asked to distribute the message throughout their online networks. It was easy and quick for people to distribute the message to other drug users and throughout multiple drug user networks. The ease of redistributing the e-mail and the speed of redistribution were critical to the plan to get information out to drug users before the weekend in the hope that the information would help educate people about the need to test their pills and call an ambulance immediately if problems arose. Other internet forums were also used to distribute the e-mail: it was posted as a warning about the dangers of PMA across a dozen dance music forums.

The Bluelight materials were written from the viewpoint of ecstasy users who were concerned about how to avoid the risk of consuming PMA. This viewpoint was a counterpoint to the perspective of the NSW Police, who initially stated that they did not want to identify the type of pills that Annabel took in case this information could be interpreted as implying that some pills were more dangerous than others, illustrating their alignment with the pathology discourse. The Bluelight materials implied exactly that: some pills (specifically those containing PMA) are more dangerous than others, and that if drug users have more information about the contents of pills from using reagent testing kits, they will be better equipped to avoid the most dangerous kinds of pills. Underlying this difference was the police's commitment to the goal of preventing drug use and Bluelight's commitment to the goal of reducing drug-related harm while supporting informed and controlled drug use. While this discourse is supported by some public and non-anonymous writers and commentators, it is arguably less risky to express views that challenge pathologising drug discourses when using pseudonyms and pseudonymous e-mail

accounts. The moderators used the pseudonymity afforded by the internet to facilitate taking an alternative position without concern about compromising their 'real life' identities.

The quick distribution of alternative information was particularly important in Bluelight's response to the second PMA warning issued by the police. After their initial position that reiterated that all illicit drugs are dangerous, the police press release the weekend after Annabel Catt's death offered a compromise. Rather than openly stating details that could identify the PMA pills and capsules, readers were given a contact name to e-mail for further information. It would surely have been clear that the images and information would be made publicly available once released to citizens who e-mailed the media contact to request more information. Bluelight moderators contacted the police, received the images and posted them publicly, thus informing members that Beige Omegas and a range of capsules should be avoided due to the likelihood that they contained PMA. In concert with Bluelight, the police were able to continue to promote the zero tolerance message while, at the same time, enable a targeted harm reduction message through providing access to the detailed information about which pills and capsules contained PMA to online networks of drug users.

## **6.2 *The practice of online drug research***

The example of Annabel Catt and Bluelight's reaction shows one important way that the internet was used as a tool to disseminate information designed to reduce the harms of drug use. In the remainder of this chapter I focus upon how the party drug users who participated in my surveys and interviews described the practice of online drug research, a practice that was generally understood as a critical part of learning to be a competent drug user. Many informants who participated in online interviews (15 of 27) used the term *research* when discussing how online drug discussion had shaped their drug use. Research referred to a process of gathering, sorting and evaluating information and experiences regarding specific drug practices, and this process generally took place entirely or partially through reading and participating in online drug discussion. In most cases, informants indicated that their online research played a critical role in their decision-making processes about drugs. Apart from providing information to assist with drug-taking decisions, the way research was

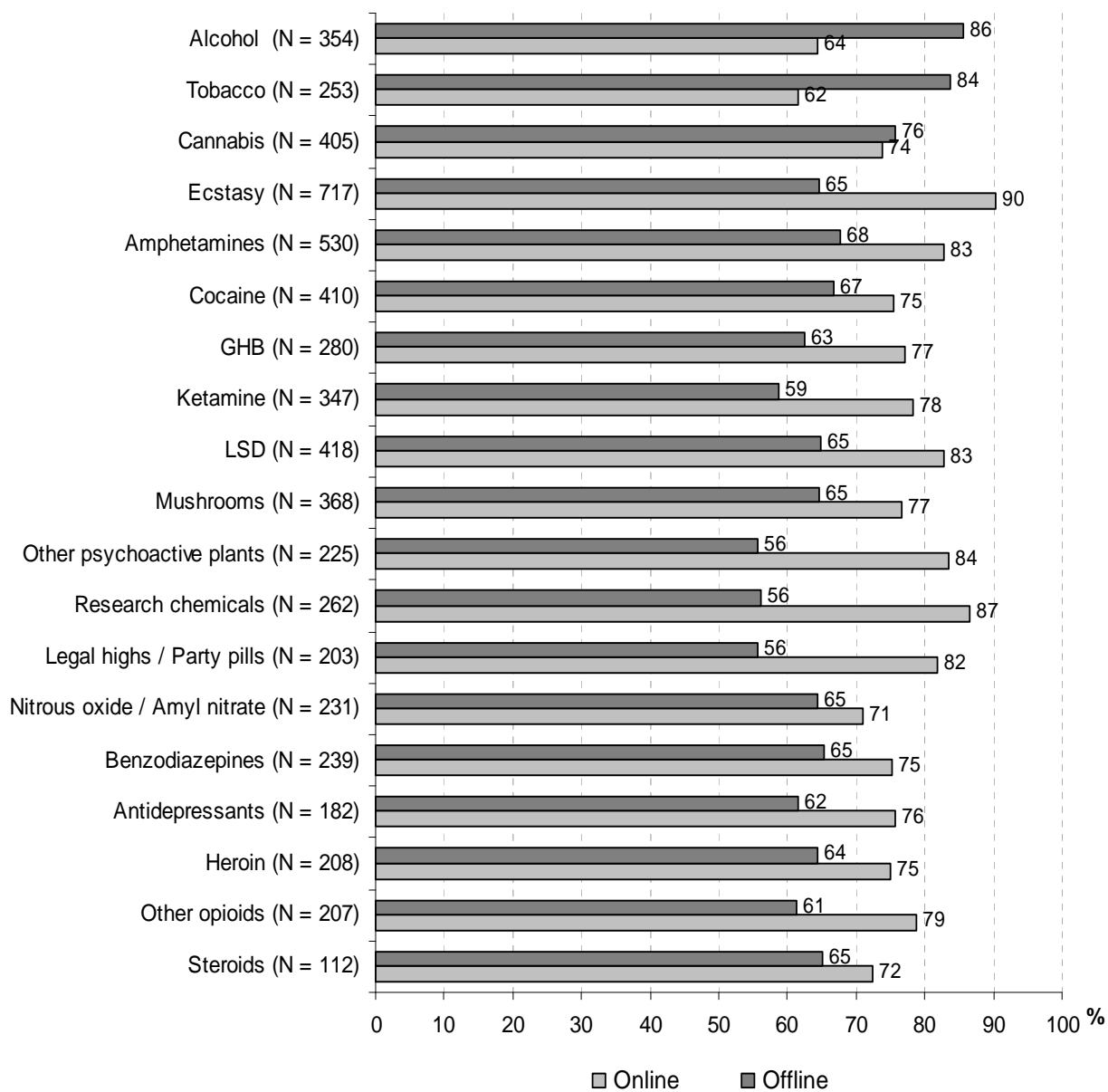
discussed provided clues as to other symbolic meanings ascribed to the practice. Researching drugs and drug activities first before trying them was described as helping to reduce concerns or anxieties, as well as being a process that one 'should' engage in or as a way of acting maturely. Researching drugs on behalf of others and answering the questions of novice drug users in their friendship groups and in online forums allowed informants to be helpful and 'give something back' to their communities. Online drug research as instrumental to learning about drug use is the focus of this chapter, whereas the symbolic meanings of these practices are the focus of Chapter Seven.

### **6.2.1 Which drugs and information types?**

Which drug types did respondents discuss online? And what kinds of drug information were they interested in? In the online survey, respondents were asked whether they had discussed, searched for or read about specific drug types and issues in the past 6 months, and if yes, whether they had done so online and/or offline (see Figures 3 and 4).

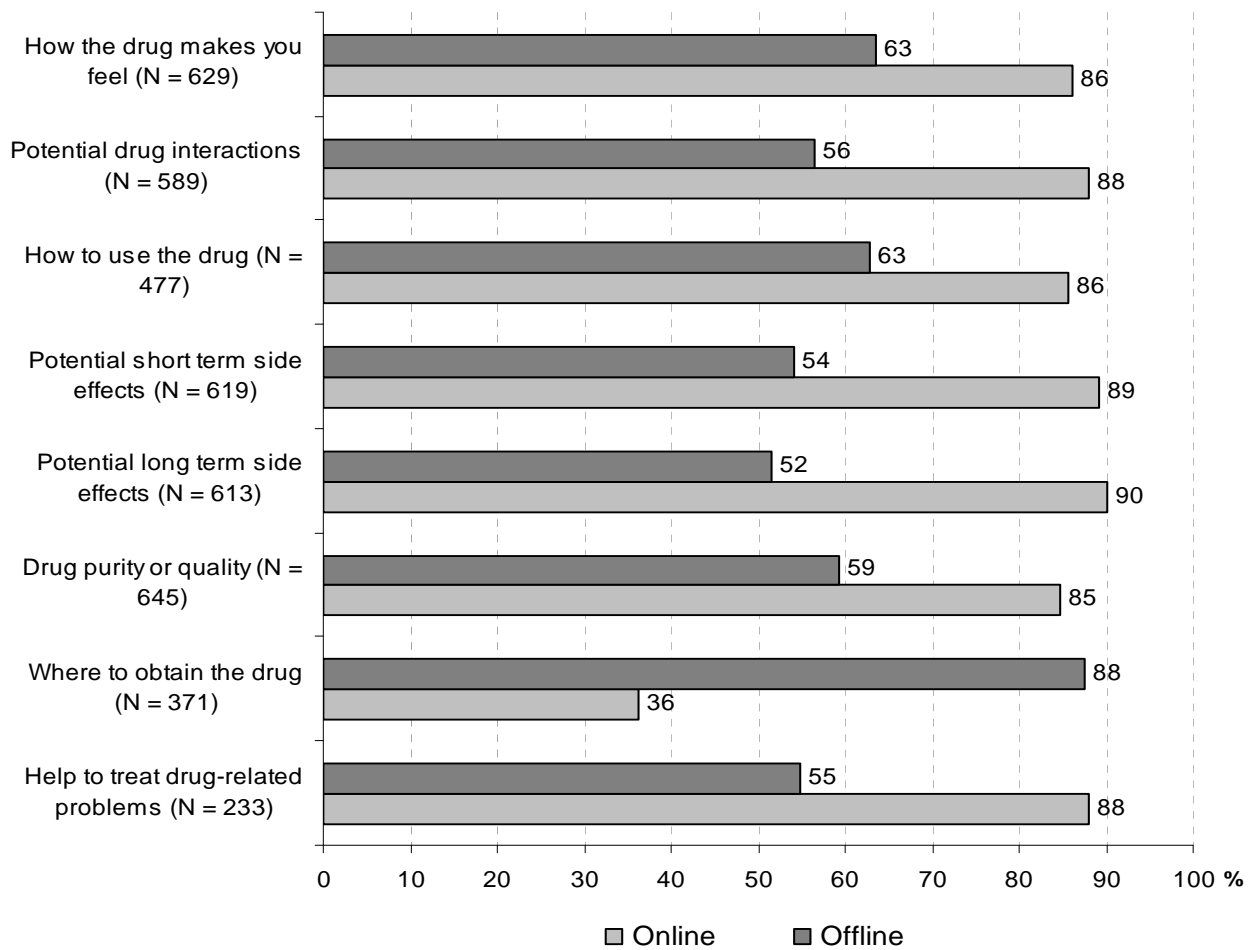
For the legal drugs alcohol and tobacco, a greater proportion of the sample had discussed the drug offline than online (see Figure 3). For all the illicit drugs except cannabis, greater proportions of those who discussed the drug did so online. This trend was more pronounced for the more obscure drug types: other psychoactive plants, research chemicals and legal highs or party pills. For those who discussed specific drug issues addressed through the survey (see Figure 4), all but one issue followed a similar pattern: consistently higher proportions used online discussion or information than offline. Around 90% of those who reported discussing or searching for information about short- and long-term side effects did so online, compared with about 50% doing so offline. Notably, most of those who discussed treatment for drug-related problems (205; 88%) did so online, while half (128; 55%) did so offline ( $N = 233$ ). In contrast, those who reported discussing or searching for where to obtain drugs generally did so offline (325; 88%), with only one third (134; 36%) doing so online ( $N = 371$ ).

**Figure 3. Of those who discussed, searched for or read about specific drug types in the past 6 months, what proportion did so online and offline?**



Source: Online survey respondents in 2007-08.

**Figure 4. Of those who discussed, searched for or read about specific drug issues in the past 6 months, what proportion did so online and offline?**



Source: Online survey respondents in 2007-08.

These data demonstrate the preference for online communication is stronger for illegal drugs and especially for new/emerging drug types, except when it comes to obtaining those drugs. Drug users in this study used the internet more often when discussing sensitive, illegal or stigmatised topics; however, most of the sample described not engaging in online discussion about where to obtain drugs, a finding that matched the observations in the fieldwork of sourcing discussion being banned by most online forum communities, as presented in Chapter Five.

### 6.2.2 Why was online preferred?

A preference for online drug discussion was observed in these survey data, and the qualitative interview data were used to examine the attraction of the internet for drug research. Accessibility and anonymity were described as the two advantages of online drug discussion, while reduced communication cues was the main disadvantage when compared with face-to-face communication.

I identified four themes around accessibility. Online drug discussion facilitated access to: (1) large numbers of people and experiences at once; (2) people or experiences that were otherwise out of reach; (3) like-minded people especially other drug users; and (4) a wide variety of people, experiences and opinions. As seen in Tracey's extract ('if it's online, you're more likely to get a collective response', see Table 9), 'collective responses' were given more weight than the opinion of single individuals when gathering information. As well as being able to gather more information, the speed and ease of accessing this information was also a feature of the informants' responses. The benefits of online drug discussion were often set in contrast to other sources of drug information such as friendship groups, which were usually described as limited by lack of expertise, as shown in the extract from Kyle ('Online you can talk to a diversity of people... offline you generally get to talk to some pretty ignorant people'). He also described the internet facilitating access to people who were understood to have broader or deeper drug experience than him or his friends, such as those who were experts in chemistry, medicine or science. First-hand experiences of drug use and access to other drug users were mentioned as benefits of online discussion by 14 informants, as shown in Richard's extract. Richard focused on the sense of 'fellowship' or community that was facilitated through access to other like-minded drug users ('Here are people who have also been through what I have'). Accessing a wide variety of people, experiences and opinions was mentioned by 12 informants who indicated the benefits of diversity, as shown in Adam's extract about the limitations of offline public venues for discussing drugs ('I could talk to guys in pubs all my life and still never find 1 person who's heard of **2C-B**').

**Table 9. Advantages and disadvantages of online drug discussion**

Category / sub-category	N	Illustrative example
<b>Advantages of discussing drugs online</b>		
Accessibility	27	
Large numbers of people and experiences	16	well i'd say the biggest advantage of online is u can reach more people ... if it's online, you're more likely to get a collective response (Tracey)
People and experiences otherwise out of reach	14	Online you can talk to a diversity of people, from an ex junkie to a chemist, from a drug dealer to a cook, anyone within the "industry" if you will. offline you generally get to talk to some pretty ignorant people who take drugs for (whatever) reasons.... but without any real knowledge of them... (Kyle)
Like-minded people, especially other drug users	14	Online forums will generally have individuals who have experienced the use of the drug first hand and will ideally be unbiased towards any organisation specific agendas. ... I guess you could say it almost allowed a certain fellowship. "Here are people who have also been through what I have". (Richard)
Wide variety of people, experiences, and opinions	12	online, you have the advantage of talking to a much wider audience, and getting a much broader cross-section of experience and knowledge. I could talk to guys in pubs all my life and still never find 1 person who's heard of 2CB. :- ) (Adam)
Anonymity	18	<p>online you can be anonymous to a degree. i mean if there was a centre in the street with all this info, you wouldnt want to be seen walking into it, etc. scared of people judging. (Liam)</p> <p>advantages of online i think ppl are more likely to ask questions. due to them not knowing the person, therefore not feeling embarrassed or you know feel like theyre going to get yelled at etc by someone they love. (Brooke)</p>
<b>Disadvantage of discussing drugs online</b>		
Reduced communication cues	15	<p>Offline you can get a bit more in depth as to what they're describing, especially in person. (Ben)</p> <p>offline and IRL [<i>in real life</i>] you can often tell whether or not your mates are lying. (Chris)</p> <p>i suppose you can get a more physical sense of effects? It's one thing to read something, it's another to see it for yourself. For example you reading in a forum "I was shaking for a few minutes". you think ok yeh that's not too bad I could handle that. But in real life they could show you they were shaking so bad it was like having a fit. (Megan)</p>

Source: 27 online interviews with internet forum users in 2008.



The other reported advantage of the internet and online forums for discussing drugs was anonymity of accessing the information and/or interacting with people online. Informants described how online drug discussion protected them from divulging their own use of drugs to people in their everyday lives, whom they believed would be more likely to pass negative judgement or stigmatise them, as shown in Liam's extract where he would be 'scared of people judging' if he were seen 'walking into' a 'centre in the street with all this info'.<sup>32</sup> Other benefits of communicating about drugs in an anonymous way online that were described by informants included feeling less inhibited or more confident, reducing embarrassment or fear of asking 'silly questions' or being constructed as naïve or uneducated about drugs, as shown in Brooke's comment about 'not knowing the person, therefore not feeling embarrassed'.

Fifteen informants, however, acknowledged that online communication was hindered by the lack of physical presence and reduced communication cues. In-person communication was described as being more in-depth and less prone to deception, as shown in extracts from Ben and Chris (see Table 9). Physical presence could also have another advantage above and beyond establishing trust. In the extracts, discussing the physical activity of drug taking in person could provide an opportunity for one person to *show* another person how they used drugs, or the effect they had, or the type of pill they were reviewing (for example, see Megan's account about how it is 'one thing to read something, it's another to see it for yourself'). These responses point to the disadvantages of online communication, both in terms of not necessarily knowing each other's identities and lacking a physical level of experience.

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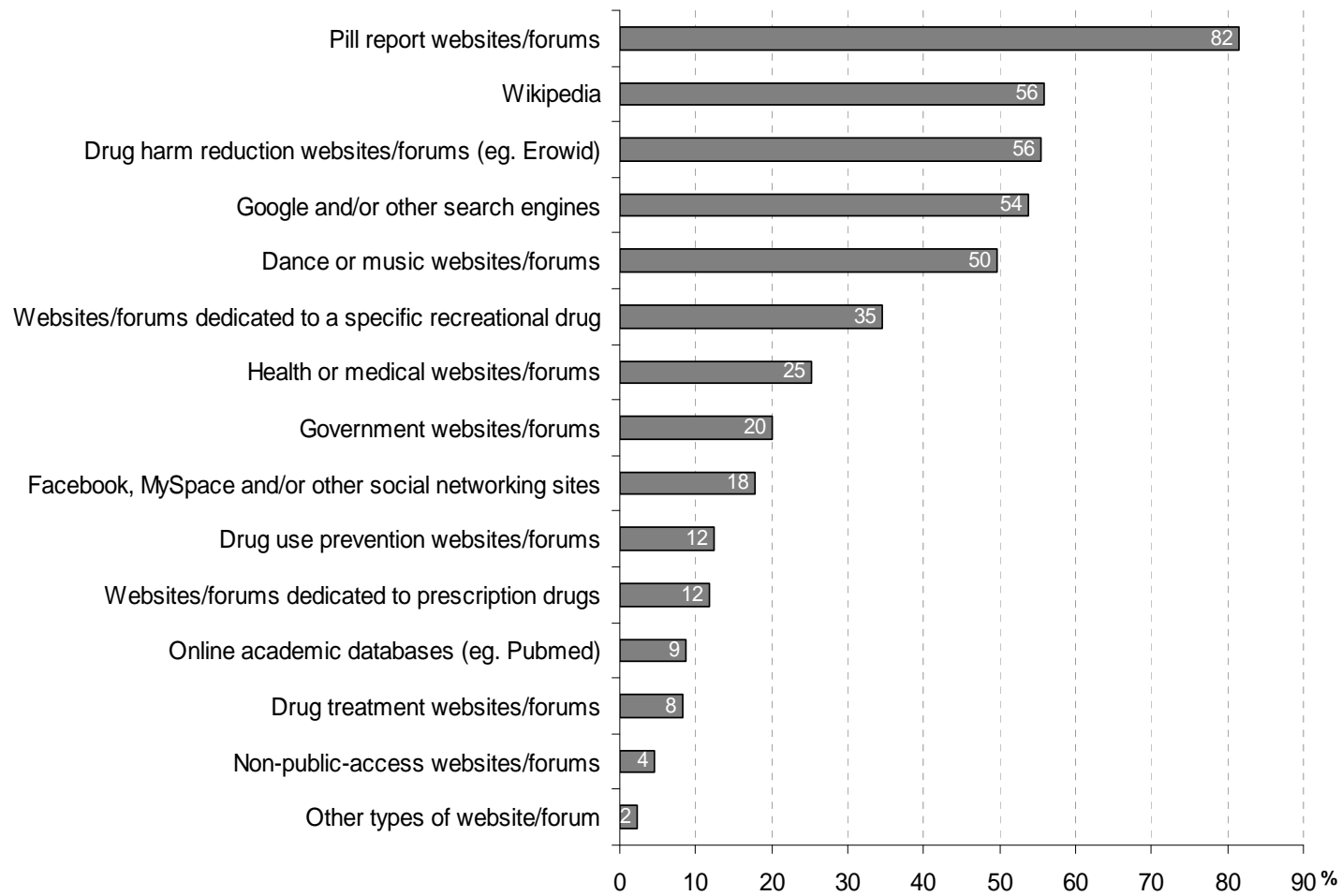
<sup>32</sup> The extent to which informants kept online and offline worlds separate is explored in greater depth in Chapter Eight.

### 6.2.3 Which websites?

Which websites did respondents prefer to use when conducting drug research and how did they rate website credibility? Survey respondents were asked whether they had searched or browsed different types of websites or online forums in the past 6 months. Almost all (778; 93% of 837) chose at least one website type. Of those who reported accessing websites for drug information, a median of 4 website types was reported ( $M = 4.4$ ,  $SD = 2.7$ , range 1–14,  $N = 778$ ). As shown in Figure 5, pill report websites were the most commonly reported (635; 82% of 778). Over half of those who reported accessing websites for drug information reported use of Wikipedia (434; 56%), Google or other search engines (419; 54%), and other drug harm reduction websites and forums (432; 56%) to access drug information. Half the sample (386; 50%) reported accessing dance or music websites and forums to obtain drug information. Other website types, including government websites, were considerably less popular.

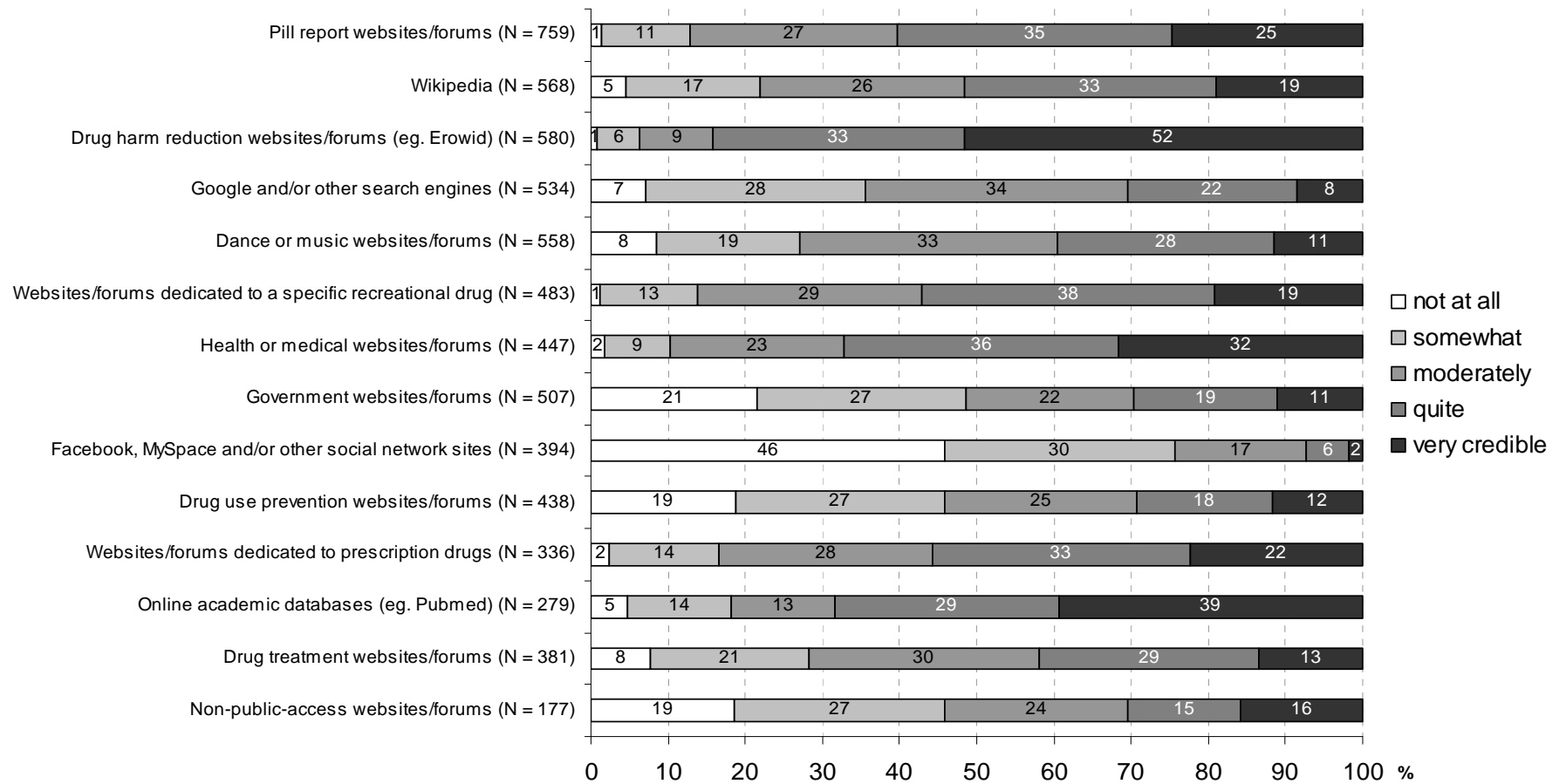
Participants were asked to rate the credibility of drug information from each type of website or forum on a 5-point scale from not at all to very credible. Participants who were unsure or had never used that type of site were excluded from the analysis (Figure 6). The type of website rated most credible by the sample was drug harm reduction websites: over 80% rated this kind of site as very (299; 52%) or quite (189; 33%) credible ( $N = 580$ ). Other websites rated as credible included professional / expert websites (health and medical, online academic databases) alongside ‘peer’ websites (pill reports, Wikipedia, sites focused on a recreational drug). The type of website rated least credible was social network sites: three quarters of the sample rated this kind of site as somewhat (117; 30%) or not at all (181; 46%) credible ( $N = 394$ ). Other websites rated as less credible included government and drug use prevention sites: around half of the sample rated these kinds of sites as either not at all or somewhat credible.

**Figure 5. Websites/forums searched or browsed for drug information in the past 6 months**



Source: 778 online survey respondents in 2007-08.

**Figure 6. Perceived credibility of drug information from websites/forums**



Source: Online survey respondents in 2007-08.

To explore how credibility ratings were related to website use, nonparametric tests of the equality of medians were performed to test whether groups who reported recently using and not using specific websites were drawn from populations with the same median rating of credibility of that website (Table 10). Unsurprisingly, people who rated website types as more credible were more likely to have reported using that type of website to access drug information in the past 6 months for almost all website types. For example, almost half of Wikipedia users (43%) rated it as more credible compared to one fifth (19%) of non-users. Health/medical and prescription drug websites were the only sites for which credibility ratings did not significantly differ between website users and non-users.

**Table 10. Equality of median credibility ratings by recent use of drug information websites**

Website type	Median credibility rating <sup>a</sup>	Did not use website			Did use website			$\chi^2$ <sup>c</sup>
		<i>N</i>		%	<i>N</i>		%	
		Greater than median <sup>b</sup>	Total		Greater than median <sup>b</sup>	Total		
Pill reports	4	38	131	29	284	627	45	11.1 **
Wikipedia	4	34	179	19	166	388	43	29.3 ***
Drug harm reduction	5	27	164	16	122	415	29	9.6 **
Search engines	3	65	192	34	188	341	55	21.5 ***
Dance or music	3	102	223	46	212	335	63	16.0 ***
Specific recreational drug	4	73	245	30	111	237	47	14.1 ***
Health or medical	4	127	276	46	93	170	55	2.8 (*)
Government	3	132	363	36	73	143	51	8.6 **
Social network sites	2	91	281	32	63	112	56	18.2 ***
Drug use prevention	3	131	351	37	51	86	59	12.8 ***
Prescription drugs	4	98	259	38	33	77	43	0.44
Online academic databases	4	100	216	46	50	62	81	21.5 ***
Drug treatment	3	173	322	54	43	58	74	7.5 **
Non-public-access	3	52	148	35	23	29	79	17.6 ***

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: Online survey respondents in 2007-08.

<sup>a</sup> Credibility was measured on a 5-point scale: 5 'very', 4 'quite', 3 'moderately', 2 'somewhat', 1 'not at all' credible. <sup>b</sup> The number of respondents who ranked the site as more credible than the median, including half the cases that ranked the site at the median. <sup>c</sup> Continuity corrected Pearson chi square produced by the Stata command 'median'.

#### 6.2.4 Which drug practices?

Which drug practices were the targets of online drug research? In online interviews, I asked informants to describe how they believed the use of online forums could influence drug use and how they thought their own drug practices had changed through what they had learnt online. Through thematic analysis, I classified these qualitative responses into eight categories: (1) trying new drug types; (2) dosage; (3) content and purity; (4) combining and mixing; (5) settings of use; (6) methods of use; (7) preparing and extracting; and (8) drug sourcing and access (see Table 11).

Most informants discussed discovering drugs they had not heard of through using online drug discussion forums and other drug-related websites, as shown in the extract from Marcus ('Its [*online forum use*] definitely taught me about some more obscure drugs which has led me to find them and try them'). It was typical for informants to describe finding out about different or new drug types online as a trigger for their curiosity. However, there were some cases where informants described how they had decided to avoid particular types of drugs after researching them online (e.g., Isabelle, who stated that forums had 'steered me clear of some and pointed me toward others').

Most informants also discussed how information found in online forums and drug websites contributed to their own ideas about appropriate drug dosage, as shown in the extract from Brooke ('so i learnt that i shouldnt take that many [*pills*]'). The most common theme mentioned was determining the best or safest dose, however some forum users described experimenting with taking higher doses which they researched online before trying, as shown in Chris's story of overdosing on the plant *Atropa belladonna*. While extracts about dosage spanned a wide range of drugs, they often mentioned seeking out dosage information for more obscure drugs, such as research chemicals, psychoactive plants and extracted ingredients from pharmaceutical preparations.

Nine informants provided examples of how online forums and drug websites had assisted them in either identifying the content of an unknown drug or pill or providing them with information about the strength or expected effects of certain brands of pills through online pill report experiences and reagent test results. Typically, informants described pill report sharing websites as useful, as a way of

**Table 11 (Part 1). Drug practices described as influenced by online drug discussion**

Drug practice	N	Illustrative examples
Trying new drug types	18	<p>Its <i>[online forum use]</i> definitely taught me about some more obscure drugs which has led me to find them and try them, drugs which I probably wouldnt of known about, at least until later on. (Marcus)</p> <p>well <i>[online forums and the internet]</i> has steered me clear of some <i>[drugs]</i> and pointed me toward others... what new experiences I may and may not like to try, different kinds of drugs and also whether I am ready or not to take certain things. (Isabelle)</p>
Dosage	18	<p>i use to go out and take on average about 8 <i>[ecstasy]</i> pills a night. i read on <i>[drug website]</i> that once u hit a certain point no matter how many more you take it wont make u feel any difference. so i learnt that i shouldnt take that many coz im harming my body and im not getting anything in return. (Brooke)</p> <p>I mis-judged a dose of atropa belladonna, ‘deadly nightshade’ plant... the anticholinergic effects stopped me breathing and went into a coma in hospital... I had experimented with 2 leaves as a tea and that was mild, so I tried 5 leaves based on a report I had read <i>[online]</i>. obviously that was way too much, as the plant potencies really vary from plant to plant... although most reports I have seen, mine included, about belladonna usually consist of ‘stay the hell away from it’ (Chris)</p>
Content and purity	9	<p>People take pills then write reviews about them online, good and bad experiences what worked well how many they had. This was always the first place i would go when we knew what pills were available so i could see if they were worth getting or not. (Kat)</p> <p>i also found their section on magic mushrooms good. me and my boyfriend use to pick our own mushrooms in the wild which can be extremely dangerous, but we used that site combined with many other websites to identify them and use the correct procedures. (Brooke)</p>
Combining and mixing	7	<p>I was thinkin what cocaine and ecstasy would be like as i’ve heard its just a waste of the 2 + it can make for a bad experience. my friends said it makes it better but others have said no, so I wasn’t too sure. I just hopped onto <i>[drug website]</i> and went straight to the “combination” section of experiences and this experience was a negative one, and from what majority of people have told me it’s a waste. so i didn’t end up combining the two. (Ben)</p> <p><i>[From forums]</i> I know what types of drugs are more suitable to mix together - the combinations that are safest and most enjoyable. Also what to do in the event that something goes wrong. (Pia)</p>

Continued overleaf

**Table 11 (Part 2). Drug practices described as influenced by online drug discussion**

Drug practice	N	Illustrative examples
Settings of use	6	<p>When telling others about their drug use, people [<i>in online forums</i>] tend to mention the environment of their use. If a lot of people say “this is a good drug to just take at home”, then I’ll be less likely to think “hey yeah i’ll do this at a club”. (Megan)</p> <p>Before i experimented with LSD for the first time, i read a lot about it... i also asked around [<i>drug website</i>] on certain conditions you should take the drug, eg: somewhere familiar with friends whom you trust. (Ben)</p>
Methods of use	5	<p>I know at least one forum that contains information on how to inject certain substances in a safe way. While some people may view this as a bad thing (“if you dont know, you wont do it”) I think its for the better... (for obvious health reasons associated with needles etc). (Kyle)</p> <p>In the last six months I’ve learnt the danger of inhaling drugs through a money note. I didn’t realise that if someone has a cut in their nose, and you do too you could catch a blood borne disease from sharing the note. I’m a lot more careful with that type of thing since reading about it [<i>online</i>]. (Pia)</p>
Preparing and extracting	5	<p>a mate of mine got hold of some plant material and wanted to get high off it. so i trotted off to [<i>drug website</i>] &amp; looked up a few processes claiming to directly describe what we “needed to do” (Evan)</p> <p>But also you read about people getting say nurofen plus and extracting the codeine and getting high from it and how to do it reasonably safely, most people wouldnt even consider that unless someone told them, as downing 48 tablets sounds like a death wish to most people. (Liam)</p>
Drug sourcing and access	3	<p>we came across <b>modafinil</b> while going through the archives on [<i>drug website</i>], as a drug which promotes “wakefulness” and is much safer, in fact a “smart drug”, so we read into forums, and other websites finding that it wasnt actually illegal to import, well it is - without a prescription ... but thats helped us a lot - in beating a meth[<i>amphetamine</i>] addiction. (Andrew)</p> <p>I used [<i>drug website</i>] to research a drug called DXM. I needed to find out what was an appropriate dose for a first timer, and how i could access it. I read other peoples accounts and went from there. (Megan)</p>

Source: 26 online interviews with internet forum users in 2008.



reducing the chance of consuming a ‘bad pill’ as well as working out which pills were ‘worth getting’, as shown in the extract from Kat. Some accounts also illustrated an understanding of the limitations of this source of information (see Table 21, later this chapter). Determining the content of other drugs using online forums was also mentioned. Informants described determining the content of a particular brand of ‘party pill’, identifying an unknown compound purchased as methamphetamine to be methcathinone, and identifying magic mushrooms (see the extract from Brooke in Table 11).

Seven informants mentioned researching ways of combining or mixing drug types using online forums and drug websites. Mainly, they discussed learning about which drugs were safer or more dangerous to combine, what to expect from different combinations, and potential interactions with medication and illicit drugs. Ben’s story (see Table 11) is an interesting example of combining and evaluating information from his friendship group with what he had learnt online and making judgements against the advice of some of his friends about taking cocaine and ecstasy concurrently.

Six informants discussed learning about appropriate settings of use for particular drugs and drug experiences from online drug discussion, as shown in the extract from Megan (‘If a lot of people say “this is a good drug to just take at home”, then I’ll be less likely to think “hey yeah i’ll do this at a club”’). Informants were interested in reading about other people’s experiences using drugs in different settings and described taking advice about where to take a drug; for example, ensuring that someone trying LSD for the first time chose a familiar place among friends (see Ben’s extract).

Five informants discussed the risks associated with particular methods of use or routes of administration and how to reduce these risks. Methods of drug use that were discussed included safer injecting practices, as shown in Kyle’s extract (‘I know at least one forum that contains information on how to inject certain substances in a safe way’) and the risks of sharing snorting equipment, as shown in Pia’s extract (‘I’ve learnt the danger of inhaling drugs through a money note ... since reading about it [*online*]’).

Five informants also discussed learning how to extract the psychoactive compounds from plants and pharmaceutical preparations through the use of online drug discussion and drug websites, as shown in Evan's extract where he 'looked up a few processes' to assist his preparations of 'plant material' to 'get high'. Examples of some of the drug extractions discussed include mescaline from the San Pedro cactus plant and codeine from Panadeine and Nurofen Plus. The extract from Liam indicates his concern that providing instructions for extracting codeine may encourage its use.

Three informants mentioned finding out about how to access drugs through their use of online forums and drug websites; however, informants did not describe sourcing common illicit drugs like ecstasy, cannabis or amphetamines through forums. Instead, informants discussed learning how to access pharmaceutical drugs, such as Dextromethorphan and Modafinil, as shown in the extract from Andrew who claimed that his online research led him to the conclusion that Modafinil 'wasnt actually illegal to import', and DXM (dextromethorphan), as described by Megan.

### **6.2.5 Who conducts online drug research?**

To answer this question, I first analysed the characteristics of survey respondents who rated the internet as very important for them in learning about drugs. I then analysed the characteristics of respondents who reported using the internet to access information about drugs in the lead-up to their most recent party drug use session.

Most of the online survey sample rated the internet as very important (432; 52%) or important (190; 23%) to them in learning about drugs. One fifth (162; 19%) rated the internet as somewhat important and only 51 (6% of 835) rated the internet as not important to how they had learnt about drugs ( $N = 835$ ). After excluding incomplete cases (219), logistic regressions were conducted to compare the characteristics of those who rated the internet as very important for learning about drugs (337) with the remainder of the sample (279; Table 12). Respondents who rated the internet as very important for learning about drugs were more likely to be: male (79% vs. 66%;  $OR = 2.00 [1.39-2.87]$ ), an experienced drug user reporting lifetime use of 12 or more drug types (31% vs. 23%;  $OR = 1.51 [1.04-2.20]$ ), a forum moderator or administrator (22% vs. 14%;  $OR = 1.79 [1.06-3.01]$ ), and to have used drug forums in the past 6 months (58% vs. 31%;  $OR = 3.11 [2.23-4.33]$ ). Respondents who rated the internet as very important in learning about drugs were

less likely to have used dance music forums in the past 6 months (48% vs. 65%;  $OR = 0.50$  [0.36–0.69]). In multivariate logistic regression, being male, a forum moderator or administrator, and a user of drug forums uniquely predicted whether respondents rated the internet as very important in learning about drugs.

**Table 12. Characteristics of respondents who rated the internet as very important to them for learning about drugs**

Variables <sup>a</sup>	Very important		All others		Crude Odds Ratio (OR)		Adjusted OR	
	<i>N</i> = 337		<i>N</i> = 279		OR	95% CI	aOR	95% CI
	<i>n</i>	%	<i>n</i>	%				
Sex (male)	267	79	183	66	2.00 ***	1.39–2.87	1.70 **	1.16–2.50
Age								
16–20	114	34	105	38	0.92	0.62–1.36	0.96	0.62–1.49
21–25	126	37	92	33	1.16	0.78–1.72	1.20	0.78–1.85
26+	97	29	82	29	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	73	22	54	19	1.12	0.72–1.75		
Standard (11–50 batches)	146	43	127	46	0.95	0.67–1.37		
Experienced (51+ batches)	118	35	98	35	1.00			
Frequency of party drug use								
Weekly or more often	64	19	56	20	0.94	0.60–1.47		
Monthly to fortnightly	149	44	121	43	1.01	0.71–1.44		
Less than monthly	124	37	102	37	1.00			
No. drug types ever used								
Low (1–5)	51	15	47	17	1.00	0.64–1.57	1.00	0.62–1.61
Standard (6–11)	183	54	169	61	1.00		1.00	
High (12–19)	103	31	63	23	1.51 *	1.04–2.20	1.28 ^	0.85–1.92
Highest forum status								
Lurker	63	19	60	22	1.00		1.00	
Member with < 300 posts	103	31	85	30	1.15	0.73–1.82	1.24	0.77–2.02
Member with 300 + posts	96	28	94	34	0.97	0.62–1.53	1.18	0.72–1.94
Moderator/Administrator	75	22	40	14	1.79 *	1.06–3.01	2.11 *	1.20–3.72
7 or more hours per week								
Online forums	113	34	91	33	1.04	0.74–1.46		
Social network sites	103	31	89	32	0.94	0.67–1.32		
Forum type used								
Drugs	197	58	87	31	3.11 ***	2.23–4.33	2.79 ***	1.91–4.09
EDM	162	48	181	65	0.50 ***	0.36–0.69	0.79 ^	0.54–1.17

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: 616 online survey respondents in 2007-08.

<sup>a</sup> Multivariate model includes sex, age and all variables with crude  $OR$  with  $p < .25$ . Model predicts people who rated the internet as very important to them for learning about drugs.

Internet use in relation to the last party drug use session was also reported. Over one third (287; 35% of 828) of survey respondents reported accessing information about drugs online in the lead-up to their last party drug use session. After excluding incomplete cases (232), logistic regressions were conducted to compare the characteristics of those who reported accessing information about drugs online in the lead-up to their last session (215) with the remainder of the sample (381; Table 13). Respondents who accessed drug information online were more likely to be male (80% vs. 70%;  $OR = 1.73 [1.16-2.58]$ ) and aged 21–25 years (41% vs. 32%) compared to aged 26 or over (23% vs. 32%;  $OR = 1.81 [1.18-2.78]$ ), although a median test found both samples had similar median ages (21 vs. 22 years;  $\chi^2_{corrected} = 1.72, p = 0.190$ ). Those who accessed drug information online were also more likely to be novice ecstasy users (26% vs. 18%) compared to experienced users (30% vs. 38%;  $OR = 1.86 [1.17-2.95]$ ), and users of less than 6 drug types (20% vs. 13%;  $OR = 1.70 [1.07-2.70]$ ). The use of drug forums was positively associated with accessing drug information online in the lead-up to the last party drug use session (66% vs. 36%;  $OR = 3.39 [2.39-4.82]$ ) whereas the use of dance music forums was negatively associated with accessing such information (45% vs. 61%;  $OR = 0.52 [0.37-0.73]$ ). In multivariate logistic regression, being a novice ecstasy user aged 21 to 25 years and reporting recent use of drug forums independently predicted accessing information about drugs online in the lead-up to the last party drug use session.

These analyses suggest that online drug research was more likely to be conducted by males than females. The use of forums focused on drug discussion, rather than dance music, was associated with respondents rating the internet as very important for learning about drugs and with recently accessing online information prior to drug taking. In terms of experience, novice users were more likely to report conducting online drug research in the lead-up to their last drug use session whereas experienced users were more likely to rate the internet overall as very important for them in learning about drugs. More experienced users may recognise the internet's importance even though they do not or no longer need to seek specific information before a drug use session.

**Table 13. Characteristics of respondents who accessed information about drugs online in the lead-up to their last party drug use session**

Variables <sup>a</sup>	Accessed drug info online		All others		Crude Odds Ratio (OR)		Adjusted OR	
	<i>N</i> = 215		<i>N</i> = 381		OR	95% CI	aOR	95% CI
	<i>n</i>	%	<i>n</i>	%				
Sex (male)	172	80	266	70	1.73 **	1.16–2.58	1.49 (*)	0.96–2.30
Age								
16–20	76	35	137	36	1.37 ^	0.89–2.10	1.06	0.64–1.74
21–25	89	41	121	32	1.81 **	1.18–2.78	1.61 *	1.01–2.58
26+	50	23	123	32	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	55	26	67	18	1.86 **	1.17–2.95	1.99 *	1.13–3.51
Standard (11–50 batches)	96	45	169	44	1.29 ^	0.87–1.89	1.41 ^	0.91–2.18
Experienced (51+ batches)	64	30	145	38	1.00		1.00	
Frequency of party drug use								
Weekly or more often	44	20	73	19	0.98	0.62–1.57		
Monthly to fortnightly	89	41	174	46	0.84	0.57–1.22		
Less than monthly	82	38	134	35	1.00			
No. drug types ever used								
Low (1–5)	44	20	50	13	1.70 *	1.07–2.70	1.50 ^	0.90–2.49
Standard (6–11)	116	54	224	59	1.00		1.00	
High (12–19)	55	26	107	28	0.99	0.67–1.47	1.03	0.65–1.62
Highest forum status								
Lurker	46	21	74	19	1.00		1.00	
Member with < 300 posts	76	35	107	28	1.14	0.71–1.83	1.31	0.79–2.17
Member with 300 + posts	55	26	130	34	0.68 ^	0.42–1.10	0.84	0.49–1.43
Moderator/Administrator	38	18	70	18	0.87	0.51–1.50	1.14	0.63–2.08
7 or more hours per week								
Online forums	68	32	130	34	0.89	0.62–1.28		
Social network sites	58	27	128	34	0.73 (*)	0.51–1.06	0.94	0.63–1.41
Forum type used								
Drugs	141	66	137	36	3.39 ***	2.39–4.82	3.39 ***	2.25–5.10
EDM	96	45	231	61	0.52 ***	0.37–0.73	0.96	0.64–1.45

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: 596 online survey respondents in 2007-08

<sup>a</sup> Multivariate model includes sex, age and all variables with crude OR with  $p < .25$ . Model predicts people who accessed information about drugs online in the lead-up to their last party drug use session.

To summarise this overview of online drug research, online information seeking and communication about drugs was preferred when researching illicit drugs and especially obscure illicit drugs, with the only exception being when researching how to obtain them. Online research was preferred due to increased accessibility and anonymity, although problems associated with reduced communication cues were noted. User-generated websites (harm reduction, pill reports, Wikipedia) were the preferred locations for online drug research and credibility ratings predicted the use of specific types of websites. Drug practices reportedly influenced by online drug research included: trying new drug types; dosage; content and purity; combining and mixing; settings of use; methods of use; preparing and extracting; and drug sourcing and access of pharmaceuticals. Online research was more likely to be conducted by males who frequented drug forums than by females and dance music forum members. Novice users were more likely to seek online information in the lead-up to recent drug use sessions than more experienced users, who nevertheless were more likely to rate the internet as very important to them for learning about drugs overall.

### ***6.3 Assessing, collating and evaluating drug information***

The practice of online drug research was an attempt to successfully negotiate a pathway through an abundance of information that was mainly provided by other drug users using public internet forums. In this section, I present thematic analyses of interview texts to discern informants' understanding of the trustworthiness of information sources and their individual and collective strategies in dealing with the problems of assessing, collating and evaluating information.

#### **6.3.1 Trustworthiness of source**

Twenty-five informants commented on the difficulties associated with assessing the credibility of online information sources (see Table 14). While the anonymity provided by online communication was described as an important benefit for informants seeking information about a sensitive and often stigmatised topic, anonymity was also described as a barrier to determining the credibility or trustworthiness of an information source by 17 informants, including Brooke ('you dont know the person whos advising you, how can u really ever trust it') and Jen ('theres definitely the chance that who youre talking to online isnt who you think').

**Table 14. Difficulties with assessing the trustworthiness of online information sources**

Category / sub-category	N	Illustrative example
Identity of the poster	17	<p>i think ppl are more likely to ask questions <i>[online]</i>... but this could also be a disadvantage because you dont know the person whos advising you, how can u really ever trust it. (Brooke)</p> <p>theres definitely the chance that who youre talking to online isnt who you think, and that if a person doesnt know you, they dont really care about you in the sense that they may have no problem giving you wrong information. (Jen)</p>
Intentions of the poster	20	
Bragging / boasting	17	<p>On the down side, some of the forum regulars probably see other people’s reports and stories as a competition. “Some guy had 4 pills, so I’ll take 5”. (Adam)</p> <p>Issues that can lead to dangerous use: people trying to ‘one-up’ each other in posting about drug experiences, people who know a lot about drugs, but often give out inaccurate information about dosages, etc. New members may stumble across that info and take it as gospel. The problem is that anyone can post what they want about drugs on forums - the key is to moderate what appears to the public - and you need experienced, knowledgeable people moderating such forums. (Georgia)</p> <p>A lot of forum info is bridled emotion based sort of stuff, people talking things up etc. ... A lot of ‘experience reports’ tend to be just young guys and gals talking it up, when in a lot of cases, having experienced that particular drug before, and reading their reports its obvious they haven’t really had an experience at all. Some moderation in that aspect needs to take place. (Chris)</p>
Dealing / selling	5	<p>when people lie about things online. for example when people used to write up pill reports saying “OMG <i>[Oh my God]</i> BEST PILL EVER” in hope that people might read that and then go looking for those pills. although that was always kind of speculation that they were dealers nobody really knows. (Caleb)</p> <p>Pill reports is a good reference but u cant just rely on it alone, u never know what dealers are posting on there that the pills they happen to be sellin just so happen to be safe and awesome, and they don’t always test the pills. (Wendy)</p>

Source: 25 online interviews with internet forum users in 2008.

Most of the discussions around trust and credibility centred on potential conflicting intentions for posting drug information which could lead to inaccurate or deliberately misleading information. The main threats to the validity of online forum

information discussed by informants were boasting or bragging and dealer marketing. For example, 17 informants described a sub-group of forum users who treated drug discussions as an opportunity to boast or brag about how much they had taken or how intoxicated they had been. When further specifics were given, comments indicated that it was the ‘forum regulars’ or ‘seasoned drug users’ who were understood to be more likely to act in this way (see Adam’s extract ‘some of the forum regulars probably see other people’s reports and stories as a competition’). It was stated that, given their higher tolerance, such discussions left unmoderated would provide overestimations of appropriate dosage of drugs, especially for novice users, as described by Georgia (‘people trying to ‘one-up’ each other ... New members may stumble across that info and take it as gospel’). In Chris’s extract, he also stressed the need for forum moderation to deal with ‘young guys and gals talking it up’.

Dealer marketing was discussed by five informants, who described being suspicious of ecstasy dealers trying to promote their products by posting false information online about specific pill brands. This concern is demonstrated in Caleb’s extract (‘for example when people used to write up pill reports saying “OMG [*Oh my God*] BEST PILL EVER” in hope that people might read that and then go looking for those pills’). Wendy was also suspicious of the veracity of pill reports due to the propensity for dealers to use it to market their brand of pills.

As the examples above show, the trustworthiness of individuals who provided information about their drug use through online discussions, and the credibility of that information, were described as potentially compromised by misinformation or deception. In response to these issues, informants had developed strategies they used to assess accuracy of information and credibility of the information source when they used online forums and websites to research drug practices, as reviewed below.

### **6.3.2 Internet and forum expertise**

The characteristics of individual forum users were emphasised by informants as an important part of how successfully information about drugs was managed. The strategies used to improve the outcomes of the online research process included being an experienced member of the forum community, filtering information



appropriately, using multiple sources and collating them, and evaluating the likely credibility of any one individual source (see Table 15).

Eleven informants emphasised the importance of getting to know the online forum community through actively participating. Becoming part of the community was described as a strategy people used to build trust in other community members, as well as learning how to act in a way that minimised the risk of taking someone's point of view 'as gospel'. In the extract from Kat, she explains how novice forum users often believe what they read without critical appraisal when they first join forums whereas regular users 'get to know who to trust'. Novice users were often described as being particularly vulnerable to inaccurate information or the glorification of drug taking (see Brooke's extract).

Eight informants discussed how it was necessary to know how to identify useful information from the large amount of text available online. Phrases such as 'filtering through the shit' (see Andrew's extract) emphasised how, regardless of efforts to control information by moderators, irrelevant and potentially inaccurate information was still prominent in online drug discussions. Informants also mentioned the importance of seeking information from multiple sources and collating it to get a more accurate sense of prevailing opinion, similar to a meta-analysis or triangulation approach. For example, Megan describes how she conducts meta-analysis by reading numerous online accounts and 'piecing together what sounds more likely'.

Eight informants described their strategies for evaluating the credibility of individual posters, which included reading their history of posts ('history of past posts can be very useful', Adam), assessing the tone of voice or style of writing they use ('I try to take the ones that show enough care or method to what they are doing', Dave), and their experience in the forum community as judged by their post-count and/or join-date ('i look at a person's post count as a way to see how useful their account may be', Megan). Informants did emphasise that relying on only one marker of credibility could be unreliable and so they tended to assess individual credibility based on a combination of markers, as shown in Megan's extract ('but it's just one thing you look at'). Pia also expressed concern about forum contributors being judged only on post-count or join-date, as this practice could result in valid accounts from newer users being ignored.

**Table 15. Strategies for determining trustworthiness: internet and forum expertise**

Category / sub-category	N	Illustrative example
Being an experienced member of the community	11	<p>The fact is you can have no idea what is fact or fiction especially if you've just joined that forum and havent got to know the poster is pretty dangerous if you take their word for it. And a lot of kids do. But if youre a regular user you get to know who to trust in a sense. (Kat)</p> <p>Reported experiences that are positive may promote an idea that drugs are good and should be taken, this is especially dangerous to i think younger people and also those who have less drug taking experience... (Brooke)</p>
Filtering and meta-analysis	8	<p>you really have to spend time to filter through the shit and draw your own conclusion from what ppl have written in their trip reports, but its usually fairly obvious on forums about the accuracy of information, cos theres a lot of ppl out there who do know from experience if something is correct/incorrect - and they will always voice their opinions. (Andrew)</p> <p>In some cases people's accounts sound way off from what a majority of other people are saying. There is usually an opinion that sways to one side. By reading a lot of accounts I can piece together what sounds more likely than another. (Megan)</p>
Evaluating individual source	8	
Reading their 'back catalogue'	6	<p>The history of past posts can be very useful. You don't have any record like that of real life meetings. (Adam)</p> <p>You also have a back catalogue of what someone's said online.. you can't draw on that in person. (Pia)</p>
Tone of voice / style of writing	4	<p>the majority of the faq's are written by experienced users that have clearly had multiple trips of various kinds... i try to take the ones that show enough care or method to what they are doing. (Dave)</p> <p><i>[To determine trustworthiness, I look at]</i> the amount of posts, peoples reactions to the posts, how they type them. (Marcus)</p>
Experience of poster: join-date and post-count	4	<p>i look at a person's post count as a way to see how useful their account may be.. new users to forums tend to try to fit in before they reveal everything about themselves.. or that's just what I find. ... but it's just one thing you look at. Reading people's posts is one way of checking how much of a 'spammer' they are (Megan)</p> <p>When discussing online people can make judgements about a person's post count, or join date. This can mean valid arguments and contributions are ignored - or completely opposite, some really ordinary input can be lauded. (Pia)</p>

Source: 20 online interviews with internet forum users in 2008.

### 6.3.3 Characteristics of the forum

The context of online drug research was also understood to affect the trustworthiness of the drug information. Eighteen informants described characteristics of online forums that they believed influenced the type of drug information available and the attitudes of forum members, and thus, the extent to which they were able to successfully engage these forums. Important characteristics included: forum structure; topic and size; and its style of moderation (see Table 16).

Ten informants mentioned the architecture or structure of internet forums as a strategy for evaluating the trustworthiness of information. The combination of many viewpoints and the anonymity enabled by forums allowed large numbers of people to correct errors or challenge opinions. The technological context of public internet forums was described as useful in negotiating large amounts of information when conducting online drug research. For example, Chris described how party pill users engaged in collaborative efforts to determine the content and strength of legally available pills ('once we figured it out we would post our thoughts and try to get others to do the same', see Table 16). These collaborations were enabled by the forum structure. Mass consensus, however, may not always result in accurate conclusions. It can also lead to the perpetuation of myths, made stronger by the sheer number of people who believe them. This potential was described by James, who reported that 'wrong facts go through which seem to propagate into internet truth'.

Ten informants discussed their experiences of how drug discussion differed according to forum topic and/or size. Harm reduction drug forums were typically described as offering a more serious and accurate drug discussion than other alternatives, as shown in Caleb's extract. The technology forum described by Liam did not tolerate any drug discussion at all. Some informants also mentioned the size of forums as important. James described his experiences of two forums focused on a similar topic that were different in size ('bigger communities its hard to get your foot in the door, as there is already such a strong group of main posters'). While James expressed how large forums can be alienating for new users, and this can make it more difficult for them to feel comfortable asking questions and getting involved, larger forums were more likely to have established rules and better moderation and

**Table 16. Strategies for determining trustworthiness: characteristics of the forum**

Category / sub-category	N	Illustrative example
Forum structure	10	<p>on the forums, we would basically try and dissect what was in <i>[party pills]</i> and what was causing the massive hypertension in certain people, different sources, for example <i>[vendor]</i> would sell different products but they would all have the same name (ie. party poppers, or cherry bombs) but the potency was so varied it was almost impossible. then once we figured it out we would post our thoughts and try to get others to do the same... almost trying to standardise them. (Chris)</p> <p>The online community gives a good real life picture of the drugs in question. The poster can get good information through the way forums work, say if someone has a biased opinion, other can criticise it. however I've seen a couple of wrong facts go through which seem to propagate into internet truth. (James)</p>
Forum topic and size	10	<p>i guess it all comes down to the quality of information the forum may have which at <i>[drugs forum]</i> is pretty good but say <i>[pill reports forum]</i> sometimes can be a bit so so... I would not say there is any proper drug discussion on <i>[dance music forum]</i>. Mostly people joking about the topic really. (Caleb)</p> <p><i>[The technology forum has]</i> pretty much <i>[no drug discussion]</i> at all. Anything discussing any details is usually deleted. Its mainly about computers/science/tech and current events. Even if people asked harm minimisation questions they'd usually be removed. (Liam)</p> <p>People are generally friendly, but i find some can be overbearing to say the least, a lot of opinion pushing about trivial matters just really annoys me. And bigger communities its hard to get your foot in the door, as there is already such a strong group of main posters. Smaller groups have a more homely feeling to them :P (James)</p>
Style of moderation	13	<p>Id say they get pretty well moderated, if theres a big conflict in what people are saying it will usually get explained properly as there are some very knowledgeable people in there. Mostly its about doses of drugs, and how to know how much you are taking. you get people with massive tolerances coming in saying I take this but not explaining they do it everyday. so there could be potential for harm there if that wasnt moderated. (Liam)</p> <p>The forums that aren't as heavily moderated usually don't have as many users and/or information to contribute to the community so I don't visit them very often... Most of the active and popular sites around these days don't come across with these issues of poor modding though (Finn)</p>

Source: 18 online interviews with internet forum users in 2008.

were more likely to attract a wider variety of people with varied expertise, thus enabling the mass debate and consensus described as particularly useful by informants.

Related to these aspects of structure, topic and size was the style of moderation, especially pertaining to online drug discussion. Thirteen informants described how specific forums dealt with drug discussion differently. Typically, forums that were reported as useful for obtaining drug information and having drug-related discussions were described as ‘well moderated’. As Liam explained, forums where moderators and other experts could be found dealt well with conflicts and inaccuracies: ‘if theres a big conflict in what people are saying it will usually get explained properly as there are some very knowledgeable people in there’. Good moderation was described as an attractive feature of a forum community. For example, Finn commented that ‘the forums that aren’t as heavily moderated usually don’t have as many users and/or information to contribute to the community so I don’t visit them very often’.

In this section, I have described the two main strategies that informants used to negotiate an abundance of information: expertise in handling online information, and working within the structure of internet forums. Multiple ‘trustworthy’ sources were sought out and the more those people supported a conclusion, the more likely it was appraised to be true or reliable. Respondents who regarded themselves as ‘successful researchers’ said they had developed skills to filter a vast amount of information to get to what they wanted. Furthermore, the forum archives played a role in facilitating evaluations of the past history of individual forum members. Most importantly, experience using online forums and the internet in general was associated by the informants with the use of these strategies. Concern was, therefore, focused upon novice forum users who were not necessarily aware of the importance of meta-analysis, filtering and reading forum archives when making judgements about information posted online.

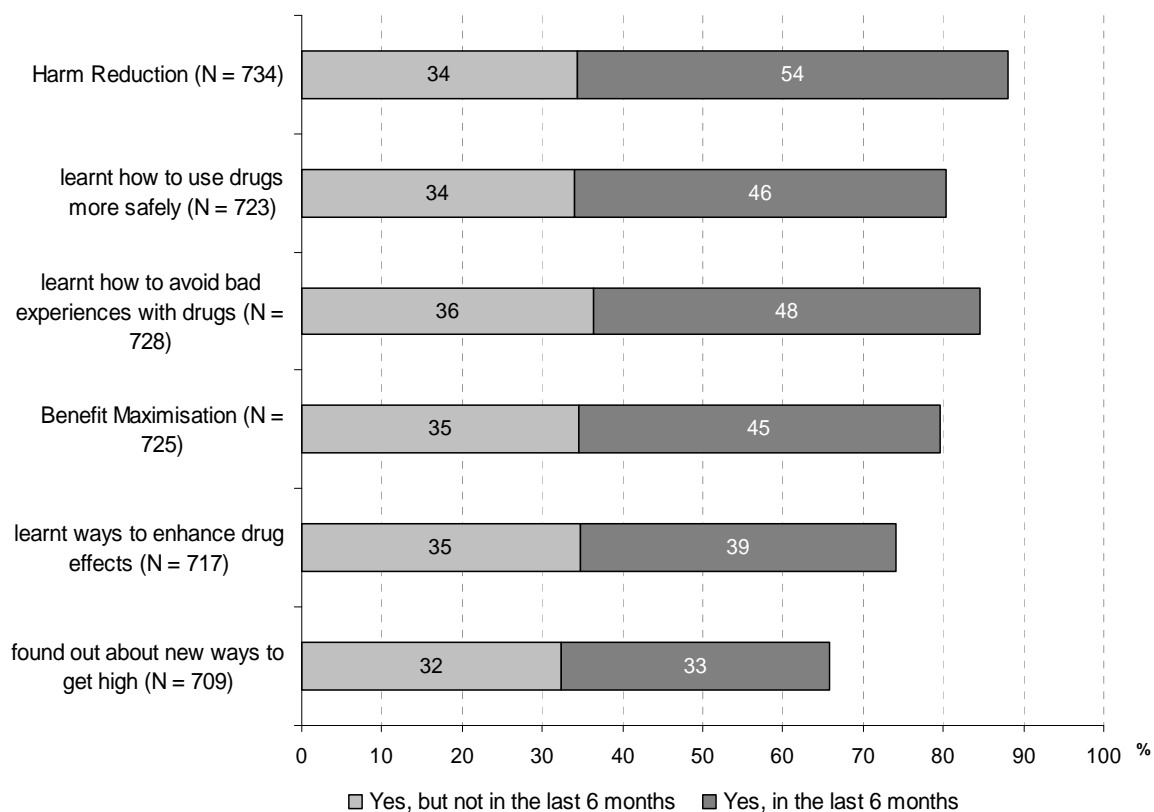
## **6.4 The outcomes of online drug research**

What outcomes was online drug research aimed at, and how did online drug research translate into offline drug practice? In the remaining part of this chapter, I demonstrate the dual focus of online drug research on both pleasures and harms. I focus upon a problem facing many who participated in this study: the unknown content and purity of ecstasy pills. As illustrated in the introduction to this chapter, the unknown and potentially life-threatening content of pills is an issue of importance for ecstasy users. This issue is explored as an example of the internet as an information tool employed to both reduce harms and increase benefits. It is important, however, not to assume any straightforward relationship between the practice of online drug research and the practice of drug taking. *Learning* how to use drugs more safely through online drug discussion does not necessarily lead to *using* drugs more safely. To explore harm reduction in practice, the limited power of information is put into context through accounts of why such information is *not* put into practice.

### **6.4.1 Pleasures and harms**

Activities aimed at reducing harms and increasing benefits were measured across four items in the online survey. Respondents were asked if they had performed specific activities ‘when reading or participating in online drug discussion’, and for each activity they had performed, they were asked whether they had done so in the last 6 months. Harm reduction activities included ‘learnt how to use drugs more safely’ and ‘learnt how to avoid bad experiences with drugs’. Benefit maximisation activities included ‘learnt ways to enhance drug effects’ and ‘found out about new ways to get high’. Figure 7 shows that almost all respondents (88%) had read or participated in online discussion for the purposes of *reducing harm* of drug use either recently or in the past, including 54% in the last 6 months. A similar proportion of the sample (80%) reported reading or participating in online discussion for the purposes of *increasing benefits* of drug use either recently or in the past, including 45% in the last 6 months.

**Figure 7. Participating in or reading online drug discussion for the purposes of harm reduction and benefit maximisation**



Source: Online survey respondents in 2007-08.

Note. Respondents were asked if they had done a list of activities 'when reading or participating in online drug discussion'. The 'harm reduction' category includes any respondents who 'learnt how to use drugs more safely' or 'learnt how to avoid bad experiences with drugs'. The 'benefit maximisation' category includes any respondents who 'learnt ways to enhance drug effects' or 'found out about new ways to get high'.

A cross-tabulation was performed to explore the relationship between reducing harms and increasing benefits (see Table 17) and a strong association was observed,  $\chi^2(4, 720) = 415.69, p < .001$ . The most common combination was respondents engaging in both reducing harms and increasing benefits in the last 6 months (281, 39% of 720) and the next most common combination was respondents engaging in both reducing harms and increasing benefits, but not in the last 6 months (164, 23% of 720). Eighty-one respondents who had engaged in harm reduction reported never engaging in benefit maximisation. This group represented 13% of all respondents who had ever tried to reduce harms through online research (81 of 633). Twenty respondents who reported engaging in benefit maximisation had never engaged in harm reduction. This group represented only 3% of all respondents who had ever tried to increase benefits through online research (20 of 572).

**Table 17. Cross-tabulation of harm reduction and benefit maximisation**

		Benefit maximisation			Total
		Never	Yes, but not in the last 6 months	Yes, in the last 6 months	
Harm reduction	Never	67 (9%)	12 (2%)	8 (1%)	87 (12%)
	Yes, but not in the last 6 months	46 (6%)	164 (23%)	35 (5%)	245 (34%)
	Yes, in the last 6 months	35 (5%)	72 (10%)	281 (39%)	388 (54%)
	Total	148 (21%)	248 (34%)	324 (45%)	720 (100%)

Source: 720 online survey respondents in 2007-08.

Note. See footnote for Figure 7.

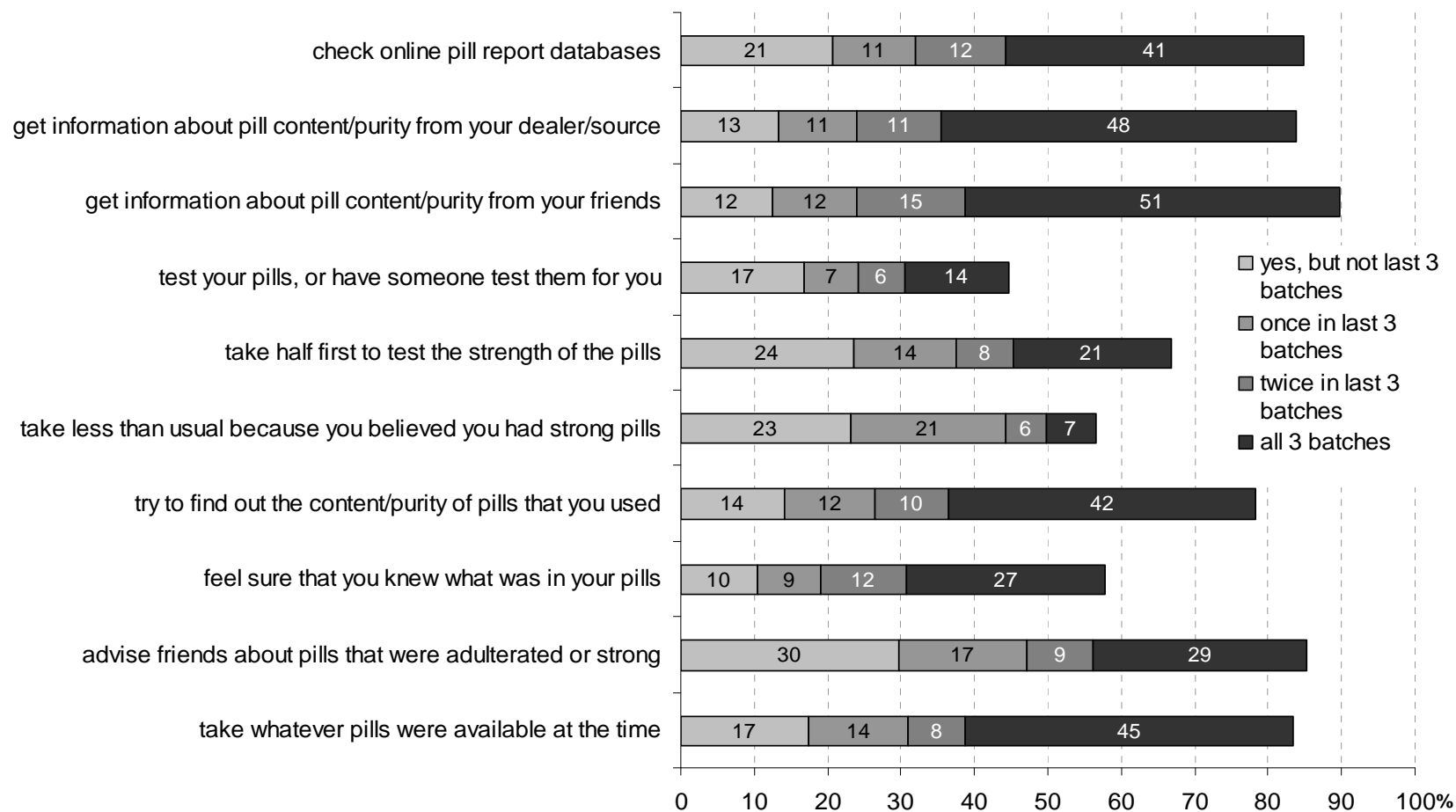
These patterns indicate the strong integration of reducing harms and increasing benefits in the practice of online drug research. In fact, it was very uncommon for respondents to report one without the other. The example of finding out about the content and purity of ecstasy pills also conforms to this pattern and is explored in the remainder of this chapter.

#### **6.4.2 Harm reduction in practice: the content of ecstasy pills**

Ten activities related to determining the content and purity of ecstasy pills were measured through the online survey (see Figure 8). Rather than asking about their use over a specific time period, respondents were asked to think about the last three batches of ecstasy they had used when determining their responses. Most respondents reported that they had checked online pill report databases and sought information about pill content/purity from friends and dealers, while less than half the sample had used pill testing kits. The majority of the sample had taken harm reduction measures at the point of consumption including taking half first to test the pill's strength and taking less than usual because they believed the pill was strong. Almost the entire sample had advised friends about pills they believed were adulterated or strong, while just over half had felt sure about what was in their pills.



**Figure 8. How often did respondents complete the following actions when they used ecstasy?**



Source: 728 online survey respondents in 2007-08.

Despite the large number of strategies used by respondents to gather information about pill content and purity, most reported that they had taken ‘whatever pills were available at the time’. This finding indicated that conducting research into the content and purity of pills did *not* necessarily translate into using this information to determine which pills to buy and/or consume and which to avoid. I conducted further statistical analyses to explore the characteristics of respondents who took ‘whatever pills were available at the time’ and the extent to which this subgroup also engaged in seeking information about content and purity of ecstasy pills. Following the presentation of statistical analyses, I present thematic analyses of informants’ narratives around dealing with pill content and purity.

Table 18 shows the relationship between taking whatever pills were available at the time and trying to find out about the content and purity of ecstasy pills. Clusters occurred for respondents who took whatever was available in all 3 recent ecstasy batches and did not try to find out about content and purity (175; 24%), and conversely, respondents who tried to find out about content and purity in all of the last 3 batches while not taking whatever pills were available (149; 20%). Pearsons chi-square test found the variables to be significantly associated,  $\chi^2(4) = 102.3$ ,  $p < 0.001$ . These data support the assumption that seeking information about content

**Table 18. Cross-tabulation of pill content and purity information seeking and taking ‘whatever pills were available at the time’**

	Took whatever pills were available at the time			Total
	No, not in the last 3 batches	Yes, once or twice	Yes, all 3 times	
No, not in the last 3 batches	56 (8%)	34 (5%)	175 (24%)	265 (36%)
Yes, once or twice	45 (6%)	60 (8%)	61 (8%)	166 (22%)
Yes, all 3 times	149 (20%)	62 (8%)	96 (13%)	307 (42%)
Total	250 (34%)	156 (21%)	332 (45%)	738 (100%)

Source: 738 online survey respondents in 2007-08.

Survey respondents were asked to think about the last three batches of ecstasy and recall the extent to which they tried to find out about the content and purity of ecstasy pills they used and the extent to which they took whatever pills were available at the time.

and purity is associated with being discerning about specific kinds of ecstasy pills, and that not seeking information is associated with taking whatever is available.

However, around half of the respondents who took whatever pill was available for all 3 batches (157; 47% of 332) *did* try to find out about the content and purity of at least one ecstasy batch. After excluding incomplete cases (77), logistic regressions were conducted to compare the characteristics of those who reported trying to find out about content/purity of ecstasy pills on at least one occasion during the last 3 batches (124) with the remainder of the sub-sample who reported taking whatever pill was available for all 3 batches (131; Table 19). Respondents who reported trying to find out about content and purity were somewhat more likely to be younger (37% vs. 26% age 16 to 20 years;  $OR = 1.87 [1.00-3.50]$ ) and were more likely to be novice ecstasy users (21% vs. 12%;  $OR = 2.22 [1.06-4.66]$ ). They were also significantly more likely to have recently used drug forums (55% vs. 29%;  $OR = 2.97 [1.77-4.98]$ ) and significantly less likely to have recently used dance music forums (50% vs. 69%;  $OR = 0.46 [0.27-0.76]$ ). Controlling for other variables in the model, recent use of drug forums independently predicted trying to find out about content and purity among respondents who took whatever pills were available on every occasion in the last three batches. These results describe a sub-group who sought information about pill content and purity but did *not* report exercising choice about which pills to consume or avoid. This sub-group was more likely to be younger novice ecstasy users who frequented drug forums.

To better understand how informants accounted for their actions, the issue of pill content and purity was explored in online interviews and the narratives generated were categorised into themes. Table 20 illustrates how informants accounted for their attempts to find out about the content and purity of ecstasy pills, categorised into reducing harms and increasing benefits, as well as ‘for interest’s sake’. Fourteen informants accounted for their use of online pill reports, pill testing and other ways of finding out content/purity information as ways of reducing the harms of drug use. Most described wanting to avoid adulterated pills, specifically ketamine or PMA (‘PMA that’s a big no no. i wouldnt risk it’, Tracey), while others stressed wanting to avoid bad experiences or ‘having a bad night’ (‘if someone has posted a bad experience i wont take the pill’, Brooke) or reducing the risk of death (‘It has potentially saved a few friends lives’, Ben). Eleven informants accounted for their

**Table 19. Characteristics of respondents who ‘took whatever pills were available at the time’ and ‘tried to find out about the content and purity’ of pills**

Variables <sup>a</sup>	Tried to find out about content/purity 1 to 3 times		Did not try to find out about content/ purity		Crude Odds Ratio ( <i>OR</i> )		Adjusted <i>OR</i>	
	<i>N</i> = 124		<i>N</i> = 131		<i>OR</i>	95% CI	a <i>OR</i>	95% CI
	<i>n</i>	%	<i>n</i>	%				
Sex (male)	90	73	85	65	1.43 ^	0.84–2.44	1.21	0.67–2.19
Age								
16–20	46	37	34	26	1.87 (*)	1.00–3.50	1.42	0.65–3.10
21–25	44	35	50	38	1.22	0.67–2.21	1.05	0.53–2.07
26+	34	27	47	37	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	26	21	16	12	2.22 *	1.06–4.66	1.29	0.51–3.30
Standard (11–50 batches)	57	46	59	45	1.32	0.77–2.27	1.05	0.56–1.99
Experienced (51+ batches)	41	33	56	43	1.00		1.00	
Frequency of party drug use								
Weekly or more often	18	15	14	11	1.60 ^	0.73–3.50	1.18	0.47–2.96
Monthly to fortnightly	49	40	46	35	1.32	0.78–2.26	1.18	0.65–2.16
Less than monthly	57	46	71	54	1.00		1.00	
No. drug types ever used								
Low (1–5)	25	20	14	11	1.88 (*)	0.91–3.90	1.58	0.70–3.55
Standard (6–11)	74	60	78	60	1.00		1.00	
High (12–19)	25	20	39	30	0.68 ^	0.37–1.22	0.63 ^	0.31–1.25
Highest forum status								
Lurker	32	26	30	23	1.00		1.00	
Member with < 300 posts	48	39	37	28	1.22	0.63–2.35	1.43	0.69–2.98
Member with 300 + posts	29	23	46	35	0.59 ^	0.30–1.17	0.89	0.40–2.01
Moderator/Administrator	15	12	18	14	0.78	0.33–1.82	1.41	0.52–3.88
7 or more hours per week								
Online forums	34	27	49	37	0.63 (*)	0.37–1.07	0.77	0.41–1.43
Social network sites	37	30	46	35	0.79	0.46–1.33		
Forum type used								
Drugs	68	55	38	29	2.97 ***	1.77–4.98	2.65 **	1.45–4.87
EDM	62	50	90	69	0.46 **	0.27–0.76	0.81	0.43–1.48

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: 255 online survey respondents in 2007-08

<sup>a</sup> Multivariate model includes sex, age and all variables with crude *OR* with  $p < .25$ . Model predicts respondents who have ‘tried to find out about the content and purity of the ecstasy pills they used’ during any of the last three batches. Base population only included respondents who have taken ‘whatever pills were available at the time’ during all of the last 3 batches of ecstasy they used.

efforts to find out about the content/purity of pills as a strategy aimed at increasing their chances of ‘having a good time’. Understanding what kind of feeling to expect from their pill and being able to adjust their consumption patterns in response to this

**Table 20. Accounts of attempts to find out about pill content and purity**

Category / sub-category	N	Illustrative example
Reducing harms	14	
Avoiding ‘bad pills’	10	if i come across ones [ <i>online pill reports</i> ] with warnings i will take note though. like if they mention PMA that’s a big no no. even if they’re wrong i wouldnt risk it. (Tracey)
Avoiding ‘bad experiences’	6	youve got ur basic websites like pillreports that i use to use before i took any pill. i would look it up on the website. and ppl that have taken that pill will post about their experience and rate it. also those with a pill testing kit will post the purity of the pill. if someone has posted a bad experience i wont take the pill. (Brooke)
Avoiding death	4	It [ <i>pill reports</i> ] can give concerned people somewhere to look up what a certain batch of Pills or LSD might be like before they take them minimising a chance of death. It has potentially saved a few friends lives. (Ben)
Increasing benefits	11	
Informing expectations	6	i always look up the pill before i take it... it’s more a case of what to expect [ <i>than what to avoid</i> ]. if it’s a more chatty pill I might take it when i go out. The more “gurner” pills would suit at home/friends houses. as for avoiding things, personally the pills around my area at the moment, there hasn’t been much variety. (Megan)
Seeking ‘good pills’	4	I dont usually get “brand new to the scene stuff” for obvious reasons, might be good, might be shit. Let some other smuck buy it and find out. But yeah, It is more or less the way i see them as “safe” or not. The only thing youre keeping an eye out for with pills is quality. the fact whether or not it has PMA in it isnt not really at the top of your mind. (Kyle)
Avoiding ‘dud pills’	2	I only use it [ <i>pill reports</i> ] if the pills we want are unknown to us. I have the internet at home so I can check before we purchase them. if i find that there are enough people that say they don’t do anything then we don’t buy them. (Dave)
Are they ‘worth getting’?	2	theres also [ <i>pill reports</i> ] ... This was always the first place i would go when we knew what pills where available so i could see if they were worth getting or not. (Kat)
Just for interest’s sake	5	yeah [ <i>I use pillreports</i> ], but usually just to see whats good. like, more casual browsing than for actual harm reduction.... the problem is we dont usually know what were getting until weve got them and by that time, if theyre shit - we know theyre shit, but some ppl still take them. (Andrew)

Source: 21 online interviews with internet forum users in 2008.

knowledge was a rationale provided by six informants, including Megan (‘if it’s a more chatty pill I might take it when i go out. The more “gurner” pills would suit at home/friends houses’). Other informants stressed the importance of seeking

good quality pills ('The only thing you're keeping an eye out for with pills is quality', Kyle), avoiding benign or 'dud' pills ('if I find that there are enough people that say they don't do anything then we don't buy them', Dave), and using content/purity information to determine whether the pills were worth purchasing ('I could see if they were worth getting or not', Kat). A third category of responses were accounts of browsing online pill reports just for interest or curiosity. These informants described how they were not in a position to act on information about which pills to avoid or which pills were good, but nevertheless browsed the information 'for interest'. Andrew described this practice as 'casual browsing' rather than 'actual harm reduction'.

In discussing the content and purity of ecstasy pills, informants emphasised why they were unable to use information about content/purity to inform their drug purchasing and consuming patterns (see Table 21). Some informants described having no choice when it came to which pills they could access, buy or consume ('either get what's available or none', Tracey), while others were confident in the quality of pills they could access either due to trust in their supplier or reliance on their friends' positive experiences with the same batch ('If I know that heaps of people have had pills from the same batch with no issues, then I don't worry about testing', Adam). The practices of informants who had either no choices or trusted connections were described as less likely to be influenced by information about content/purity. A casual attitude towards the content of ecstasy pills was also described, but almost always in relation to 'others' ('I think a lot of drug users are pretty casual and really don't care though and will just take anything', Liam). Not being able to use content and purity information was also accounted for by informants who were unable to locate information about a particular type of pill that they had access to ('only about 50% of the time do I find the pill I'm looking for', Megan). Other limitations of information sources were described and used to justify why content/purity information from online pill reports and pill testing kits could not be trusted on its own ('whilst not perfect, they can provide a general guideline', Richard). The existence of copycat batches (as described by Finn), the problem of differences between individual reactions to pills (as described by Pia), and the limitations of reagent testing (as described by Marcus) all reduced informants' ability to use content/purity information to reduce harm and increase benefits.

**Table 21. Accounts of why drug practices were not affected**

Category / sub-category	N	Illustrative example
No choice of pill	10	when i do get them [pills] i don't usually have much of a choice lol. either get what's available or none. (Tracey)
Low risk of 'bad pills'	7	The reason I haven't tested recent pills is a combination of laziness and circumstance. What I have had in recent memory has been of satisfactory quality (and price). ... Also the precedent factor. If I know that heaps of people have had pills from the same batch with no issues, then I don't worry about testing. (Adam)
Others just don't care	7	I think a lot of drug users are pretty casual and really dont care though and will just take anything. (Liam)
Pill information not available	5	only about 50% of the time do I find the pill I'm looking for [on pillreports.com].. sometimes I find similar ones.. but there are so many [pills] I wouldn't expect reports on every one. (Megan)
Info sources limited	14	
Not 'perfect' but better than nothing	10	I'd say that they [online pill reports] are somewhat reliable and whilst not perfect, they can provide a general guideline. reports are obviously a bit more trustful if chemical composition tests have been done on the pill in question. And obviously less reliable than simple personal experience. (Richard)
Copycat batches	4	I've found that mostly you get around 5-10 different types of pills going around at the same time, certain dealers get them through certain people and other through others, but the same pill won't stay around for the whole year, it's usually here for 3 months or so tops then the next batch comes in, making having a certain pill always have the same content/properties difficult. I've even heard of cooks making new pills the same of the latest 'great' pills, just so they sell more, but the pill itself is nothing like the original 'great' one. (Finn)
Individual differences	3	I've definitely read something on pill reports and then had a pretty different experience to the majority of posters - but so many variables come into it. Your height, weight, your health, your general well being, what else you had in that night or in the weeks beforehand, what you'd eaten that day even? It can be very subjective. (Pia)
Limits of reagent tests	3	I tested a lot of mine, Its good in the sense that you can tell if its pma or has some other common adulterants, but pretty useless in the sense that the pressers can just put enough in there to make it look like a positive test, or coat it in stronger mdma etc. once i had a pill, and wanted half, so i cut it in half, the middle was brown in colour, the outside layer was pink. testing that pill was completely useless. (Marcus)

Source: 21 online interviews with internet forum users in 2008.

## **Conclusion**

When commentators and scholars discuss the changing nature of drug use in the internet age, they invariably conceptualise the internet as a tool for information dissemination and consumption. Drawing on this commonly used framework, this chapter has described how networks of party drug users drew upon public internet forums as information tools through the practice of online drug research.

Information that would otherwise be suppressed in public and only circulated in private and closed networks was distributed publicly through internet forums and e-mail in the case of Bluelight's response to Annabel Catt's death. People who used drugs participated in public drug discussion through use of pseudonyms.

Pseudonymity also enabled access to a large variety of people who were prepared to discuss drug use if they could do so without revealing their drug use within their offline lives (the nuances of pseudonymity are further explored in Chapter Eight). The potential for anyone to participate in information production and dissemination posed problems of information reliability and credibility to which forum users in this study had developed expertise in negotiating. Learning the best ways to manage an abundance of information was described as part of the expertise acquired through ongoing participation in online communities.

Online drug research was rarely used *only* for the purposes of reducing the harms of drug use. Almost all survey respondents reported engaging with online drug discussion in order to increase the positive aspects of their drug experiences while also seeking to decrease the negative aspects. Indeed these results indicate the futility of separating these kinds of activities into harm reducing and benefit maximising: both are intrinsically entwined in the practice of online drug research. The issue of the unknown content and purity of ecstasy pills provided an example where informants sought information to control their experience with ecstasy in advance: to reduce the risks of unknown purity and to increase their certainty of having a 'good night'. While most did try to find out about the content and purity of ecstasy pills, most also reported taking 'whatever pill was available at the time'. Content/purity information informed drug practices for many informants but not necessarily by prompting them to avoid specific brands of pills; informants' place within drug



supply/social networks and the limitations of the information shaped how online drug research was put into practice.

In this chapter I have described the practice of online drug research, a practice that emerged as critical to understanding how internet forums shaped drug practices for this group of party drug users. On the surface of informants' accounts, online drug research served an instrumental purpose: informants used it to attempt to exert more control over the shape and outcomes of drug use events by raising awareness of drug harms and their management as well as drug practices designed to enhance the pleasures of intoxication. However, in the next chapter, I will demonstrate that the instrumental account of online drug research only tells part of the story. In direct contrast to the lack of rationality and discipline ascribed to the drug-using subject in the dominant pathology discourse, the discourse around practicing online drug research in this study inscribes the drug-using subject as informed, responsible and in control. The use of this neoliberal harm reduction discourse, its production in qualitative interviews and online drug discussion, and its symbolic meanings and functions are explored in the next chapter.

## 7 Drug discourses: the internet as place

Internet forums are more than information tools. Internet forums are “social spaces constituted and mediated through computer-mediated interactions” (Markham, 2007, p. 330). Internet forums are produced and reproduced as *places* where people are continually defining and negotiating cultural understandings and meanings. As places where drugs are discussed by a variety of people, different models of drug use compete and intersect with each other. In order to answer the research question of this thesis ‘how has the use of public internet forums shaped party drug practices?’ through understanding the internet as numerous sites where the research participants interacted with each other and with me, I seek to understand *how* participants constructed themselves as drug-using subjects. Using discourse analysis, I identify commonly used models of drug use in interview data with informants and show how these discourses were used as interpretive repertoires to make sense of their drug use in their interactions with me. Using the example of how forum members responded to the death of Annabel Catt during the fieldwork period, I also show how the pathology, harm reduction and consumerist models of drug use were produced within forum interactions. I also explore the symbolic meanings and functions of how informants constructed themselves as drug-using subjects.

This chapter provides readings of the sense-making practices of informants. Mostly they presented themselves as informed and moderate drug-using subjects, aligned with the ideology of harm reduction. As discussed in Chapter Two, harm reduction may be understood as both a counter-discourse to the dominant pathology model as well as being produced as part of the dominant neoliberal discourse ascribing subjects with agency, rationality and choice. This chapter mainly relies upon analyses of 27 qualitative interviews but also includes forum content in relation to the Annabel Catt fieldwork event. Forum content and online interview extracts are analysed using discourse analysis informed by discursive psychology (Potter, 2004a; Potter & Wetherell, 1987; see Section 4.4.4).

### 7.1 Annabel Catt Part 2

Annabel Catt’s death (see Section 6.1) was a catalyst for normative discussions around acceptable approaches to and definitions of drug-related risks. Such

discussions provided examples of internet forums enabling the production and reproduction of social spaces where cultural understandings and meanings were continually under negotiation. The following extracts are from a public internet forum that was embedded in hardstyle dance music scenes.<sup>33</sup>

On the same day as the Bluelight e-mail was first distributed, *Lil*<sup>34</sup> posted the Bluelight e-mail as a new thread entitled ‘PMA in PILLS - Read this E-mail and get it out there’. She introduced the message as important for people to read and redistribute. In the next few posts she was thanked for posting the information and she continued to ask people to post it elsewhere because:

Lil:           The more people that know, the less chance someone else will die. Just make sure that as many people as possible get this information. The only way this will work is if everyone sends the e-mail on and adds it to forums where it will inform other people.

Following the same cultural logic embedded in the Bluelight e-mail itself, *Lil* used the forum to spread the message that ecstasy users needed to understand the risk of PMA and the need to test their pills to help them avoid harm. The discourse she employed constructed her as a *responsible* drug-using subject. In her framing of the problem, she assumes that the risks involved in taking drugs can and *should* be successfully managed and minimised: people who use drugs have a responsibility to themselves and others to look after themselves and their friends by taking precautions and making their drug use activities as safe as they can possibly be. This approach was accepted as positive and helpful by the first few forum members who responded to the thread.

Tensions around the ‘dangers’ of PMA emerged in the exchange that followed:

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<sup>33</sup> The genre *hardstyle* is described as a mix of influences from “hard techno, hard trance, hardcore and rave music”, typically consisting of “a heavy sounding kick, intense reverse basslines, and adrenaline-rushing melodies” (Wikipedia, 2011, online). The hardstyle rave forum quoted in this section operated from 2006 to 2009 and is no longer archived online.

<sup>34</sup> All forum usernames in this section were altered to protect the identity of pseudonymous personas. While this forum content is no longer online and therefore no longer searchable through Google, the people involved may have used their forum names across other online places, therefore I felt the most appropriate action was to anonymise them in this reproduction of their discussion. The forum being offline also meant there was no practical way for me to engage with them directly about this project. I have also assumed their genders simply for readability. There is no way of verifying this information.

raVer: pma sounds fun ...  
 Lil: Yeah tops when you have too much. Hyperthermia, convulsions, coma and death. That's my idea of a good night - NOT  
 raVer: pma still sounds fun ...  
 Ben13: quotes raVer "pma still sounds fun ..."  
 raVer: woohoo im not the only trashbag here :)  
 Ben13: ;)  
 rokit: a small dose sounds like a fairly intense trip. damn shame i can't seem to find info about prolonged effects like how my head space will be a week or 2 later.

In this extract, *raVer* and *Ben13* appear to reject *Lil*'s claim about PMA being dangerous. *raVer* redefines PMA as 'fun' and reiterates his assessment even after *Lil* sums up the effects of an overdose of PMA as 'hyperthermia, convulsions, coma and death'. *raVer* expresses happiness at not being the 'only trashbag here' when his comment about PMA sounding fun is endorsed by *Ben13* ('woohoo' and ':)'). In the original Bluelight e-mail, the moderators described PMA as a 'strong psychedelic stimulant' with a range of negative effects. The last comment made by *rokit* indicates that he is weighing up the potential positive effects of PMA ('a fairly intense trip') with an attempt to find out about the likely negative effects of a standard dose.

This exchange illustrates how different models of drug use are negotiated in online forum interactions between drug users. In taking it upon herself to start a new thread and distribute the Bluelight e-mail, *Lil* constructs herself as a responsible, concerned about the safety of others, and focused upon how to reduce the risks of drug use, drawing on both the harm reduction model and the wider discourse of neoliberalism: taking responsibility for one's health and being risk averse. In contrast, *raVer* and *Ben13* resist the health imperative implicit in this message, instead focusing upon the potential for 'fun' and constructing themselves as 'trashbag' drug users who privilege pleasure above safety. To a degree, *rokit* can be seen as combining the two approaches: his comment indicates that he is concerned about how to minimise the risks of taking PMA but is nevertheless not completely deterred from trying it.

On the one hand, a 'strong psychedelic stimulant' is redefined as 'fun', while on the other, the stronger element of risk associated with PMA could also make it a

more attractive proposition for those who wanted to show their strength, toughness or status, as shown later in the thread in the following exchange:

Ovis: I got told Purple Lightning Bolts going around Melbourne at Moment have PMA in them, think thats the one, i dont do biccies [*biscuits: ecstasy*] anymore so dont really have to worry about this thank god but still be careful guys and remember party safe

KAzza: Pink NoS [*Nitrous Oxide Systems logo*] - stay away from them.

SmackedOut: you guys are weak cunts!

KAzza: and u r fuct in the head.... anyone who fucks around with substances like that are just dickheads. I'd rather be an alive weak kunt than be a dead hard kunt.

In this extract, *Ovis* and *KAzza* provide warnings about brands of pills that people should avoid if they want to ‘party safe’. *Ovis* constructs himself as a responsible ex-user by sharing information about a dangerous pill despite stating he no longer has to ‘worry’ about this problem due to being an ex-user (‘i dont do biccies anymore’). *SmackedOut* rejects *Ovis* and *KAzza*’s approach of trying to avoid ‘bad pills’ as a practice associated with weakness. *KAzza* reiterates the imperative to avoid dangerous drugs like PMA and rejects the accusation of weakness by comparing the ‘weakness’ of taking safety precautions with the ‘hardness’ of risking death (‘I’d rather be an alive weak kunt than be a dead hard kunt’). At stake is whether taking care of oneself and partying safely are evidence of strength or vulnerability.

Warning others to avoid pills seen as particularly dangerous is a mainstay practice of forums like *Bluelight* and websites like *pillreports.com*, as well as in many dance music forums despite their professed ‘no drug discussion’ policies. As we saw in Chapter Six, most forum users who completed the online survey reported trying to find out about the content and purity of pills before taking them. However we also saw that this information was not always used in order to reduce harm. *SmackedOut*’s response labelling this practice as weak and *raVer* and *Ben13* statement that ‘pma sounds fun’ can be understood as demonstrative of transformational normalisation, as shown by Pennay and Moore (2010), where network members in Pennay’s ethnography described “drug intoxication as legitimate desire and pleasurable experience to be pursued enthusiastically” (p. 568). In this context, the distribution of and use of information about pill content and purity designed to reduce risk was normative, within the context of neoliberalism and the health imperative, whereas dismissing this health information in favour of privileging drug intoxication represented an alternative drug user subjectivity.

Later in the thread, *Special\_Kay* argues that ‘PMA is not fun’ through using the personal story of his sister’s experience with PMA as evidence.

Special\_Kay: What the fuck. PMA is not fun. My sister nearly died from taking 1 pill PMA in it. And no, she wasn't a first timer. Hospital for 4 days and she wasn't expected to live.  
Weak cunts hey? Everything affects everyone differently. All it takes is one bad pill!  
Fuck that.

rockit: Don't take this as me talking like a shit head, but I'm really interested in this. You say that she had just one bad pill. Now she did survive she did walk away, so there was a lesson learnt and in the end some one whom you loved didn't die, but was very close to it. Can I ask if you know what else did she take that night, or was it just one pill and if it was just one pill do you know what dosage it contained?

*Special\_Kay* pre-empts the lay understandings that people who overdose are first-timers who take multiple pills or mix their drugs. He concludes the post with ‘Fuck that’, signalling that the whole practice of taking pills might not even be worth the risk when one bad pill can put you in hospital and almost kill you. In response to *Special\_Kay*'s post about his sister’s hospitalisation due to PMA, *rockit* writes in a sensitive tone, yet he doesn't accept the conclusion *Special\_Kay* made about the inherently riskiness of taking pills (‘there was a lesson learnt’). The lesson, according to *rockit*, was not to avoid pills altogether but to learn more about how the overdose occurred. Did she really only take one pill and no other drugs? What was the dosage? *Special\_Kay*'s story challenged *rockit*'s guiding assumption that the dangers of drugs like PMA can be known, understood and managed if only the drug-taker had been fully informed.

This thread illustrates how competing meanings and interpretations were employed by forum members as they contested definitions of the ‘risk’ and ‘fun’ associated with the drug PMA. These competing discourses inscribed a range of drug-using subjects. The *responsible* user, the *trashbag* and the *non-user* or *ex-user* negotiated the importance placed on managing drug-related risk or achieving intense pleasurable drug effects, what people should and should not do, and what is and is not acceptable. These online interactions were enabled by the online forum infrastructure. The remainder of this chapter draws from online interview data to further explore drug user subjectivities of online forum participants.

## **7.2 Drug user subjectivities in online drug research**

All informants interviewed described the conduct of online drug research, as described in Chapter Six. The practice was pervasive across survey, interview and

observational data, although it is beyond the scope of this investigation to evaluate the extent to which this practice led to ‘safer’ drug practices. Nevertheless, informants asserted that online drug research had kept them ‘safe’ and an overwhelming majority of survey respondents rated the internet as important for them in learning about drugs. In this chapter, I argue that the practice of online drug research was also a crucial part of enacting the harm reduction model that valued informed and moderate drug use. By describing and endorsing online drug research, informants identified themselves with the values ascribed to the agential drug-using subject of harm reduction discourse and in wider dominant neoliberal discourse: informed, moderate, responsible, balanced, mature, and in control of their actions. As shown in the previous section, the online social settings of internet forums acted as a place where forum users could perform this kind of subject.

Extract 2 was produced through my online interview with ‘Liam’, a 21-year-old employed engineering student who reported spending 25 hours per week participating in drug forums where he had a high post-count. He occasionally used LSD and regularly used benzodiazepines for recreation. Following the presentation of this extract, I draw out Liam’s presentation of self through dominant and counter-discourses and the strategies he used to produce himself as a particular kind of drug-using subject. After in-depth analysis of Liam’s case, I present comparisons and contrasts highlighting two aspects of informed and moderate drug use that emerged from the interviews: maturity and responsibility.

### 7.2.1 Case study: Liam

The paragraphs following Extract 2 link Liam’s extract to the values and characteristics of informed and moderate drug use and the discursive strategies identified across the qualitative interviews. I am highlighting Liam’s case due to its typical presentation and its completeness as an example.

#### Extract 2: Interview with ‘Liam’ – A typical case

- 3:00:18 Monica: can you tell me the story of the last time you searched for specific drug-related information? - eg. what sort of info, different sources of info, conflicting/differing info, credibility of different sources
- 3:00:40\* Monica: and whether you acted on the info you found and whether you had a positive/negative experience
- 3:00:35\* Liam: Oh ok, yeah you usually get a very broad spectrum of answers
- 3:00:44 Liam: ones ranging from people saying essentially ‘drugs are bad’

- 3:00:48 Liam: bad advice about doses to take
- 3:00:57 Liam: but thats usually corrected by the mods
- 3:01:12 Liam: generally you get lots of reports of what to experience
- 3:01:17 Liam: side effects, how to deal with them
- 3:01:51\* Liam: setting/environment and how it can affect the experience
- 3:01:48\* Monica: so it's a wide variety of experiences, ideas, etc - which get moderated reasonably well through the forum system?
- 3:02:27 Liam: Yes, Id say they get pretty well moderated, if theres a big conflict in what people are saying it will usually get explained properly as there are some very knowledgeable people in there
- 3:02:52 Liam: Mostly its about doses of drugs, and how to know how much you are taking
- 3:03:16 Liam: you get people with massive tolerances coming in saying I take this
- 3:03:20 Liam: but not explaining in they do it everyday
- 3:03:24 Monica: yes
- 3:03:42 Liam: so there could be potential for harm there if that wasnt moderated
- 3:03:49 Monica: for sure
- 3:04:21 Monica: and, when did you first come across drug information online, in forums or on websites... was it close to when you first started using drugs or after that?
- 3:04:49 Liam: When I first tried MDMA I did lots of reading on the internet
- 3:04:56 Liam: and *[drug forum]* came up in a lot of the searches as with *[pill reports website]*
- 3:05:15 Liam: so I found them that way and used them as best I thought I could to be as safe as possible
- 3:05:42 Liam: but since then Ive learnt the test kits give a pretty false sense of security and I dont really think they are that useful
- 3:06:00 Liam: A lot of the time they will identify you have MDMA but not that there could be loads of other chemicals in there
- 3:06:18 Liam: I havent done any reading on the sites that sell the kits recently but I think it has improved
- 3:06:38 Monica: It's definitely a problem, as you said earlier, reagent kits can be unreliable
- 3:06:44 Liam: but a proper lab*[oratory]* testing centre would be better, and could easily be funded by drug users themselves
- 3:06:57 Monica: this is something *[drug peer organisation]* was/is trying to get going
- 3:07:12 Monica: not sure if they are still going ahead with it!
- 3:07:16 Liam: I think the one in America did 20 pills for free per month and then was \$100 each afterwards
- 3:07:32 Liam: and that was purely funded by a private individual
- 3:08:22 Monica: it is a bit frustrating, if everyone taking a pill just put in 5 cents, i'm sure there would be enough funds to test one of every batch ;)
- 3:08:39 Liam: easily
- 3:08:51 Monica: otherwise, it's just a bit difficult to get it happening!
- 3:08:54 Liam: though theres the argument that it makes the statement 'drugs are ok' and I think thats the biggest barrier
- 3:09:00 Monica: for sure
- 3:09:09 Liam: The way I see it drugs aren't ever going to go away so we might as well make them as safe as possible
- 3:09:24 Liam: Theres plenty of information about alcohol which is just as dangerous
- 3:09:48 Liam: I dont really see the difference in why we cant provide advice about illegal drugs



\* \* \*

- 3:21:01 Liam: I dont know what your survey indicated but I think a lot of drug users are pretty casual and really dont care though *[about the content and purity of ecstasy]*
- 3:21:04 Liam: and will just take anything
- 3:21:30 Monica: well i have been a bit surprised at the number who said they 'just took whatever was available'
- 3:21:56 Monica: and really, the group who did my survey are likely to be thinking a bit harder about these things - because they were bothered to sit down for 15-20 mins and complete it
- 3:22:12\* Monica: clearly the sample will not represent everyone... so yes, i think you are right
- 3:22:11\* Liam: yeah theres lots of users who dont even use the internet
- 3:22:16 Monica: exactly
- 3:22:43 Monica: how is it in your friendship group? do most people use the net for this sort of info, or rely on you or others, or just don't care?
- 3:23:04 Liam: most of my friends either read it themselves or ask me because they know ive read it
- 3:23:10 Liam: or they just dont do drugs
- 3:23:45 Liam: but ive seen plenty of the people who just chomp down on anything and have competitions to see how wasted they can get, just have no sense of danger or really care
- 3:24:15 Liam: really casual about it
- 3:24:46 Monica: they may not have experienced any negative side effects or just don't care if they do...
- 3:24:55 Liam: yeah
- 3:25:06 Monica: are there times you can think of where you had a bad experience with drugs that could have been prevented if you had been better informed?
- 3:25:37 Liam: no, all the bad experiences ive had Ive read about before hand and known it could happen
- 3:25:53 Liam: but I think theres a lot of people who dont know the information is available
- 3:25:57 Liam: and that would be true for
- 3:26:05 Liam: namely younger people
- 3:26:43 Monica: i guess it is trickier for getting this info out to young people who may be considering trying a drug
- 3:27:01 Monica: without making drugs seem so positive that they want to try everything 3 times :)
- 3:27:09 Liam: yeah
- 3:27:13 Liam: difficult thing to do
- 3:28:19 Monica: ^ so if you'd read about a bad experience and decided to do it anyway... was it that the bad experience was not really that important to you or was only a possibility... or?
- 3:29:03 Liam: Um they were things like when I tried LSD I'd heard of people getting paranoia anxiety etc, but it was a possibility and the good parts of it sounded like they outweighed it
- 3:29:26 Liam: which I did experience but it was not life threatening and the rest of the experience easily made up for it
- 3:29:48 Liam: It was more the bad did not outweigh the good
- 3:29:59 Monica: Yes i can see what you mean
- 3:30:03 Liam: if it was a high possibility of physical danger
- 3:30:07 Liam: eg overdose or dying
- 3:30:08 Liam: etc
- 3:30:21 Liam: opposed to short term fear etc

- 3:31:03 Liam: that's why I think a lot of people are casual about some drugs
- 3:31:23 Liam: as there is very slim possibility of OD etc unless you are not taking what you think it is
- 3:31:43 Liam: opposed to say heroin which most people, even experienced drug users will not try
- 3:31:48 Monica: as with MDMA, LSD? (as opposed to heroin/GHB)?
- 3:31:53 Liam: yes
- 3:32:08 Liam: most people seem to just group illegal drugs together
- 3:32:36 Liam: and can't differentiate between safer things like LSD and stimulants whilst still dangerous do not compare to opiates and other downers etc
- 3:33:05 Monica: when you say 'most people' do you mean drug users or just people generally?
- 3:33:13 Liam: people generally

In response to my question about the process of online drug research (3:00:18–3:00:40), Liam described a social system linking together certain types of characters, and to begin with, he did not explicitly situate himself in this system (3:00:35–3:03:42). He described the bulk of the information as 'reports of what to experience' (3:01:12) and 'how to know how much you are taking' (3:02:52). Key characters included the 'drugs are bad' people (3:00:44), 'people with massive tolerances' (3:03:16) who provided 'bad advice about doses' (3:00:48), and the 'mods' and 'very knowledgeable people' who corrected such 'bad advice' (3:00:57 and 3:02:27). His narrative focused on methods of *group social control* (see further analysis in Section 7.3.3) that were exercised within online forums through moderation and the large number of voices contributing to a better chance that mistakes will be challenged (3:00:35 and 3:02:27). Liam presented himself as concerned about the potential for harm if bad advice about doses was not moderated (3:03:42); with this line, he aligned his position with those of the moderators and 'very knowledgeable people' and illustrated his concern for more vulnerable others who could be harmed by 'bad advice'.

After I probed further about the role of online drug research in Liam's drug use history (3:04:21), Liam presented his first use of MDMA as informed, moderate and responsible (3:04:49–3:5:15). Liam's claim that he 'did lots of reading on the internet' when he 'first tried MDMA' aligned himself with the 'very knowledgeable people' he described at 3:02:27. His use of the more formal term MDMA also functioned to illustrate his knowledgeable status. That he tried his best to use them 'as safe[ly] as possible' demonstrated his commitment to responsible drug use and harm reduction (3:05:15). This story then evolved into a biographical *narrative of transformation* (see further analysis in Section 7.3.2) when Liam described a critical

turn in his thinking about the usefulness of test kits and his conclusion that they ‘give a pretty false sense of security’ (3:05:42–3:06:18). His illustration of what he had learnt showed him to be continually informed about drug issues and critically appraising new information.

At 3:06:44, Liam suggested that ‘a proper lab[*oratory*] testing centre would be better, and could easily be funded by drug users themselves’. In aligning himself with this position, he presented himself as supportive of service to others and collective action by drug users to take care of themselves. In the ensuing discussion (3:06:57–3:8:51) I agreed with Liam, and in doing so, I showed my alignment with collective action for harm reduction. Then, Liam presented a more realistic appraisal by identifying the dominant pathology paradigm (that providing content/purity information would condone drug use) as the ‘biggest barrier’ to collective action (3:08:54). Liam then challenged aspects of the pathology paradigm using the discourse of harm reduction (3:09:09) and justified his stance using the technique of *risk comparison* comparing illegal drugs with ‘alcohol which is just as dangerous’ (3:09:24–3:09:48) (also see Section 7.3.1). While he did challenge the dominant pathology discourse, he did *not* explicitly reject ‘the argument that it makes the statement ‘drugs are ok’’ or the illegality of ‘illegal drugs’. His position, like harm reduction, worked within the scope of the dominant discourse, but argued that illegal drugs should be made ‘as safe as possible’ like ‘alcohol which is just as dangerous’.

Later in the interview, Liam implicitly contrasted his drug practices to that of ‘a lot of drug users’ who were ‘pretty casual’, ‘really dont care’ and ‘will just take anything’ (3:21:01–3:21:04). When I asked about his friends and their practices, he defended his friends as people who informed themselves, asked him for advice or ‘just dont do drugs’ (3:23:04–3:23:10), but at 3:23:43–3:24:15, he again referred back to the reckless users, who were not his friends but just people he’d ‘seen’. Liam constructed these users in opposition to him and his friendship group and was disparaging about their conduct. His focus on the other (reckless users) can be read as a strategy for risk neutralisation known as *scapegoating* (blaming ‘them’ for problems and attributing the problems to personal failures of that group, see also Section 7.3.1). For example, Liam’s description ‘ive seen plenty of the people who just chomp down on anything and have competitions to see how wasted they can get, just have no sense of danger’ (3:23:34) may be read as his attempt to rationalise the

causes of drug problems to personal attributes ('no sense of danger') and to distance himself and his friends from drug problems due to his self-construction as careful, informed and responsible.

My question at 3:25:06 was an attempt to bring the conversation back to Liam's experiences and to confront him subtly to think about whether he had ever used drugs in an under-informed context. His response was a reiteration of his commitment to informed and responsible drug use and display of his *self-confidence* (further discussed in Section 7.3.1). He used absolute terms 'no' and 'all', therefore not permitting the possibility of exceptions to being informed and responsible with drugs ('no, all the bad experiences ive had Ive read about before hand and known it could happen', 3:25:37). This absolute statement privileged complete control over drug situations and made absent the (likely) effects of spontaneity and context. Liam quickly shifted the focus from himself to another group, 'namely younger people' who he described as not knowing about drug information and as therefore more vulnerable to drug harms than himself. This conversational move can be read as risk neutralising through scapegoating, this time using another group 'young people' who were seen as ignorant and vulnerable. Implicit in associating youth with greater risk is the opposite: that *maturity* is associated with a greater capacity to appropriately deal with drug risks (see next section).

Picking up from Liam's statement at 3:25:37, I asked him to describe in more detail his decision to take drugs even after reading about the potential for bad experiences (3:28:19). His use of the term 'outweigh' denoted the act of balancing the likely negative and positive effects ('the bad did not outweigh the good', 3:29:03–3:29:48), and that the qualities of the bad effects were important in this balancing process. Through this process he portrays himself as a rational calculating subject consistent with neoliberalism and the harm reduction model. He neutralised the risks of LSD by comparing them to the risks of heroin, 'short term fear' to 'overdose or dying' and a 'very slim possibility of OD' to a 'high possibility of physical danger' (3:30:03–3:31:43). Through these *risk comparisons* (see also Section 7.3.1), Liam presented himself as rational and careful in his evaluation of the risks of drug experiences. At 3:32:08–3:32:36, Liam critiqued the pathology discourse that 'cant differentiate' between safer and more dangerous drugs. By drawing a boundary between 'LSD and stimulants' and 'opiates and other downers',

he established the legitimacy of his own drug choices, although he was still careful to characterise 'safer things like LSD and stimulants' as 'still dangerous' (3:32:36). Absent from Liam's discourse was any outright celebration of the positive experiences of taking LSD, except for when making comparisons with the possible negative effects ('the rest of the experience easily made up for it', 3:29:26). His focus upon managing harms could be read as an attempt to distance himself from the reckless users he described as having 'competitions to see how wasted they can get' (3:23:45).

In summary, Liam drew from both the harm reduction model of drug use and the neoliberal model of subjectivity in his interactions with me. According to Liam's account, research into drugs enabled by the internet and internet forums made harm reduction possible as it enabled him to make decisions about his drug use through balancing possible negative and positive effects. The subject who engaged in online drug research and subsequent informed and moderate drug use was considered to be responsible and mature, whereas the subject who did *not* seek out information and who did *not* use the internet to find out about drugs was associated with excessive drug use and was considered to be reckless and immature. In the next part of this chapter, I describe two aspects of this ascribed neoliberal subject: maturity and responsibility. These analyses are followed by a closer examination of how these discourses were constructed by a range of informants through risk neutralisation strategies, narratives of transformation and group social control in forums.

### **7.2.2 Maturity**

Young people and novices were often used as scapegoats for the assumed problems of drug use seen in dominant drug discourses. Most informants described young and novice drug users as impressionable, gullible, ill-informed, unable to determine who to trust, only using one information source, not understanding how to critique information, unintelligent, emotive rather than factual, etc (see Table 22 later this chapter). As shown in Chapter Six, the most important attribute informants described as necessary for successfully negotiating an abundance of information was experience with internet forums and specific online communities. Novice and young users of drugs and of forums were generally described as not yet attaining an appropriate level of understanding of online drug research and/or drug use as

practices. Liam's account of young people as ignorant and vulnerable was consistent with a number of other accounts that placed value on maturity (e.g., see Table 15, Section 6.3.2).

Brooke's account (Extract 3) of the importance of maturity for developing a sensible 'frame of mind' provides a typical example and also illustrates the use of assimilative normalisation. Brooke was a 17-year-old employed student in her final year of secondary school. She reported spending 20 hours in a typical week using rave forums. She first used ecstasy at 13 years of age and at the time of interview, she only occasionally used ecstasy and reported no other regular illicit drug use. She described finding it difficult when she first started attending raves and taking pills at such a young age: most school friends rejected her so she became closer with older friends from the rave scene. According to Brooke, developing depression and being arrested for possession and supply led her to a turning point that changed her attitude towards drugs, which she describes in the following extract.

**Extract 3: Interview with 'Brooke' – Maturity**

- 9:28:45 Brooke: i think when you grow up a bit
- 9:28:49 Brooke: its more safe to take drugs
- 9:28:58 Brooke: even if ur taking the same amount as u did when u were younger
- 9:29:05 Brooke: i think ur frame of mind is very different.
- 9:29:08 Monica: yes, for many reasons i imagine
- 9:29:11 Brooke: yeah
- 9:29:23 Monica: frame of mind, and just your body reacts differently as you get older
- 9:29:31 Monica: and you have more experience in how to handle yourself!!
- 9:29:34 Brooke: yeah
- 9:29:44 Brooke: i also feel
- 9:30:08 Brooke: on forums ppl who are just starting to take drugs will be like "Ohhh this is sooo fun i love it. i love pills etc"
- 9:30:40 Brooke: and when youve taken enough and youve been taking them for long enough you start to think "yes i do drugs, i do enjoy it, but i know that its not good, and i dont promote drugs etc"
- 9:30:53 Brooke: like at the moment i can admit i still occasionally use
- 9:31:03 Brooke: but i dont promote my experiences
- 9:31:09 Brooke: and i dont like what im doing
- 9:31:32 Brooke: and if i know of a friend whos starting instead of being like "YAY its going to be so much fun" i tend to warn them of the dangers
- 9:31:40 Brooke: and then look after them and make sure theyre ok

Brooke argued that maturity ('when you grow up a bit') leads to safer drug experiences due to the development of a different 'frame of mind' (9:28:45–9:29:05). She developed this point further through her characterisation of novice drug users ('ppl who are just starting to take drugs') as excited about the positive aspects of taking ecstasy and exclaiming their love for it (9:30:08). Linking back to her earlier accounts, this characterisation of other novice drug users could also be read as a projection of her previous portrayals of the positives of drugs when she was a novice user (for example, 'i used to be like "YES ITS THE WEEKEND LETS GO GET SOME PILLS" like every weekend. because i dunno thats what i did on the weekend. now i only do it if i feel like it you know'). In contrast to such novice users and to her younger self, Brooke described the mature, responsible and balanced model of drug use she now adheres to: 'yes i do drugs, i do enjoy it, but i know that its not good, and i dont promote drugs' (9:30:40). This account focused on the negative while only briefly acknowledging the positive. The use of the word 'admit' at 9:30:53 also suggests Brooke's acceptance of drugs as 'deviant'. Key to Brooke's 'frame of mind' is balancing the enthusiasm of novice users with the dangers understood by more mature users. She endorsed care for others as important to her through an example of warning her friends about drug risks and then looking after them (9:31:32–9:31:40). Brooke's approach can also be read as an example of assimilative normalisation: she made her own style of drug use (occasional use, looking after friends) acceptable, while still endorsing the dominant pathology discourse (not promoting drug use to others, not 'liking' what she was doing).

Being responsible and moderate in one's drug use was not always associated with older age or with more experienced drug users. Some informants associated being cautious with new drug users while more experienced drug users were understood as less concerned about the risks of using drugs. Survey and interview data also indicated that online drug research was more likely to occur at the start of one's drug use career (see Section 6.2.5). Megan's account (Extract 4) of the differences between how newer and older drug users approached their use contrasts with Brooke's account. Megan was an employed 18-year-old who reported spending 25 hours in a typical week using rave and dance music forums. Unlike Brooke, Megan had only just begun her drug use career, yet she had tried a wide range of party drugs which she reported using only occasionally. Earlier in her interview, she

described how internet forums assisted her as a ‘firsttimer’ and how she always ‘looks up’ a pill before she take it.

**Extract 4: Interview with ‘Megan’ – A different perspective on maturity**

- 3:32:35 Monica: would you say people are concerned about what’s in their pills, or most people just take them
- 3:35:20 Megan: id say it’s about what it always was. The newbies research, the “older users” tend to not care.. tolerance is high? Some people just take what they can get at the time
- 3:35:41 Megan: some people just take the word of their dealer
- 3:36:27 Monica: yes there is a trend in my survey data about newbies research and more experienced ones aren’t bothered
- 3:36:59 Monica: i’m not 100% sure why that is, what do you think?
- 3:38:05 Megan: new users are more cautious.. same way you are about a job. You don’t know a lot, you pick it up as you go along. if you’ve been at an office for a year you tend to know more about whats going on, more confident in the workplace
- 3:38:28 Monica: yes that makes sense
- 3:38:33 Megan: and personally,
- 3:39:22 Megan: i haven’t myself, or ever really heard about any one having ‘a bad trip on a pill’ - just based on the pill itself. if they have a bad time its usually due to the environment
- 3:39:33 Megan: older users know what they can handle etc.

Having previously identified herself as a novice young drug user, Megan provided her perspective on how different kinds of people dealt with the issue of unknown content and purity of ecstasy pills (3:35:20–3:35:41). Megan presented the novice drug users or *newbies* (and implicitly, herself) as concerned about this issue because they bothered to conduct relevant ‘research’. Newbies were juxtaposed with other groups who ‘tend to not care’ (older users) and people who ‘take what they can get’ and ‘take the word of their dealer’. These others were constructed as deficient: they were ascribed less choice or control in her account through her choice of words (*tend* not to care, *just* take what they can get, *just* take the word of their dealer). At 3:36:27–3:36:59, I agreed with Megan about this trend and encouraged her to elaborate on this perspective. To argue her case, Megan first made an analogy between being a new user of drugs and starting a new job (3:38:05). This analogy can be interpreted as a strategy of risk neutralisation: by comparing drug use with employment, Megan’s account worked to neutralise the deviant status of drug use by showing its similarities to an acceptable and endorsed scenario of entering a new workplace. In this line and also at 3:39:33, Megan constructed older users as confident about their drug use because of their drug knowledge and personal understandings of their own limits, as opposed to characterising them as careless or reckless. In developing this argument, she ascribed older users more control in their



appearance of ‘not caring’ about what’s in their pills. To make sense of this apparent contradiction, Megan used her own experiences and those of her networks to assert a claim that rejected the assumption in my line of questioning about the importance of the content of ecstasy pills for harm reduction (3:39:22). Her assertion that ‘if they have a bad time its usually due to the environment’ can be understood as lay epidemiology (see Miller, 2005): based on her experiences of her social world, aspects of the setting of drug use played a more important role in determining drug harms than the contents of the pill itself. Her use of the absolute (‘i haven’t ever heard of...’) worked to strengthen her assertion.

Brooke and Megan’s perspectives on how maturity relates to safer drug use converge in that they both represent more mature users as more capable of looking after themselves. In the next section, the importance of responsibility to self and others is examined in two informants’ accounts.

### **7.2.3 Responsibility**

Being responsible for caring for oneself was a value inherent in the harm reduction discourse as well as the wider neoliberal discourse (as described in Chapter Two). These discourses inscribed a subject that had a high level of control over their actions and the consequences of their actions, as illustrated in the typical presentation of the responsible self in Liam’s extract. Also of interest in the present data is the importance placed upon a *responsibility to others* stressed by informants when they discussed how drug knowledge was produced and managed through online forums. Helping others was a key theme that arose in interview interactions (18 of 27). In this model, drug users were seen to have a responsibility to others, specifically those who knew less or were more vulnerable to risk. Constructions of responsibility by Georgia and Evan are compared and contrasted in this section to draw out this theme of responsibility.

Georgia (Extract 5) was a 30-year-old full-time government worker who was a moderator in a drug forum. She had used drugs for over 10 years and described herself as currently in the twilight phase of her drug use career. She still occasionally used ecstasy, cannabis and benzodiazepines recreationally. Being a forum moderator involved 15 hours of forum use in a typical week.

### Extract 5: Interview with ‘Georgia’ – Responsibility for others

- 7:59:12 Georgia: i know that at times, moderators have had to be **de-modded** because they were providing dangerous info.
- 8:00:11 Monica: can you recall any specific examples of times when you think online forum drug discussions could have led to risky drug use - was that the motivation behind such de-modding?
- 8:02:51 Georgia: [*Moderator*] is a clear example. He has a huge tolerance for many drugs and has posted about his use, but in the context of it being the norm. He was de-modded because as a staff member, he was being irresponsible.
- 8:04:00 Monica: Yes it did seem that way to me, as an observer... and still is a bit like that, even though he's only a member now!
- 8:04:41 Georgia: and he keeps pushing the boundaries, hence [*senior moderator*] banning him temporarily.
- \* \* \*
- 8:54:06 Monica: do you think it is easy enough for novice users to determine credibility of information they find?
- 8:55:09 Georgia: hmmm, that's more tricky. again, for forums, etc, moderation is the key - moderators need to be chosen who can weed out the crap from the accurate info. As long as that is adhered to, then the info should be trusted.
- 8:55:54 Georgia: That's the ongoing issue with [*drug forum*] - we have a responsibility to new users to ensure that only accurate information is available. Keeping on top of posts, threads is so important.
- \* \* \*
- 9:09:02 Georgia: I am concerned, to a degree, about publicly discussing my drug usage. I don't mind discussing small parts of it, in the name of **HR** [*harm reduction*], however i never go into great detail, and i never discuss current usage (the little that there is) or future usage.
- 9:09:38 Georgia: I think the advantages of discussing past usage is that it helps to inform new users, however you have to ensure that you word it in a way that makes it clear that it is only an opinion, not a fact.

Georgia described methods of group social control that aimed to mitigate the risks of forums hosting information deemed to be dangerous, especially to vulnerable groups such as young or novice users. As part of the moderating group for this forum, Georgia recounted the story of the moderator who was ‘being irresponsible’ (8:02:51–8:04:41). The demoted moderator story provided a cautionary example of the potential for harm that moderators such as Georgia were charged with preventing. Later in the interview, Georgia reiterated that moderators had ‘a responsibility to new users to ensure that only accurate information is available’ (8:55:54). She then linked this responsibility to others with the ideology of harm reduction by explaining her decision to discuss ‘small parts’ of her past drug use because it ‘helps to inform new users’ in the ‘name of HR’ (9:09:02–9:09:38). Georgia’s account constructed responsibility to others as a critical attribute for moderators and other peer leaders in online drug-user communities, where participants were expected to think about the implications of their posts on the likely audience and where talented moderators were chosen ‘who can weed out the crap from the accurate info’ (8:55:09). Another

interpretation is that her account emphasised the importance of the role of moderators (and, by implication, her role) in managing drug risks and protecting new users from the perils of inaccurate information.

In comparison, Evan (Extract 6) was a 22-year-old employed pharmacology student who reported having tried a wide range of drug types. At the time of interview he reported the occasional use of ecstasy, methamphetamine, cocaine, LSD, mushrooms, other psychoactive plants, research chemicals, inhalants, ether, and wormwood. Unlike Georgia, he spent only one hour in a typical week using rave and doof forums and did not actively contribute to public online discussion.

#### **Extract 6: Interview with ‘Evan’ – Self-responsibility**

- 4:47:01 Monica: Is there information on drugs you would like to be easier to get?
- 4:47:39 Evan: well... most of the information i have found, i have felt to add up to what i need to know.
- 4:47:43 Evan: its all out there
- 4:47:47 Evan: and not all that hard to find
- 4:47:48 Monica: online you mean
- 4:48:07\* Evan: yeah online
- 4:48:02\* Evan: the stuff that should be easier to find, i guess i haven't found yet
- 4:48:36 Evan: and if the stuff i'm finding is too hard for someone else to find, maybe that's for the best... :P
- 4:48:44 Monica: lol
- 4:49:12 Evan: i think we're a nicely self-regulating community, the underground illicit drug thrillseekers & psychonauts
- 4:49:20 Evan: hehe :D
- \* \* \*
- 5:28:05 Monica: and do you think actual pill testing with reagent testers is useful?
- 5:28:24 Evan: ahah! that's a resource i wish was more easily available!!!
- 5:28:33 Monica: the testing kits themselves?
- 5:28:57 Evan: hell yeah, that is such a good way to get people more interested in finding out exactly what they're doing to themselves
- 5:29:44 Evan: a practical, colourful "play with chemicals & smart shit" is so much more appealing than reading shit, to most weekend thrillseekers
- 5:30:49 Monica: do you think having pill testers located at raves and events would be useful?
- 5:32:00 Evan: yeah, i guess so, but if they're there, there's an undercover nearby. i wish people could take the responsibility by themselves, without giving authority structures another avenue to cramp the free vibe
- 5:32:19 Monica: for sure
- 5:32:22 Evan: i wouldn't go to one
- 5:32:32 Evan: drugs are a private matter!
- \* \* \*

- 5:38:07 Monica: And another thing survey respondents keep mentioning is that they would love to have access to the proper lab/*oratory*/testing of contents of pills, in a database, eg police seizure data
- 5:38:24 Monica: do you think that would be useful or wouldn't really make much difference to the situation
- 5:38:44 Evan: yeah, that is quite a logical step, if they were earnest about their intent to reduce harm
- 5:39:35 Evan: i really believe in the ability of such a large underground society to self-regulate, and that would be greatly enabled by such information, particularly with regards to safeguarding our membership
- 5:40:13 Monica: safeguarding membership from undercovers or new-comers or..?
- 5:40:37 Evan: newbies hurting themselves
- 5:41:05 Evan: publicizing precisely what not to take, as judged by someone who does want to take
- 5:41:25 Monica: ok, as in 'peer education'?
- 5:41:40 Evan: yeah, exactly!
- 5:42:02 Evan: the kind of thing that we talk about in person around younger freaks
- 5:42:11 Evan: what goes with what
- 5:42:20 Evan: what hurts in which hole
- 5:42:21 Evan: yeah
- 5:42:25 Evan: all the good stuff

Evan's account provided a different emphasis regarding responsibility. Evan described drug information as 'not all that hard to find' (4:47:39–4:48:36) and stated that maybe it was for the best if some people couldn't find the information they wanted online (4:48:36). At 4:49:12 Evan stated that 'we're a nicely self-regulating community, the underground illicit drug thrillseekers & psychonauts'. While we didn't delve into his remark further at this stage of the interview, at 5:28:57 Evan constructed a type of other: people who should be more interested in 'finding out exactly what they're doing to themselves', and at 5:32:00–5:32:32, he argued that people should take the responsibility for testing pills 'by themselves' rather than having pill testing stations located at dance events. Key to Evan's argument was that drug use should to be kept private and the 'thrillseeker' community 'underground'. At 5:39:35–5:40:37 he stated that 'i really believe in the ability of such a large underground society to self-regulate, and that would be greatly enabled by such information [*pill content database*], particularly with regards to safeguarding our membership' from 'newbies hurting themselves'. Newbies who get into trouble in a public way exposed the underground community and may lead to 'another avenue to cramp the free vibe' (5:32:00). In this account, Evan constructed himself as an expert who took responsibility for himself by keeping his drug use strictly private as a way of protecting both himself and his 'community of thrillseekers and psychonauts'.

While Evan's sense of responsibility was extended to 'younger freaks' (5:42:02), it was limited to the underground community which he described in other parts of his interview as constructed through face-to-face communication only. His use of forums was restrictive, really just to find out about the next doofing event but never to discuss drugs. Georgia, in contrast, played a major role in vetting the content of online drug discussion displayed in a public context. The difference in focus on private and public contexts between these two accounts affected how each informant valued responsibility and to whom they were responsible. Despite these differences, both Georgia and Evan draw from neoliberal discourses of 'being responsible for one's own actions': with Georgia focused on making it easier for other forum members to take care of themselves while Evan focused upon each person's individual responsibility to take care of themselves.

### **7.3 Discursive strategies**

How did party drug users construct themselves as informed and moderate drug-using subjects? During online interviews, I asked informants how they thought their use of forums and the internet had affected their drug taking. Informants were prompted to account for their attitudes towards drugs and the actions they took in recent drug-use situations. Informants consistently worked to produce and reproduce themselves as drug users who were informed, moderate, responsible, mature, and in control, or in other words, good neoliberal subjects. They achieved this using risk neutralisation strategies, employing narratives of personal transformation, and through forum group social control. These three discursive strategies are outlined below.

#### **7.3.1 Risk neutralisation strategies**

Risk neutralisation strategies as discussed in Chapter Two (see Miller, 2005; Peretti-Watel, 2003) were used by informants to construct themselves as informed and moderate drug users. Three strategies used in risk neutralisation as described by Miller and Peretti-Watel were also found in these data. These include scapegoating, self-confidence, and risk comparison.

#### **Scapegoating**

Scapegoating or 'Othering' was identified in most interview transcripts (23 of 27, see Table 22). In most accounts, informants identified themselves as informed and

**Table 22. Stereotyped drug users in interviewee accounts**

Stereotype	N	In-vivo descriptions
'Idiots': Informed, but not controlled	14	'Forum regulars' 'bragging' 'competition' 'fighting' 'talking up' 'glorify' 'Some guy had 4 pills, so I'll take 5' 'encourage dangerous use' 'two dimensional' – 'obsessed with drugs' 'just want to post about how hard they're rushing' 'fools' 'junkies' 'young' 'ignorant' 'abusive' 'reckless' 'irresponsible' posts 'bullshit' 'crap' 'lies' 'inaccurate' 'spam' 'think they know their stuff but they don't'
'Newbies' or novices: Uninformed	10	'vulnerable' 'gullible' 'impressionable' 'young' 'will jump at the chance because everyone is doing it' 'can't determine what's safe' 'uses single sources without being critical' 'emotive not factual'
Friends / acquaintances 'in real life' who use drugs	11	'will consume [ <i>drugs</i> ] without a second thought' 'only reads one website' 'takes drugs with no knowledge of what they are doing' 'really casual about it' 'not so clever' or 'smart'; 'my friends are semi-retarded' 'don't even use the internet' 'don't research' are 'hopeless online' 'IRL [ <i>in real life</i> ] no-one thinks about harm reduction'
'Online randoms' or 'forum blow-ins' talking about drugs	7	'can't be trusted' 'don't care' 'give the wrong info' 'give off false information' 'show off' 'questionable authenticity'
Dealers/sellers	3	'greedy' 'lies to make a profit' 'have no idea what's in them [ <i>pills</i> ']
Older users	1	'tends not to care' 'knows what they can handle'

Source: 23 online interviews with internet forum users in 2008.

moderate drug users by focusing their attention upon other 'problem' drug users who were characterised in opposition to their ideal. The most common stereotype was most often labelled 'idiots': drug users who posted material online that glorified excessive drug use. 'Idiots' were generally described as informed about drugs but focused on getting high regardless of the risks. 'Newbies' was the vernacular term for new forum users and invariably also described new drug users who had just begun online drug research, but were characterised as uninformed and vulnerable to

corruption by ‘idiots’. In some accounts, the differences between idiots and newbies blurred and a particular kind of newbie who bragged about how much they ‘loved pills’ was also constructed in these accounts of forum stereotypes. Informants often described their ‘real life’ friends and acquaintances as uninformed and/or reckless in their approach to drug use, with informants often noting that an advantage of online drug research was access to people who were more intelligent than their (offline) friends. Online ‘randoms’ were characterised as likely to lie and to have no reason to care about the quality of the information they provided. Dealers and sellers were marked as greedy and uninformed, and as shown earlier, older users were sometimes described as not caring about harm reduction.

### **Self-confidence**

The use of self-confidence to account for one’s practices involves the placing of trust in one’s personal ability to effectively manage risk. Informants’ commitment to informed and moderate drug use was highlighted and strengthened in interview contexts by expressions of confidence in their own ability to control the outcomes of drug events. Expressions of self-confidence were often framed in absolute terms, as previously described in Liam’s account where he used absolute terms ‘no’ and ‘all’, therefore not permitting the possibility of exceptions to being informed and responsible with drugs (‘no, all the bad experiences ive had Ive read about before hand and known it could happen’, 3:25:37). Other examples showing displays of self-confidence using absolute terms included Ben’s ‘Before *every single* drug i’ve ever tried, for the first month leading up to it, i researched pretty thoroughly’, Megan’s ‘i personally am *never* in a hurry to do anything. i like to prepare in advance. If i can’t find the information I want, i don’t take the drug’ and Kyle’s ‘Ive *never* said to myself “well coke sounds like fun, im gonna go get me some” [*my emphasis*]. These absolute statements emphasised the informants’ belief in their ability to control drug situations and their outcomes while de-emphasising the effects of external or situational factors. In juxtaposition with descriptions of ‘idiots’, ‘newbies’ and ignorant ‘friends’, the personal abilities of informants to deal with drug risks were further highlighted by the informants.

### **Risk comparison**

A third strategy of risk neutralisation is to make comparisons between the risks posed by party drugs and other more commonly accepted risks. Some informants sought to minimise the risks of the drugs they took through their use of language, especially in the case of ecstasy pills. Nathan explained how he had cut back on using methamphetamines due to the comedowns and increased his use of alcohol and ‘pharms’, and then he stated ‘so now i really just drink n maybe crank a pill.. i dont drop valiums n shit out and about.. just when im chillin at home’. The phrase ‘i really just drink’ shows his evaluation of drinking and ‘cranking a pill’ as less serious or risky in comparison to his previous drug taking that included methamphetamines and ecstasy. Four informants neutralised the risks associated with using ecstasy by comparing it to drinking alcohol. For example, when discussing ecstasy use I asked Steve if he often saw ‘people “egging” each other on to higher amounts or dangerous practices’. He replied ‘Not really, with alcohol I do’. And when Kyle was describing an occasion where he took pills that ended up containing ketamine and he was heavily affected in a nightclub setting, he accounted for the event by stating ‘lifes like that, no different from someone being utterly blind drunk’. In fact, Kyle found my focus on the risks of unknown content and purity of ecstasy to be misplaced. In our discussion on the topic, he stated ‘They are just pills :P Theres batches, and of course, the mdma isnt spread perfectly evenly throughout the batch (just like all goodie goodie gumdrops ice cream dont have the same amount of gumdrops)’. Later, he repeated ‘their just pills... lol’. Use of a simile that compared pills with a food associated with children worked to minimise ecstasy risk in Kyle’s account. This statement could also be interpreted as fatalistic: little can be done to prevent being served icecream with more or less ‘gumdrops’, you just have to take your chances.

### **7.3.2 Narratives of transformation**

In her work with injecting drug users, Fraser identified how people established current responsibility through “critical reflection upon an irresponsible past self” (2004, p. 208). Similarly, in these data, narratives of transformation allowed informants to discuss their past selves as uninformed or lacking control over their drug use. Such accounts concluded with informants stating that they had changed and that these practices were now a thing of the past. As a discursive feature, narratives



of transformation allowed the informant to discuss an event when they experienced harm from their drug use in the past while still demonstrating their credentials as an informed and responsible drug user in the present. In the online interviewing context, informants engaged in this kind of narrative when accounting for experiences that did not fit with good neoliberal subjectivity or if they were recounting the general evolution of their attitude towards drugs over their lifetime.

Wendy (Extract 7) was an 18-year-old employed student who participated in the psytrance or doof community, including related online forums. She was a relatively inexperienced drug user, having tried ecstasy less than 12 months prior to interview, and reported fortnightly to monthly use of ecstasy, LSD, and mushrooms.

**Extract 7: Interview with ‘Wendy’ – Narratives of transformation 1**

- 8:58:12 Monica: in the survey you mentioned you always checked pill reports and asked your friends - but you also said you had recently always taken whatever was available at the time
- 8:58:28 Monica: is that because there is little choice, even if purity is not up to what you'd like?
- 8:58:55 Wendy: haha yeah, here in *[city]*...good pills are hard to find
- 8:59:27 Wendy: and sometimes when you're desperate you're willing to take whatever, but i havent done that in a while...sort of went through a big pill phase that i've since snapped out of
- 8:59:56 Monica: was there something that made you slow down?
- 9:00:24 Wendy: haha yeah, i found out i had bipolar type 2 :P
- 9:00:49 Wendy: and when i was in a hypomania i went out and had what can only be described as a very silly and irresponsible night
- 9:01:09\* Wendy: and looking back I'm like sheesh....that was....very irresponsible
- 9:01:06\* Monica: that's a full-on thing to discover!
- 9:01:21 Wendy: yeah but its better now that i know
- 9:01:45 Monica: of course, and it would make you reassess some of these activities, for sure!
- 9:01:52 Wendy: and yeah havent touched them since then

I was interested in exploring why people who always tried to find out about the content and purity of ecstasy pills also reported always taking whatever pills were available at the time and in this extract, I asked Wendy to explain what appeared to be a contradiction to me. I offered the explanation that she may have little market choice when it came to which pills were available (8:58:12–8:58:28). She agreed that ‘good pills are hard to find’ and accounted for her self-reported behaviour by appealing to reduced agency or ‘desperation’: ‘sometimes when you’re desperate you’re willing to take whatever’ (8:58:55–8:59:27). The use of the word ‘sometimes’ and use of second-person ‘you’re’ worked to minimise the blame and distance it from Wendy’s personal responsibility. That is, the sentence could have been written

‘I was usually desperate and willing to take whatever’. Then, through a narrative of transformation, Wendy was able to distance herself even further from being ‘desperate and taking whatever’ by adopting the first person and stating ‘but i havent done that in a while...sort of went through a big pill phase that i’ve since snapped out of’ (8:59:27). In the remainder of the extract, Wendy accounted for her actions through an appeal to defeasibility (Scott & Lyman, 1968): she was not able to make responsible decisions due to compromised mental health. She reclaimed her status as a responsible subject through judging her former practices as irresponsible and stating that she had avoided pills since that night and had ‘since snapped out’ of her ‘big pill phase’ (8:59:27 and 9:01:52).

Unlike in Wendy’s extract, I did not ask Nathan (Extract 8) to account for past harmful drug experiences. Spontaneously he offered the narrative of transformation ‘ive become smarter over the years’ (3:37:43 and 3:40:23), ‘i thought the word ‘moderation’ was from another language for a long time’ (3:44:35) and ‘basically i grew up’ (3:50:06). Nathan was a 21-year-old worker who was also an amateur DJ in his local EDM scene and spent a few hours a week participating in a local EDM internet forum. He reported first using ecstasy at 14 years of age and at the time of interview, he reported using ecstasy, methamphetamine, cocaine, benzodiazepines and cannabis on a fortnightly to monthly basis.

### **Extract 8: Interview with ‘Nathan’ – Narratives of transformation 2**

3:37:43 Nathan: i often google new substances that i hear about through word of mouth... if i like what i read i will normally indulge... basically ive become smarter over the years i will do a bit of research on what im taking... often its *[drug website]* but when i google there isnt really any other set forum that i go to other than *[drug website]*

\* \* \*

3:40:23 Nathan: in my experience id hit nearly every drug under the sun before i started getting smart about it

3:40:53 Monica: do you think there was a reason for that turning point, when you ‘got smart about it’?

3:41:36 Nathan: yeah... started getting bad side effects from gear and cones.. no short term memory, paranoia etc

3:42:03 Monica: i saw in your responses that you said you’d experienced some mental health issues in the past

3:42:11 Nathan: yeah

3:42:30 Nathan: im currently on 100mg of fluvoxamine maleate for depression

3:43:14 Nathan: lots of my early drug use was because of depression.. it was a long time before it was diagnosed

3:43:28 Nathan: they call it “self medicating”

3:43:29 Monica: for sure... i think this happens a lot

3:43:55 Monica: yes and also, it can be side effect of taking too much for too long as well

- 3:44:35 Nathan: definitely... i thought the word 'moderation' was from another language for a long time
- 3:45:01 Monica: lol... i'm sure you are not alone there
- 3:45:05 Monica: so, having realised these issues, you did some more research about what you were taking?
- 3:48:22 Nathan: basically i was fucking up really badly smoking heaps of weed and tripping out every second day on shit like psilocybin and lsd... i realised that there was no future in what i was doing so switched to more amphetamines and stopped the psychedelics.. i researched what the long term/short term side effects were online
- 3:48:50 Nathan: of amphetamine based substances
- 3:49:06 Nathan: this was about two and a half years ago
- 3:50:06 Nathan: i completely changed the group of people i associated with.. basically i grew up
- 3:50:22 Monica: sounds like you made some major changes to your life at that time
- 3:51:02 Nathan: yep.. the information i found online about the permanent effects of lsd n psilocybin were invaluable for me
- 3:51:18 Monica: like flashbacks, that kind of thing?
- 3:51:35 Nathan: yeah... i kinda feel like im permanently tripping
- 3:52:48 Nathan: it was increasing each time i was hitting up the trips.. i read that when you come down from a trip it isnt actually the chemicals leaving your brain.. its your brain learning to function with them in there
- 3:53:12 Nathan: and the strichnine deposits on your spine from mushies kinda freaked me out too

At 3:40:53 I asked Nathan to account for his attitude change: how did he become 'smart' about drugs? At 3:48.22–3:50:06 Nathan described the change as a controlled transition using first-person active language: 'i was fucking up really badly', 'i realised there was no future', 'i researched', 'i completely changed', 'i grew up'. Nathan's depiction of his former self as uncontrolled ('moderation was from another language') and as 'fucking up' juxtaposed his current self as in control, informed about drug risks and making responsible decisions (failed versus good neoliberal subjects). What is also interesting in Nathan's account was his decision to switch from psychedelics to 'amphetamine based substances' after assessing the long- and short-term side effects. He came to this conclusion despite the large amount of information available online linking amphetamine type substances with depression, anxiety, paranoia and psychosis. How he came to understand amphetamines as 'smarter' than psychedelics through online research could reflect a lay epidemiology that amphetamines can be used with more control than psychedelics or as a response to the information about the permanent effects of psychedelics Nathan described at 3:51:02–3:53:12 (although both claims about LSD and psilocybin appear to be urban myths).

Risk neutralisation strategies and narratives of transformation were used by informants to account for risks and risky practices while seeking to maintain their

status as good neoliberal subjects. While these strategies were used in individual presentations of self, communities operating through internet forums had methods of group social control that monitored and managed the capacity of the community to represent the values and practices of harm reduction. In Chapter Five, we saw how moderators regulated drug discussion: how they defined the problem and their efforts to manage it. In Chapter Six, informants argued that the characteristics of forums—their structure, topic/size, and their culture and associated moderating practices—were important for their successful negotiation of abundant online information about drugs. Similarly, the forum environment enabled group regulation of how drug users were represented within the forum community and to public onlookers. These strategies are explored next and are followed in the last part of this chapter by an analysis of the symbolic meanings and functions of the ‘informed drug user’ discourse among study informants.

### **7.3.3 Group social control in forums**

Good forum moderation did not just refer to ensuring inaccurate posts were edited or deleted. Actions by moderators also influenced the kinds of drug-using subjects that were depicted. Forum moderators worked to ensure that content reflected informed, moderate, responsible and mature drug-using subjects, or in some cases, that drug-using subjects remained implicit or absent. The stereotyped drug users described by informants (see Table 22) could be punished and/or banned entirely from the group by forum moderators. Moderators also worked to encourage people’s participation from a harm reduction perspective. For example, five informants described experienced forum members or forum moderators ‘calling out’ forum users who were transgressing the rules. Marcus stated that ‘the fools usually get banned/found out pretty quickly’ and James agreed that ‘if someone just wants to get high or looking for a quick buzz they get called out pretty quickly’. Lisa went as far as to endorse forum moderation as the ‘biggest advantage of online communities’, because in her experience, the harm reduction ethos continued to be the underlying message of drug forums. Similarly, many informants in this study placed more trust in information they acquired through online research and internet forums than information they heard through their offline friendship networks (see Table 9, Section 6.2.2). The latter information source was described as more difficult to assess: for example, Marcus noted that ‘it would be difficult to trust them if u didnt

know who they were and there wasn't anyone else to go through what they say (like a mod on a forum)'. Thus, the role of moderators was not only to correct inaccuracy, but more importantly, their work aimed to maintain and direct the underlying identity and culture of forum communities.

One of the ways in which public forum use shaped party drug practices was through the way that drug-using subjects were represented in the public forum space. New forum members who joined up and started to participate in the group learnt the accepted ways of representing their drug use. Ten informants in this study described how they discovered a whole new attitude towards drug use and drug users through their participation in internet forums: they learnt that being informed, moderate and responsible could co-exist with being a drug user, an idea that challenged pathology models of drug use. There were two different versions of this process that informants described in their personal narratives. On the one hand, new drug users or non-users, who had originally absorbed the anti-drug discourse espoused by mass media, parents and schools, discovered the ethos of harm reduction through their use of internet forums. On the other hand, informants who described their former drug use as excessive and dangerous encountered the harm reduction ethos through internet forums and learnt how to present themselves as informed and moderate drug-using subjects. A third issue noted by informants was the potential for novice users to encounter excessive and dangerous discourses around drugs through internet forums and to uncritically adopt those attitudes themselves, although this transformation was never described in a personal narrative. Group social control in forums was crucial in these processes: drug discussion rules and the existence of moderators who enforced those rules gave confidence to forum members in the merits of informed and moderate drug use, and moderator actions enabled forums to remove content that encouraged excessive drug use. Evidence that further supports the claims made in this paragraph is presented in the final section of this chapter, which examines the symbolic meanings and functions of identifying with the discourse of informed and moderate drug use.

#### ***7.4 Symbolic meanings and functions***

Party drug users employed internet forums as a tool to consume and produce information, but this was only one of the functions of online drug research. As shown

in this chapter so far, the practice of online drug research involved positioning oneself as an informed and moderate drug user. This action also had symbolic meaning and social function. Four intersecting meanings of presenting oneself as an informed and moderate drug-using subject emerged from the interview data: social support, reputation, relief from anxiety, and empowerment. Weaving these themes together was the function of the harm reduction model as normalising ‘responsible’ drug use in the face of the dominant pathology model. Presenting oneself as a responsible drug user challenged dominant discourse around drug users as victims or as sick (pathology discourse), not by rejecting society’s push for self-responsibility (neo-liberalism), but by incorporating it into the ethos of drug use (assimilative normalisation). Almost all of the extracts examined so far in this chapter are examples of assimilative normalisation. Outright rejection of neo-liberalism and embracing pleasure ahead of controlling risks was present only fleetingly in these data. Such transformational normalisation can be found in the discourse of those who reject PMA warnings while privileging its potential to be ‘fun’ (see Section 7.1 Annabel Catt Part 2). I demonstrate examples of these two kinds of normalisation in the following analysis.

#### **7.4.1 Social support**

Presenting oneself as an informed drug user enabled informants to connect with and learn from like-minded others, and to resist the stigma associated with the dominant discourse that condemned any kind of illicit drug use. Extracts from interviews with Jen (Extract 9) and Adam (Extract 10) illustrate two different versions of assimilative normalisation achieved through presenting the self as informed and aligning the self with groups of like-minded others.

##### **Extract 9: Interview with ‘Jen’ – Social support 1**

- 8:32:04 Monica: so, you said in the survey that you had recently learnt how to avoid bad experiences with drugs when reading/participating in online drug discussion
- 8:32:23 Monica: are you able to give me an example of this?
- 8:34:04 Jen: sure ok. i can use this past weekend as an example. Drug was Ecstasy, im unsure if there was anything else in the pill but it was very strong.
- 8:36:03 Jen: so strong in fact that i was pretty much knocked off my feet half an hour after taking it, and i do not remember the night. at one specific point just after it kicked in I sat somewhere and the world was spinning and nothing was how it should be. I started to freak out but because i had spoken to people about it, and read about how to stay safe i was able to calm myself down and go outside where

- 8:36:29 Jen: i told someone how i was feeling. never in the past would i have considered doing that,
- 8:36:49 Monica: glad you were able to tell someone!
- 8:37:13 Jen: yeh, then i fell in the pool while talking to them, was a great night for a swim. :P
- 8:37:32 Monica: lol! as long as you got out ok :)
- 8:38:15 Jen: yeh
- 8:40:03 Jen: basically to sum it up, while on drugs in the past ive never been able to think that there are bad things that can happen and i need to avoid it, ive never cared but because of the people around me (who were all from the forum) and the fact that ive read and heard of so many people experiences i was able to make decisions and judgements with some intelligence rather than just not caring.
- 8:40:18 Jen: i believe thats mostly what kept me safe throughout the night

Jen, 19 years old, was heavily involved in a dance music forum where she spent 30 hours per typical week, had over 5000 posts and was involved in forum moderation. She first tried ecstasy at age 16 and at the time of interview, she reported occasional use of ecstasy, methamphetamine, cocaine, mushrooms, inhalants, antidepressants, and prescription opioids. In this extract, Jen accounts for how she coped with an overdose on a strong pill she believed to be ecstasy. At 8:34:04–8:36:29, she described being able to calm herself down due to the knowledge she had gained from online research and telling others at the party how she was feeling. The story became one of transformation as Jen remarked that ‘never in the past would i have considered doing that’. At 8:40:03, she constructed her past self as ‘never been able to think that there are bad things that can happen and i need to avoid it’ and her current self as ‘able to make decisions and judgements with some intelligence’. In this narrative, Jen highlighted both the social support of the forum community and her ability to ask for help as important aspects of avoiding a bad experience with drugs on that occasion. The story was also one of empowerment and agency, in that Jen presented her past self as not caring and not able to make intelligent decisions while her current self reflected the responsible drug-using subject described and developed throughout this chapter.

In contrast, Adam (Extract 10) was a 34-year-old full-time employee with post-graduate qualifications who had first used ecstasy at age 28. He reported occasional use of ecstasy and methamphetamine. He used drug websites and forums to research drug practices and used dance music forums rarely.

**Extract 10: Interview with ‘Adam’ – Social support 2**

- 10:29:19 Monica: you mentioned in the comments on the survey, that you “often feel alienated by the views on recreational drugs taken by mass media, the government and law enforcement”
- 10:29:27 Adam: yup.
- 10:29:32 Monica: wondering if you had any further comments on that
- 10:30:11 Adam: I guess my drug usage habits don’t really fit with my job, age, family circumstances.
- 10:30:30 Adam: I used to have a network of peers doing the same thing, and then it didn’t matter what people were saying.
- 10:30:57 Adam: Now that the network is smaller, I guess I feel that I have to defend my views / opinions / habits.
- 10:31:55 Adam: I feel that I make a positive contribution in many areas - family, society, work, government. And yet if I take the media commentary about drugs on face value, it feels like they are against my chosen way of life.
- 10:32:14 Monica: it’s a bit of a contradiction, isn’t it
- 10:32:52 Adam: Yeah, you could say that. :-)
- 10:33:06 Adam: What I do doesn’t hurt anybody (except myself I guess). I feel that I should have the choice to do what I like.

I asked Adam if he could comment further on his sense of alienation from mainstream society’s views on recreational drugs (10:29:19). At 10:30:11, Adam began by using the dominant pathology discourse, judging his drug use as inconsistent with his other societal roles. He observed that he had to account for his drug use more often because he was less protected by similarly minded friends (10:30:30–10:30:57). He argued that he made a positive contribution to society despite his ‘chosen way of life’ and that he should ‘have the choice’ to do something that ‘doesn’t hurt anybody’. In this last line (10:33:06) Adam constructed himself as responsible and mature; someone who thinks about the ethical implications of his drug use and has concluded that choices that do not harm others should not be demonised by society. He believed himself to be a good neoliberal subject regarding his family and work life, and in this extract, he argued for his right to choose to use drugs *without losing his good neoliberal status*.

While Jen’s extract showed her transition from careless to responsible drug-using subject, Adam’s extract showed his resistance of the pathology discourse that rejected his style of drug use by appealing to responsibility. My interpretation is that by presenting themselves in this way, both Jen and Adam were able to align themselves with a community that produced and reproduced the harm reduction discourse that supported their drug practices and to benefit from the social support embodied within that community.



## 7.4.2 Reputation

Presenting oneself as an informed drug user had another benefit: one's status or reputation could be bolstered. Chris's story (Extract 11) illustrates how constructing oneself as an informed drug user functioned to increase one's status in online drug-user communities. Chris was a 24-year-old employed university student who spent 15 hours in a typical week using drug forums. He reported first using ecstasy at age 16, and at the time of interview, he reported regular use of a wide range of illicit drugs.

### Extract 11: Interview with 'Chris' – Reputation

- 2:28:11 Monica: how do you think the internet and forums have influenced your drug taking over that time?
- 2:28:31 Chris: influenced it a lot, they really are the best thing that has happened in the drug community
- 2:29:29 Chris: I would research the forums for weeks before attempting a drug/plant that was known to be dangerous or with a narrow effects range
- 2:29:37 Monica: being able to access so many people would be a pretty big step, from just being able to talk to say - friends
- 2:30:16 Chris: yes well that was the best thing, forums made you feel safe and welcomed, *esp[ecially]* if you had new knowledge or could lend a hand to someone new...
- 2:30:48 Chris: it wasn't as if you could spark up a drug related conversation with say workmates or even some friends
- 2:31:32 Chris: but on the forums anonymity made you a little less inhibited and able to talk freely
- 2:32:04 Monica: for sure, there is a sense of community spirit, especially when you get more involved
- 2:33:19 Chris: yes all like minded people, *esp[ecially]* the psychonauts who were really into the neuropharmacology... there was almost a ladder of hierarchy going on for different levels of knowledge
- 2:33:50 Chris: and step by step you moved up and gained respect etc
- 2:34:08 Chris: that was back then.... nowadays, everyone just seems to jump in
- 2:34:21 Chris: with a lot of misinformation
- 2:34:30 Monica: i guess the internet was less widely used years ago
- 2:35:02 Chris: yeah and was widely populated by nerds etc...

In this extract, I asked him to reflect on how internet forums had influenced his drug taking over time. He responded (2:28:31) by broadening the subject to 'the drug community'. Chris argued that forums were the 'best thing' for the community because they offered immunity from mainstream stigma through being welcoming to fellow drug users (2:30:16–2:31:32), and they rewarded the sharing of new knowledge and helping others through a hierarchy of power and respect (2:33:19–2:33:50). In the last part of this extract (2:34:08–2:35:02), Chris's narrative became nostalgic as he remarked on how online forum users no longer respected the

hierarchies of knowledge from yesteryear. As I noted at 2:34:30, the changes Chris described may reflect the increased availability and use of the internet by a growing public. The sense of safety and community structures ('hierarchies of knowledge') became more difficult to sustain in the face of multiple and diverse audiences. As discussed in Chapter Five, some forums responded to this threat to their sense of community and identity by imposing barriers to forum entry, including making the forums semi-private and ensuring new members amassed a certain number of posts before being able to post their own thread.

While Chris described the benefits of being recognised by online community members as a knowledgeable drug user, other informants discussed status or reputation when describing the practices of 'idiots' (see Table 22, earlier in this chapter). Young male heavy drug users were described as intent on gaining 'hero points' for who could present themselves as conquering the most dangerous drug-related challenges, a tendency illustrated in the online interactions around PMA presented in Section 7.1. Informants described others as having a 'strong interest' in drugs; Andrew remarked 'it's their hobby, i guess'. Andrew continued 'if someone finds a new way to get the most out a drug, like codeine from a cold water extraction, then those ppl usually like to share their information :)'. Why are people so keen to share this information? Most informants argued that it was a desire to brag and boast about one's drug achievements that motivated sharing such stories (see Table 14, Section 6.3.2).

These two accounts of status or reputation illustrate that there were (at least) two contrasting sets of values operating in the fieldwork settings: some people valued informed and responsible drug discussion and conduct (assimilative normalisation) and others valued high levels of intoxication in discussion and conduct (transformational normalisation). Respect could be earned through both systems through formal and informal mechanisms. For example, forming intelligent responses with the ethos of harm reduction would be likely to earn formal recognition through earning status as a moderator in a drug forum, whereas presenting oneself as capable of surviving excessive drug binges may earn respect among sub-groups of users who value intoxication over harm reduction, but would be likely to attract formal sanctions from moderators in drug forums and outright bans in most dance music forums.

### 7.4.3 Relief from anxiety

Becoming informed about drugs through online drug research was often associated with relief from anxiety. It was described as comforting to inform oneself of the likely effects of drugs so one generally understood what to expect, especially when trying a new drug or drug practice for the first time. Ben (Extract 12) was a 17-year-old in his last year of secondary school who spent 9 hours in a typical week using dance music and drug forums. He first used ecstasy at age 15 and he reported occasional use of ecstasy, methamphetamine and LSD. In the following extract, Ben describes how online drug discussion assisted him to reduce his anxiety as he experimented with taking higher doses and new combinations of drugs.

#### Extract 12: Interview with ‘Ben’ – Relief from anxiety

- 4:56:05 Monica: you said in the survey that you had recently took higher doses after reading/participating in online drug discussion - can you give me an example of that?
- 4:56:30 Ben: After discussing with a few people
- 4:56:38 Ben: i decided to try 2 pills at once.
- 4:56:51 Ben: and also decided to have LSD and ecstasy simultaneously
- 4:57:38 Monica: and how did that turn out
- 4:58:08 Ben: Well the 2 pills at once first time wasn't much as they were weak anyway. But other times i have double dropped have been really good
- 4:58:19 Ben: and i have candyflipped (lsd + ecstasy) a couple of times now
- 4:58:25 Ben: and i find it great
- 4:58:42 Ben: it reduces some of the anxiety experienced with lsd and makes it much more happier and easy going
- 4:58:53 Monica: for sure
- 4:59:12 Monica: and do you think reading up about it online before hand helped make the experiences work out, or it would have been that way anyway
- 4:59:20 Ben: I think it did
- 4:59:23 Ben: as it set my mind at ease
- 4:59:34 Ben: as a kind of... what could happen
- 4:59:34 Monica: you had a bit more knowledge about what to expect?
- 4:59:37 Ben: yes.
- 4:59:48 Ben: i thought "oh that sounds really good"
- 5:00:02 Ben: and combined the thought that "everything will be fine" with just letting go and being with mates
- 5:00:08 Ben: it turned out perfectly

In the first part of this extract (4:56:30–4:58:42) Ben presented two of his most recent experiences with drugs as success stories. After I asked him to reflect on the role of online drug discussion in these events (4:59:12), he focused on the

reduction in anxiety ('it set my mind at ease') achieved through an understanding of what to expect from the new drug experiences ('as a kind of... what could happen') (4:59:20–4:59:34). In Ben's narrative, reading about other people's experiences with drugs through online forums enabled him to 'let go' of his anxieties and enjoy the experience with his mates (4:59:48–5:00:08). In this account, being informed about drugs not only enabled Ben to take action to reduce drug risks—being informed functioned to reduce the stress and anxiety associated with not knowing what to expect from a new drug experience. Similarly, knowing what to expect was one reason informants were keen to find out about the content and purity of ecstasy pills (see Chapter Six). Indeed, later in his interview, Ben stated that 'the whole mystery of contents puts a bit of strain on your mind'. Informants seeking relief from anxiety through becoming more informed about drugs were also trying to exert more control over the outcomes of their future experiences.

Some informants noted that this tendency could be overdone and could result in becoming overly concerned about avoiding harms and controlling the experience. For example, Lisa noted that '*[drug forum]* actually makes one so neurotic about "doing everything perfectly" that it's not as fun', and in Kyle's interaction with me, he rejected the importance I placed on the content and purity of ecstasy pills when he insisted that 'they're just pills' and compared them to icecream. One interpretation of these interactions is that Lisa and Kyle were attempting to transform the values of harm reduction by resisting its focus on risk reduction. The 'mystery' of drugs was a source of anxiety to some while being a distraction from pleasure and 'letting go' for others. The former used online drug research to facilitate redefinition of drug use as responsible while the latter rejected the focus on responsibility because it got in the way of fun and pleasure. Both approaches represent attempts at assimilative and transformational normalisation, respectively.

#### **7.4.4 Empowerment**

The ability to construct oneself as an informed and moderate drug user (and good neoliberal subject) enabled informants to claim agency and power in their narratives. Lisa (Extract 13) was a 25-year-old full-time university student who spent 12 hours in a typical week using drug forums. She reported occasional use of methamphetamine, cocaine, prescription opioids and benzodiazepines and was a

former ecstasy user. Lisa was the only interviewee who reported a history of drug injection (methamphetamine; she had never tried heroin). In the following extract, Lisa's story of how she learnt to inject can be read as a narrative of empowerment, with internet forums playing a key role.

**Extract 13: Interview with 'Lisa' – Empowerment**

- 2:20:07 Monica: perhaps if you could tell me how you decided to inject - the story of that - and how the forums or internet was involved?
- 2:22:16 Lisa: Okay well it was actually totally out of the blue. I had never ever met an injector or even heard of friends of friends doing it - I'd never even considered the possibility in my whole life. It just didn't occur to me. But I was in (new) relationship with this guy, I knew he did drugs but we never seemed to do them together. One night he told me he Ived, which explained a lot! He never did....
- 2:23:33 Lisa: drugs with anyone else because he always did it privately in the bathroom. I didn't think anything of it at the time, but a few days later I was totally bored and asked him to inject me. He said to let him think about it; I didn't think he'd say yes (since a few days prior he said he would never ever inject somebody else) - but he did
- 2:24:58 Lisa: I didn't think I would do it more than once; it was just a curiosity thing. But for the next few months it became a part of our relationship - I'm not sure how often he would inject me. Not extremely often. Once every few days, no more than twice in one day. Sometimes I'd go a week without any.
- 2:25:23 Monica: \*nods\*
- 2:25:44 Lisa: I told myself (i think everyone does this!) that if I didn't learn self-injection, I'd "never get addicted". Plus he'd been doing it for years so he was really good at it and it seemed really difficult.
- 2:26:50 Lisa: But when it became clear we were going to break up I taught myself - this is when I started researching it on the internet, looking for vein maps, joining [*drug forum*], etc etc. I downloaded AS MANY manuals as I could; I didn't want to just trust one.
- 2:28:10 Monica: did you end up getting him to teach you in person as well or just learnt to do it yourself with the materials you found?
- 2:28:25 Lisa: I learned to do it myself
- 2:28:57 Monica: thanks for the story by the way - it's certainly something i've seen before, where people seem to be taking their drugs separately, and until you ask the question of why, it can just not occur as to what might be happening!
- 2:29:13 Lisa: Yeah exactly!
- 2:30:32 Monica: so... when you went ahead with your research, was it easy to find what you needed? was there any contradictions in the materials? or was it all fairly clear
- 2:32:17 Lisa: It was quite easy to find what I needed, but I think I was searching for something in "particular", which I spent many hours/days looking for. I wanted the advice of people who were both (1.) users (2.) super intelligent and who had extensively researched IV drug use themselves. They can seem to be mutually exclusive. A lot of the guides seem to be written by people who haven't actually been IV users themselves.
- 2:32:33 Lisa: I had to trawl [*drug forum*] to try and find the exact hints I was looking for.

The way Lisa accounted for her initiation into injection was inconsistent with accounts of other informants about how they began using ecstasy or LSD. Lisa's account constructed her injecting drugs as not a planned experience, but the result of

a spontaneous curiosity that hinged on her relationship with her boyfriend. Neither her nor her boyfriend were constructed as responsible for how she began injecting: her boyfriend initially said he would ‘never ever inject somebody else’ and she ‘didn’t think I would do it more than once’. Lisa then accounted for not learning to inject herself while with her boyfriend as a method of insuring against getting ‘addicted’ and because it ‘seemed really difficult’. Up to this point in the extract, Lisa had constructed herself as dependent upon her boyfriend and as not really controlling the situation. At 2:26:50, this self-construction changed as Lisa described how she used the internet to teach herself how to inject so that she could continue to do so after she broke up with her boyfriend. She stressed her credentials as an informed drug user by telling me that she downloaded ‘AS MANY manuals’ as she could and that she didn’t just trust one source of information. At 2:32:17–2:32:33 she elaborated on her strategy to seek advice from injecting drug users who were ‘super intelligent’ and how she had been successful at locating this kind of information through online forums, although it took ‘many hours/days’. Manuals instructing in safer drug injection would have otherwise been difficult to access, especially considering that Lisa was not part of social networks that contained other injectors. For Lisa, becoming an informed user through online drug research empowered her: she did not need to rely on her boyfriend anymore and she could decide to inject on her own terms. Conducting online research into injecting played a critical role in her transformation from being passive to having power over her own future, at least when it came to her relationship and her drug use. Her online research also contributed to her continued injecting through enabling her to teach herself a viable technique.

Empowerment and self-confidence were also evident in other informants’ accounts and can be seen across the other three meanings and functions of being an informed drug-using subject: social support, reputation, and relief from anxiety. Firstly, informants seeking social connections and validation were empowered from being able to commune with like-minded others. Secondly, reputation and status in online forum communities and in real-life friendship groups empowered informants and raised their self-confidence. Thirdly, a reduction in anxiety enabled informants to feel more control over their drug use and more confident in themselves.

## **Conclusion**

The discourse of informed drug use described in this chapter constructs and positions the drug-using subject as responsible for self and others, mature, and able to successfully negotiate a balance between the pleasures and harms of drug taking. This discursive resource is used extensively by informants to present their drug use as acceptable while still constructing other kinds of drug use as problematic. Through the use of risk neutralisation and narratives of transformation, informants presented themselves in a favourable way. Group social controls in forums shaped the discourses available to forum members and were used to emphasise the harm reduction ethos as the dominant discourse in that space, while drug users favouring intoxication and rejecting the focus upon risk reduction engaged in a counter-discourse privileging pleasure. Being an informed drug user enabled informants to feel a sense of belonging and access social support, gain respect or positive reputation, reduce anxiety associated with drug ‘mysteries’, and claim self-confidence and a sense of empowerment.

This chapter has demonstrated how forum users constructed their own identities in the face of the stigma attached to the drug user identity. While the interview extracts used in this chapter worked to construct the interviewee as informed and responsible, the narratives criss-crossed the (socially constructed) online and offline divides. That is, some informants focused on presenting themselves as informed drug users in their online worlds while other informants described how their online interaction enabled them to present themselves as informed drug users in their offline worlds. The final results chapter of this thesis aims to better understand this intersection of internet forums with ‘real life’.

## **8 Drugs on and offline: the internet in everyday life**

In Chapter Six we saw how information consumed and produced through internet forums was translated into the material or embodied practice of drug taking. In Chapter Seven, online social interactions were shown to be not only instrumental for online drug research, but also imbued in symbolic meaning and serving social functions for informants: meanings and functions that mattered in ‘real life’ worlds as much as in online worlds. This final results chapter explores the integration of internet forums with material or embodied social worlds, or how internet forums are integrated into (offline) social life.

To begin this chapter, I introduce the second key event which tracks how tabloid media used discussions from an internet forum as part of their reporting on overdoses that occurred at the Ultraworld dance event, and how the forum users responded to what they understood as ‘wrong’ and ‘shoddy journalism’. Then, I examine the claim that anonymity afforded by the internet enables people to freely discuss their drug use by showing how active engagement in public drug discussion is related to the use of pseudonymity. This analysis contributes to understanding the integration of internet forums into ‘real life’ because forum users’ understandings of public visibility and protection by pseudonymity shape the extent to which they embrace convergence of online and offline social worlds. I then show how the convergence of online and offline networks is resisted and/or embraced by party drug users. In order to provide a comprehensive response to the research question ‘how has the use of public internet forums shaped party drug practices?’, I describe and explore the extent of integration between online and offline social networks. This chapter concludes with an analysis of the consequences of converged on and offline networks for drug practices via expanded access to party scenes and party drugs.

### **8.1 *Ultraworld at Kryal Castle***

#### **8.1.1 Description of the event**

Kryal Castle, a medieval theme park in Ballarat, Victoria, had been the setting of many dance music festivals since 1996 (McArthur, 2007; Walliker, 2007b). The Ultraworld Festival of December 2007 became the last dance event to be held there, following 14 drug overdoses, including 3 requiring intensive care. It was reported



that GHB and methamphetamine were the main problem drugs at the event (“Drug overdoses”, 2007; Houlihan, 2007) and that the overdoses had put an unacceptable burden on the already stretched Ballarat Health Service (“Drug overdoses”, 2007; “Raves tie up”, 2007; McArthur, 2007). A public debate ensued about the safety of ‘raves’: whether they should be banned or the subject of much more stringent regulation.<sup>35</sup> The local drug-user group claimed that an unnecessarily large police presence led to people taking their drugs all at once rather than risking confiscation and arrest (“Rave raid”, 2007; Crawford & McArthur, 2007). The police dismissed this claim as ‘ridiculous’: they could not be blamed if people were ‘stupid’ enough to take all their drugs at once (“Rave raid”, 2007; Crawford & McArthur, 2007). Meetings were held between the owners, promoters, police, health organisations, the local council and the Victorian Civil and Administrative Tribunal. To begin with, the local council negotiated more stringent regulations on the promoter and venue, while the Ballarat Health Service continued to push for such events to be banned (Walliker, 2007b, 2008a). After further mediation, Kryal Castle was banned from hosting dance events due to the disproportionate demands the events placed on local emergency services (Binnie, 2008).

The Herald Sun youth reporter Annalise Walliker filed a report that caused controversy within different dance music forums (Walliker, 2007a, see Extract 14). Walliker named her source as the forum [inthemix.com.au](http://inthemix.com.au) (ITM) and the rest of her article consisted of direct quotations from the ITM Ultraworld thread where people had posted comments about their experiences at the event. ITM usernames were quoted in most cases, but in others, Walliker gathered the full names, ages and genders of ITM contributors through their profiles and other linked information, probably through linked social network sites (Hardaker, 2007). The article represented Ultraworld as an entirely negative experience and indicated that ‘ravers’ themselves had also been upset by the high level of drug problems at the event. This perspective was considered sensationalist and biased by ITM members (Hardaker, 2007) and across the numerous forums where the article was discussed.

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<sup>35</sup> The mainstream press referred to the Ultraworld event as a rave and its attendees as ravers, whereas online forum members and promoters referred to it as an event or festival. See also Siokou and Moore (2008, p. 53).

**Extract 14. 'Night of bad vibes' by Annalise Walliker**

Party-goers from last weekend's Ultraworld Festival at Kryal Castle described the rave party as terrifying and vowed never to return.

Ravers blamed the high price of alcohol and people taking the drug GHB, also known as G or liquid fantasy, for the high number of overdoses on Saturday night.

More than 20 Victorians who attended the weekend dance party slammed the event on dance music website [inthemix.com.au](http://inthemix.com.au), after watching paramedics treat dozens of drug takers.

"This was a disgrace," said 19-year-old Sam from Drysdale, also known as DJ Practice.

"Never have I felt so unsafe and scared in my life due to the horrid crowd.

"Just didn't feel safe with all the angry drug-affected people charging past me when I was trying to dance."

Lisa Knight, 45, from Alphington, said she was upset by the event.

"I was extremely disappointed to see people being carried virtually unconscious to ambulances," Ms Knight said.

"I saw four in a relatively short space of time and it really did my head in.

"Having to watch idiots being tackled to the ground by security guards was quite upsetting."

Shepparton's djrabbi and his wife left at 1am, shocked by how many people had collapsed.

"Shame on this event. For the five hours we were there . . . we saw seven blowouts (overdoses)," djrabbi said.

"Two girls got taken to hospital. Both got put on a drip. Who knows how many more. Never again!"

Forum user aydo said he wouldn't be going back to Kryal Castle.

"One of these years I can see something seriously bad happening there so (this year) will def be my last!"

Some said that the exorbitant price of alcohol had deterred party-goers from having a legally good time.

Ralph Wiggum reported slabs of Smirnoff spirit-based drinks were selling for \$240, and cans of spirits for \$10.

Strobe lights and lasers also caused dancers to suffer epileptic fits.

"Early in the night I received a fright by feeling a massive thud next to where I was dancing, and looked to see a young lady collapsed on the ground, although it seemed to be just an epileptic fit," annandin said.

Lloyd B said the rave party was frightening.

"I saw a trio of young guys absolutely drenched in their own sweat, twitching and talking s--- to anybody and everybody," he said.

"It was actually a bit frightening to be around, seeing as one of them was six foot-something and constantly making erratic movements."

Source: Herald Sun, 2007, December 11. Copy no longer available online.

A month later, as the discussions about the future of Kryal Castle as a festival venue were underway, Walliker wrote another article which directly quoted a message from promoter Richie McNeill that he had posted on ITM as richierich, his DJ name (Walliker, 2008b). Richie wrote that he had cancelled the next scheduled event because the risk of GHB (G) overdoses ruining the party was too high. While he said he did not condone the use of ecstasy or MDMA (E), he wrote that he “would prefer for that minority to be taking something like E instead of G, as G has caused more ODs in one weekend than ecstasy has over 200 events I have held with close to 500,000 attending them” (Walliker, 2008b, online). Walliker brought Richie’s comments to the attention of Ballarat Health Service representatives who were outraged at what they saw as the promoter’s encouragement of ecstasy use and who reiterated that *all* illicit drugs were harmful and that promoters should be forced to pay for all costs associated with treating drug users and overdoses (Walliker, 2008b).

### 8.1.2 Forum user reactions

The Herald Sun’s reporting of Ultraworld outraged many attendees who used the online forums to vent their frustrations. The first issue of concern was how the article ‘Night of bad vibes’ was produced: solely from the use of online forum content. Forum members condemned this journalism technique as ‘lazy’ or ‘shoddy’ and the journalist as a ‘hack’. Forum content was described as an unreliable information source for news reports because anyone could say anything they liked due to their anonymity, and furthermore, many of the quotes that comprised ‘Night of bad vibes’ were seen by the ITMers as taken out of context or misinterpreted. While forum content was generally understood to be anonymous to community outsiders, it was clear from several of the quotes in this article that information about the author’s ‘real life’ identity was traceable. Forum users were particularly concerned at how the journalist obtained further details about their identity that were not listed as part of their profile:

djrabbi            What the fuck i cant believe they took what i said and chucked it in the paper ... Would of loved to know how they knew i was from shepparton when i dont have them details on inthemix  
hmmmmmmmmmm...

In the case of *djrabbi*, identifying information was linked to his forum persona from his MySpace page. Many forum users reported that they felt uncomfortable about pseudonymous forum users being used as sources and others expressed their belief

that it was not legal for journalists to quote forum members directly without their permission.

sillyclimber Does it seem a little wrong that a pseudonym on a forum can be used as a source? I can just see journalists creating ITM accounts and making up bollox to support their stories.

*skattakid* went as far as quoting the Australian Journalists Association Code of Ethics, part 8, as evidence.

skattakid Ok, even if someone posts their opinions on a public forum, does that give the media right to print it without the original authors knowledge?

"Use fair, responsible and honest means to obtain material. Identify yourself and your employer before obtaining any interview for publication or broadcast. Never exploit a person's vulnerability or ignorance of media practice."

Others argued that the forums were public and that people had to accept that they could be quoted and think a bit more before posting their opinions if they could be used against them.

hoptis While it's shoddy journalism, it's not a new trend for newspapers to be quoting forum posters. Fact is your public comments can be read by everyone so keep that in mind next time you talk about the drug use you see at certain parties and consider how it reflects on promoters.

The second issue was the partisan or sensationalist style of the coverage: only online forum content that portrayed the festival as negative was reproduced. In one example, Walliker wrote that 'Strobe lights and lasers also caused dancers to suffer epileptic fits' and quoted forum member *annandin*: 'Early in the night I received a fright by feeling a massive thud next to where I was dancing, and looked to see a young lady collapsed on the ground, although it seemed to be just an epileptic fit', leaving off from the original quote 'and the girl's boyfriend and the medical staff at Kryal handled the situation very well'. Forum users disputed the claim that the strobes caused the fit and were outraged by such assumptions:

magictorch I've had an epileptic seizure in a club before and it was not caused by lasers or strobe lighting. ... If some hack of a journalist said someone had a seizure because of drugs or because of lasers or strobe lighting and I knew they were talking about me, I'd complain to the highest authority I could. They shouldn't make assumptions like that, it's not fair.

Forum discussants were particularly upset about the article only mentioning the negative opinions. Many enjoyed themselves at the festival and did not notice the drug overdose problems (14 overdoses from 5000 attendees is indeed a small proportion), and others suggested that it was the presence of police with sniffer dogs that led to overdose. These views were not represented by the Herald Sun.

In response to being quoted in the Herald Sun, ITMers began taking their own online action directed at the journalist Annalise Walliker. They downloaded images of her from her MySpace account, photoshopped them and posted them to the thread. One forum member even went to the effort of mocking up a fake Herald Sun newspaper article allegedly written by Walliker with the title ‘Dance music forum a platform for hate and scare mongering’ in an imagined response to their photoshopping and threads about holding a ‘rave’ at Herald Sun ‘HQ’. ITM administrators removed offensive and slanderous images and content due to concern about News Limited (owner of the Herald Sun) taking legal action against the site.<sup>36</sup>

Before Annalise Walliker exposed comments made by Hardware’s promoter in the context of ITM to the mainstream press and Ballarat Health Services (BHS), the Kryal Castle festivals were set to continue, albeit under more stringent safety conditions. BHS representatives were outraged by Richie’s comments and the way they were portrayed in the Herald Sun article as encouraging the use of one illicit drug instead of another. It hardly mattered that Richie’s observations were sound—the risk of overdose on GHB *is* much greater than the risk of overdose on ecstasy. By not firmly denouncing the use of all illicit drugs (the dominant pathology discourse), the promoter had made it much more difficult to negotiate a settlement that would allow Kryal Castle festivals to continue. By having the conversation in a public online forum, he was unable to limit his audience to event attendees only.

While not definitively shown from these data, it is likely that the opinions expressed in the public online forums directly affected the deliberations between Kryal Castle stakeholders that led to the banning of ‘raves’ after Ultraworld. The shock expressed by forum members after their words were used out of context for purposes they did not endorse demonstrated that the scope of their imagined audience excluded people who were not part of their community, such as mainstream newspaper reporters. The Ultraworld case reflects the ongoing tensions between separate online and offline lives on the one hand and converged online/offline lives on the other. These tensions have specific repercussions for people who talk about drugs online which are explored in the remainder of this chapter.

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<sup>36</sup> Later in 2008 when I searched for the journalist’s name on Google, a notice from Google indicated that some content had been removed from the search for legal reasons.

## **8.2 *Managing participation in public drug discussion***

In discussions about the growing importance of the internet for understanding illicit drug use, the potential to present oneself anonymously so one can talk freely about one's own drug use is often emphasised. For example, anonymity is described as a crucial reason why web-based surveys are well suited for questioning people about their drug use (Miller & Sønderlund, 2010; Nicholson, et al., 1998; Stetina, et al., 2008). As reviewed in Chapter Three, anonymity is considered important because it provides immunity to people who are concerned about potential social stigma and legal/criminal ramifications of revealing illicit or stigmatised behaviours and identities and enables the building of social support groups based upon stigmatised identities. Following from this research, drug users are understood to use the internet to communicate about drugs because anonymity enables them to remain immune to social stigma as well as the legal consequences of being identified as a drug user in their everyday lives. In support of this claim, informants described anonymity and associated immunity from social stigma as major advantages of online drug discussion when compared to talking about drugs in their offline worlds (see Chapter Six). In this chapter, however, I problematise this claim by demonstrating the different ways informants managed the risks of discussing drugs in public forums.

### **8.2.1 *Risks associated with visibility***

Twenty-six informants who completed online interviews were asked to reflect upon the risks of online drug discussion, and to describe any strategies they used to reduce risks when they engaged in drug discussion in public internet forums. The risks they described resulted from public visibility and comprised mainly of legal risks, as well as social, employment and general risks associated with the future use of online drug discussion (see Table 23).

Two specific legal risks were described: police and/or other official organisations monitoring internet forums for information that could lead to drug-related arrests, and the potential for entrapment if informants interacted with a stranger through an internet forum. The potential for social sanctions should friends, family and/or employers find out about the forum user's drug use through monitoring their activities on internet forums was discussed, and a few informants noted that 'posts are forever' and the risks to them from discussing drugs could potentially

**Table 23. Risks associated with public online discussion of illicit drugs**

Category / sub-category	N	Illustrative example
Legal	21 <sup>a</sup>	
Monitor and arrest	16	I know the authorities would be stupid to not monitor sites like this, and while they won't be knocking my door down I don't want to risk causing someone to be busted or investigated. (Pia)
Entrapment	3	I feel the biggest risk is authorities pretending to be involved in discussion and then following it up in real life (Chris)
Social	7	Your work can see it your friends and family, the government *cue paranoid conspiracy theory* its all out there to be googled. (Kat)
Employment	4	People have lost jobs etc by being flippant with what they advertise on their facebook and myspaces (Lisa)
Future	3	Posts are forever. The government may change; may become much more extreme. ... A more strict government may retrospectively prosecute drug use. (Adam)
'Not really worried'	15	
'Small fish / big fish'	10	police are smart, they chase bigger fish than the end users :) (Andrew) the cops arent after people like me.. theyre after the major distributors & manufacturers (Nathan)
'Nothing to hide' and/or 'Don't mind if people know I use drugs'	5	im not doing or talking about anything that could get me into trouble with the law (Kyle) i dont have a problem really if someone on the internet finds out its me thats saying those things. i dont mind ppl knowing about my drug experiences (Brooke)

Source: 24 online interviews with internet forum users in 2008.

<sup>a</sup> Includes two cases discussing legal risk not categorised as either monitoring or entrapment.

increase in the future. While risks of online drug discussion were identified by almost all informants, around half indicated that they were generally not concerned about these risks. Most of those who were 'not really worried' about the risks of online drug discussion believed that authorities were targeting dealers and 'bigger fish', not 'users' such as themselves. Others were not worried because they believed they were 'doing nothing wrong' because they were never in possession of drugs for long enough to risk being caught and believed that legal risk only existed for people who were currently in possession of drugs. Others simply stated that they 'didn't mind if people knew' they took drugs.

Attitudes towards the visibility of public online discussion and the chance of drug users being targeted by authorities were also measured through the online survey. Respondents were asked to what extent they agreed or disagreed with the statement 'police monitor online forums to gather evidence for drug-related arrests'.

**Table 24. Characteristics of respondents who agreed with the statement ‘Police monitor online forums to gather evidence for drug-related arrests’**

Variables <sup>a</sup>	Agrees		Disagrees		Crude Odds Ratio (OR)		Adjusted OR	
	N = 349		N = 73		OR	95% CI	aOR	95% CI
	n	%	n	%				
Sex (male)	255	73	51	70	1.17	0.67–2.03	1.10	0.63–1.93
Age								
16–20	128	37	24	33	1.19	0.64–2.23	1.33	0.67–2.65
21–25	118	34	26	36	1.01	0.55–1.88	1.06	0.56–2.03
26+	103	30	23	32	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	83	24	13	18	1.17	0.56–2.43	1.20	0.52–2.75
Standard (11–50 batches)	140	40	37	51	0.69 <sup>^</sup>	0.39–1.23	0.78	0.43–1.44
Experienced (51+ batches)	126	36	23	32	1.00		1.00	
Frequency of party drug use								
Weekly or more often	62	18	13	18	1.02	0.50–2.09		
Monthly to fortnightly	151	43	31	42	1.04	0.60–1.81		
Less than monthly	136	39	29	40	1.00			
No. drug types ever used								
Low (1–5)	59	17	9	12	1.82 <sup>^</sup>	0.84–3.92	1.70 <sup>^</sup>	0.75–3.82
Standard (6–11)	184	53	51	70	1.00		1.00	
High (12–19)	106	30	13	18	2.26 <sup>*</sup>	1.18–4.35	2.29 <sup>*</sup>	1.15–4.55
Highest forum status								
Lurker	55	16	17	23	1.00		1.00	
Member with < 300 posts	102	29	21	29	1.50	0.73–3.08	1.56 <sup>^</sup>	0.75–3.24
Member with 300 + posts	116	33	22	30	1.63 <sup>^</sup>	0.80–3.31	1.59 <sup>^</sup>	0.77–3.29
Moderator/Administrator	76	22	13	18	1.81 <sup>^</sup>	0.81–4.03	1.66 <sup>^</sup>	0.72–3.81
7 or more hours per week								
Online forums	124	36	21	29	1.37	0.79–2.37		
Social network sites	106	30	22	30	1.01	0.58–1.75		
Forum type used								
Drugs	166	48	35	48	0.98	0.59–1.63		
EDM	189	54	38	52	1.09	0.66–1.80		

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; <sup>^</sup>  $p < 0.25$ .

Source: 422 online survey respondents in 2007-08

<sup>a</sup> Multivariate model includes sex, age and all variables with crude OR with  $p < .25$ . Model predicts people who agreed with the statement ‘Police monitor online forums to gather evidence for drug-related arrests’

The majority of the sample (442; 59%) agreed that police monitor forums, 202 (27%) remained neutral, and 100 (13%) disagreed (N = 744). After excluding incomplete cases (120), logistic regressions were conducted to compare the characteristics of those who agreed (349) with those who disagreed (73; Table 24). Demographic and



**Table 25. Characteristics of respondents who agreed with the statement ‘Authorities don’t usually follow up evidence of low-level drug offences’**

Variables <sup>a</sup>	Agrees		Disagrees		Crude Odds Ratio (OR)		Adjusted OR	
	N = 219		N = 220		OR	95% CI	aOR	95% CI
	n	%	n	%				
Sex (male)	181	83	149	68	2.27 ***	1.45–3.56	2.19 **	1.38–3.47
Age								
16–20	76	35	79	36	1.04	0.65–1.65	0.69 ^	0.40–1.17
21–25	79	36	72	33	1.18	0.74–1.89	0.93	0.57–1.53
26+	64	29	69	31	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	56	26	34	15	2.09 **	1.23–3.55	1.93 *	1.03–3.65
Standard (11–50 batches)	93	42	97	44	1.22	0.80–1.86	1.17	0.73–1.86
Experienced (51+ batches)	70	32	89	40	1.00		1.00	
Frequency of party drug use								
Weekly or more often	38	17	46	21	0.74	0.44–1.27		
Monthly to fortnightly	100	46	101	46	0.89	0.59–1.36		
Less than monthly	81	37	73	33	1.00			
No. drug types ever used								
Low (1–5)	44	20	32	14	1.20	0.71–2.03	1.09	0.62–1.91
Standard (6–11)	128	58	112	51	1.00		1.00	
High (12–19)	47	21	76	34	0.54 **	0.35–0.84	0.54 *	0.33–0.87
Highest forum status								
Lurker	36	16	45	20	1.00		1.00	
Member with < 300 posts	63	29	69	31	1.14	0.65–1.99	1.22	0.69–2.17
Member with 300 + posts	79	36	63	29	1.56 ^	0.91–2.71	1.75 (*)	0.98–3.13
Moderator/Administrator	41	19	43	20	1.19	0.65–2.20	1.38	0.72–2.64
7 or more hours per week								
Online forums	77	35	72	33	1.11	0.75–1.66		
Social network sites	65	30	70	32	0.90	0.60–1.36		
Forum type used								
Drugs	104	47	104	47	1.01	0.69–1.47		
EDM	124	57	116	53	1.17	0.80–1.70		

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: 439 online survey respondents in 2007-08

<sup>a</sup> Multivariate model includes sex, age and all variables with crude OR with  $p < .25$ . Model predicts people who agreed with the statement ‘Authorities don’t usually follow up evidence of low-level drug offences’.

forum use characteristics were similar between the respondents who agreed and disagreed with this statement. People who agreed with the statement were more likely to have used 12 or more drug types in their lifetimes (30% vs. 18%; OR = 2.26 [1.18–4.35]) and this association persisted in the multivariate analysis.

Survey respondents were also asked to what extent they agreed or disagreed with the statement ‘authorities don’t usually follow up evidence of low-level drug offences’. Equal proportions of the sample agreed (283; 38%) and disagreed (288; 38%), while 182 (24%) cases remained neutral (N = 753). After excluding incomplete cases (132), logistic regressions were conducted to compare the characteristics of those who agreed (219) with those who disagreed (220; Table 25). People who agreed were more likely to be male (83% vs. 68%; *OR* = 2.27 [1.45–3.56]) and to be novice ecstasy users (26% vs. 15%; *OR* = 2.09 [1.23–3.55]). People who agreed were also significantly less likely to have used 12 or more drug types in their lifetimes (21% vs. 34%; *OR* = 0.54 [0.35–0.84]). These associations persisted in the multivariate model.

A cross-tabulation of agreement with both statements (Table 26) showed a similar pattern to the qualitative data. That is, the most common combination of responses (28%) was to agree that police monitor forums and to disagree with the statement ‘authorities don’t usually follow up evidence of low-level offences’ (positively worded: authorities *do* follow up low-level offences). The second most common combination (21%) was to agree that police monitor forums but to also agree that authorities do not usually follow up evidence of low-level offences. Thus, while most forum users were aware of the public nature of online drug discussion and the potential for police to monitor forums, a significant number did not see their

**Table 26. Cross-tabulation of police monitoring forums and authorities following up on low-level drug offences**

		Authorities <b>don't</b> usually follow up evidence of low-level drug offences			Total
		Disagree	Neutral	Agree	
Police monitor online forums to gather evidence for drug-related arrests	Disagree	29 (4%)	13 (2%)	58 (8%)	100 (14%)
	Neutral	46 (6%)	87 (12%)	66 (9%)	199 (27%)
	Agree	201 (28%)	78 (11%)	149 (21%)	428 (59%)
	Total	276 (38%)	178 (25%)	273 (38%)	727 (100%)

Source: 727 online survey respondents.

activities as attracting such attention. According to the regressions, males and novice drug users were more likely to dismiss the risks of being watched by authorities in public internet forums.

### **8.2.2 Hiding drug use(rs)**

Almost all informants who completed online interviews mentioned employing strategies to reduce the risks of discussing drugs in public online forums, including most informants who were ‘not really worried’ about the risks (Table 27). Informants described reducing risks by both avoiding drug discussion in public internet forums and participating in such discussion in less risky ways. Most of those who avoided drug discussion in public forums used private online communication modes to discuss drugs: including both one-to-one (instant messaging, private messaging) and one-to-many (non-public-access forums) communication modes. Two informants said they only discussed (incriminating) drug matters face-to-face. Nevertheless, most of the sample did engage in some drug discussion in public online forums, and they attempted to reduce the risks of these discussions by masking personal identifiers, not incriminating themselves, discussing drugs infrequently and following the forum drug discussion rules.

Table 28 shows the different approaches informants used to manage their identity and anonymity when discussing drugs in public internet forums. Avoiding the sharing of identifying information—such as their full name and suburb, as well as the names and contact details of friends and dealers—was a commonly mentioned strategy, although some informants described revealing their names and locations through public online forums. Managing the use of pseudonyms to reduce the risks of online drug discussion was also described. While some informants described striving to keep different parts of their lives separate (‘I don’t even like my real-life friends to know what my account names are’), for other informants, the opposite was the case (‘My forum name is definitely connected with my real life’). Similarly, while some informants employed different usernames when signing up to new forums, others used the same identity across forums. A few informants described the use of Tor (anonymity network) and guest or anonymous accounts to prevent authorities from potentially identifying them through internet traffic analysis.

**Table 27. Strategies to deal with risks of online drug discussion**

Category / sub-category	N	Illustrative example
Avoids drug discussion in public online	9	
Private online	7	msn as long as i know the person im pretty easy going with what is discussed (Caleb)
Offline	2	no its usually not online in any form. face to face or nothing on wires (Evan)
Discusses drugs in public online	23	
Masking personal identifiers	19	im pretty ok with most stuff as long as it doesnt have my name attached (Nathan)
Does not incriminate self	15	i never go into great detail, and i never discuss current or future usage (Georgia)
Follows forum rules	4	Mods also remove anything that would potentially put someone at risk of the law (Ben)
Discusses drugs infrequently	3	I don't tend to post much (Adam)

Source: 24 online interviews with internet forum users in 2008.

**Table 28. Managing identity / anonymity in online drug discussion**

Category / sub-category	N	Illustrative example
Personal details	14	
Avoids sharing identifying information	13	obviously common sense comes into it, no names, no source locations (Kyle)
Provides name and suburb	2	i dont mind revealing my name or my location, like the suburb i live in (Brooke)
Managing pseudonyms	11	
Strives to 'keep worlds separate'	3	I don't use my real name or any identifying features. I don't even like my real-life friends to know what my account names are. Two worlds colliding! (Lisa)
Pseudonym linked to 'real life'	5	My forum name is definitely connected with my real life. ... If I were to feel the need to post seriously about drugs on either forums I would probably register a different name. (Pia)
Uses multiple pseudonyms	2	i normally set up a new email for each new forum and make a new user name (Brooke)
Same pseudonym across online settings	2	my <i>[pill reports]</i> username is the same as my <i>[dance music]</i> username ... someone who read both might spot it (Caleb)
IP masking	4	
Tor (anonymity network)	3	use a browsing protection tool (like tor), and you should be even better off (Finn)
Guest or anonymous accounts	2	if someone wanted to ask a question and they were particularly worried most forums have the ability to ask questions as a Guest (Tracey)

Source: 19 online interviews with internet forum users in 2008.

Strategies to reduce self-incrimination when discussing drugs in public internet forums included limiting the scope and the specificity of discussions and images (Table 29). Drug use was described as less dangerous to discuss than dealing and supply, while discussion of past experiences was considered less dangerous than referring to present or future use. Other informants described limiting the specificity of drug discussion by using vague language, code words and the third person to describe their own experiences (e.g., use of the acronym **SWIM** or someone who isn't me). One informant mentioned avoiding risk when posting images of drugs by photographing small amounts and excluding any identifying information from the image.

**Table 29. Strategies used to reduce self-incrimination in online drug discussion**

Theme/category	N	Illustrative example
Discuss use but not supply/dealing	9	I'm generally for discussing experiences, but not for the discussing of acquisition. That would be rather ridiculous in my opinion (Richard)
Discuss past but not present/future	4	I also don't mention if I'm planning on consuming certain things at events or parties (Pia)
Language – vague, use of code words	8	ill talk about it, but not in a way that can easily be pieced together by anyone other than those who the comments are for (Jen)
SWIM (Someone who isn't me)	3	i know even a few forums that choose to put "SWIM" in place of "I" (Kyle) SWIM still has around 600mg crude extract left which he plans to clean with acetone and evaporate and ingest pure mescaline (Finn)
Managing images	1	If im posting a picture of what i have, ill make sure im not in it and if i have like, a large sheet of <b>acid</b> or something ill break off just a few and take a picture of that. (Marcus)

Source: 15 online interviews with internet forum users in 2008.

Attitudes towards the effectiveness of pseudonymity for reducing legal risk were also measured through the online survey. Respondents were asked to what extent they agreed or disagreed with the statement 'discussing drugs online using a pseudonym carries almost no legal risk'. Nearly half of the sample (352; 48%) disagreed, one quarter (189; 26%) agreed, and the remainder (200; 27%) remained neutral (N = 741). After excluding incomplete cases (119), logistic regressions were conducted to compare the characteristics of those who agreed (144) with those who disagreed (278; Table 30). A median test found that respondents who agreed with

**Table 30. Characteristics of respondents who agreed with the statement ‘Discussing drugs online using a pseudonym carries almost no legal risk’**

Variables <sup>a</sup>	Agrees		Disagrees		Crude Odds Ratio (OR)		Adjusted OR	
	N = 144		N = 278		OR	95% CI	aOR	95% CI
	n	%	n	%				
Sex (male)	113	78	197	71	1.50 (*)	0.93–2.41	1.43 ^	0.86–2.36
Age								
16–20	63	44	79	28	1.92 *	1.17–3.17	1.62 ^	0.91–2.91
21–25	42	29	105	38	0.96	0.57–1.62	0.89	0.51–1.54
26+	39	27	94	34	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	40	28	55	20	1.47 ^	0.87–2.49	1.19	0.61–2.30
Standard (11–50 batches)	53	37	120	43	0.89	0.56–1.42	0.78	0.46–1.30
Experienced (51+ batches)	51	35	103	37	1.00		1.00	
Frequency of party drug use								
Weekly or more often	31	22	47	17	1.47 ^	0.84–2.58	1.18	0.64–2.19
Monthly to fortnightly	62	43	117	42	1.18	0.75–1.86	1.08	0.67–1.75
Less than monthly	51	35	114	41	1.00		1.00	
No. drug types ever used								
Low (1–5)	23	16	45	16	0.85	0.48–1.50	0.72	0.38–1.34
Standard (6–11)	86	60	143	51	1.00		1.00	
High (12–19)	35	24	90	32	0.65 (*)	0.40–1.04	0.72 ^	0.43–1.20
Highest forum status								
Lurker	32	22	47	17	1.00		1.00	
Member with < 300 posts	46	32	85	31	0.79	0.45–1.41	0.93	0.51–1.71
Member with 300 + posts	45	31	86	31	0.77	0.43–0.37	0.85	0.45–1.60
Moderator/Administrator	21	15	60	22	0.51 (*)	0.26–1.00	0.58 ^	0.29–1.20
7 or more hours per week								
Online forums	52	36	88	32	1.22	0.80–1.86		
Social network sites	44	31	76	27	1.17	0.75–1.82		
Forum type used								
Drugs	85	59	118	42	1.95 **	1.30–2.94	1.70 *	1.06–2.73
EDM	67	47	161	58	0.63 *	0.42–0.95	0.88	0.54–1.43

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: 422 online survey respondents in 2007-08

<sup>a</sup> Multivariate model includes sex, age and all variables with crude OR with  $p < .25$ . Model predicts people who agreed with the statement ‘Discussing drugs online using a pseudonym carries almost no legal risk’.

the statement were significantly younger (median age 21 years) than those who disagreed (median age 23 years;  $\chi^2_{\text{corrected}} = 9.55, p = 0.002$ ). People who agreed with the statement were also more likely to have recently used drug forums than those who disagreed (59% vs. 42%;  $OR = 1.95 [1.30-2.94]$ ) and this association persisted in the multivariate analysis. Younger users of drug forums were more likely to believe that pseudonymity protected them from any risks associated with admitting to drug use in public internet forums.

### 8.2.3 Persona management and self-incrimination

To better understand the relationship between the separateness of online and offline personas and self-incrimination within online drug discussion, I categorised each interviewee into groups based on their interview transcripts (Figure 9). Most of the sample (20 of 26) discussed their drug use in public internet forums in a restricted way: the discussion pertained only to drug use but not supply/dealing and to past but not present/future use, or was sufficiently vague as to only be understood as drug-

**Figure 9. Use of separate personas and/or pseudonymity graphed by the extent of self-incrimination when discussing drugs**

Extent to which online & offline personas kept separate	Merged	Odette	Pia	'Open': James, Brooke, Dave, Kyle, Isabelle, Steve, Liam, Kat
	Avoids sharing identifying details			'Pseudonymous': Chris, Georgia, Nathan, Ben, Caleb, Marcus, Megan
	Separate	'Anonymous': Evan, Andrew, Adam, Lisa, Finn		Richard
		No public admissions	Vague admissions	Admits use not dealing / past not present-future
	Extent of self-incrimination when discussing drugs in public online forums			

Source: 26 online interviews with internet forum users in 2008.

related by in-groups. No interviewee described discussing drug deals in public forums although one (Steve) mentioned doing so using one-to-one online communication methods such as instant messaging or forum private messaging.

Of those who discussed their own past drug use experiences in public forums, two different approaches emerged. Ten informants (the 'pseudonymous' group) relied on avoiding sharing identifying details about their 'real life' self, and thus used pseudonymity to protect themselves against potential risks of discussing drug use. 'Pseudonymous' members had met at least some people who they interacted with through online forums 'in real life', but they strived to keep the public discussions in these forums free of identifying information. 'Pseudonymous' informants had high forum involvement, being either higher-posting forum members or moderators, and were more likely than others to be members of both electronic dance music and drug forums.

In contrast, eight informants (the 'open' group) believed that the risks of public discussion were low or nil, and they did not worry about keeping their username(s) or online persona(s) separate from their everyday 'offline' identity. Some 'open' informants believed that being a drug user was nothing to be ashamed of (both online and offline), while others were concerned about what might happen if people found out, and described how the experience of online communication can lead to revealing more information publicly than one would want in hindsight. 'Open' members all spent over 7 hours in a typical week using online forums and many had high post-counts. On average, 'pseudonymous' and 'open' informants were neither novice nor experienced drug users based on the number of drug types ever used.

Unlike the informants just described, five informants (the 'anonymous' group) kept their online forum persona(s) completely separate from their 'real lives'. Interestingly, keeping a strict separation between online and offline personas was *not* associated with discussing one's own personal experiences with drug use via an online persona. 'Anonymous' informants were particularly concerned about their online privacy and security and protected themselves by striving to remain anonymous online and not admit to drug use, even avoiding 'vague' discussion. 'Anonymous' members expressed doubt in the efficacy of using pseudonyms as protection, noting that IP addresses could always be matched and that authorities



could always track you if they wanted to. ‘Anonymous’ members were all experienced drug users (reporting use of 12 or more drug types in their lifetimes) and were all either forum members with low or nil post-counts. All except one were male and they had a median age of 22 years – this group had a higher median age than ‘pseudonymous’ (20) and ‘open’ (20.5) groups.

In contrast to ‘anonymous’ informants, Richard publicly discussed his past drug experiences in online forums and described making many ‘online-only friends’. He was concerned about how people in his offline life would judge him if they knew about his drug use, and described how people who engage in online drug discussion ‘don’t fear that their real world lives will be compromised’. Unlike ‘pseudonymous’ informants, Richard did not meet any of his online friends in ‘real life’.

Odette and Pia took a different approach. Odette described the federal police raiding her house resulting in the arrest of her partner on drug charges. She believed that this experience changed her perspective on drug-related risk: she only kept ‘legal’ highs and nothing else in her possession and she never admitted to any drug use when using public forums. She did not rely on pseudonyms at all: ‘I don’t hide my username or info. Google would show that up in the first page I’m sure. I think it’s easier / better to show you have nothing to hide than make a bad attempt at trying to hide it.’ Pia’s pseudonym was linked with her ‘real life’ and she was careful to only reference her own (now very infrequent) illicit drug use using vague terms. Unlike ‘open’ informants, Odette and Pia did not admit to past or present/future drug use in public online forums, but unlike ‘anonymous’ informants, Odette and Pia made no attempts to separate their online and offline personas.

This analysis has found that some forum users relied on pseudonymity to allow them to engage in limited discussion of their own drug use (the ‘pseudonymous’ group). Others were not worried about masking their identity while engaging in limited drug discussion because they judged the risk to them as ‘users, not dealers’ to be low or nil (the ‘open’ group). Yet another group never admitted to drug use publicly while also keeping their online activities completely separate from ‘real life’ (the ‘anonymous’ group). Thus, the anonymity understood to be afforded by public internet forums was *not* always associated with an increase in comfort with regard to revealing details about illicit or stigmatised behaviours: while important for ‘pseudonymous’ informants and Richard, pseudonymity was seen as unnecessary for

‘open’ informants and Odette/Pia, and not sufficient for ‘anonymous’ informants. The quantitative analyses also showed that sub-groups of forum users either did not believe pseudonymity was necessary or did not believe pseudonymity offered adequate protection from the risks of public online drug discussion.

This exploration of how drug users negotiated their participation in public online spaces leads to considering their social lives and the extent to which online and offline social activities were separated, blurred or converged. The extent of integration between online social networks and face-to-face social networks is examined in the next part of this chapter, which is followed by an analysis of the consequences of these social patterns for drug practices.

### **8.3 Convergence of on and offline networks**

Party drug users in this study integrated online sociability into their everyday lives in different ways. They used online forums to support pre-existing social relations and to make new connections, and new online social relations could be kept separate from or merged with in-person social relations. Whether forum users sought to reconstitute their social networks through connections made in online forums is an important area for exploration. New social connections kept in a separate online world provide opportunities for the performance of drug-user identities as described in Chapter Seven. New relationships first forged online then followed up in person may facilitate entry into new drug-use settings and new networks of drug supply. These trajectories are explored in this section of the chapter, first by presenting quantitative analysis, and then through an in-depth analysis of interview transcripts.

#### **8.3.1 Online sociability**

The three different ways of integrating online sociability into everyday life that were measured through the survey were defined as: (1) ‘Pre-existing networks’: online social activity primarily supported pre-existing social relations, (2) ‘Separate online and offline networks’, shortened to ‘separate networks’: online social activity primarily enabled new social relations that were restricted to online-only networks, and (3) ‘Merged online and offline networks’ shortened to ‘merged networks’: online social activity primarily enabled new social relations that evolved into face-to-face social interactions. Survey respondents were asked to estimate the proportion of

people they interacted with online in the last 6 months that they had (a) first met ‘in real life’ and use the internet to keep in touch, (b) never met ‘in real life’, and (c) first met online and later met ‘in real life’, using the responses ‘none, a few, about half, most, all’. They were also asked to estimate the proportion of their friends that they first met online and later ‘in real life’. Respondents were allocated to the ‘merged networks’ group if they reported that ‘about half’, ‘most’ or ‘all’ of their online contacts were with people first met online and later ‘in real life’, or if ‘about half’, ‘most’ or ‘all’ of their friends were first met online and later ‘in real life’ (94). Respondents were assigned to the ‘separate networks’ group if they reported that ‘about half’, ‘most’ or ‘all’ of their online contacts were with people they had never met ‘in real life’, and they had not already been allocated to the ‘merged networks’ group (138). Respondents were assigned to the ‘pre-existing networks’ group if they reported that ‘about half’, ‘most’ or ‘all’ of their online contacts were people they first met ‘in real life’, and they had not already been allocated to the other groups (350). Cases were excluded if they estimated only ‘none’ or ‘a few’ for all questions (196) and if all responses were missing (59). While respondents were allocated into mutually exclusive groups in order to conduct the following analyses, it should be noted that these three trajectories were not mutually exclusive—most respondents used multiple network strategies even if one was generally favoured over the others.

Respondents that comprised the ‘separate networks’ group were augmenting their social networks through the addition of online-only contacts, whereas members of the ‘pre-existing networks’ group were not using the internet in any substantial way to augment their social contacts. To explore these different approaches to online sociability, the characteristics of the ‘separate networks’ group were compared with those of the ‘pre-existing networks’ group through logistic regressions (Table 31). After excluding incomplete cases (112), the ‘separate networks’ group comprised 114 respondents and the ‘pre-existing networks’ group comprised 262 respondents. Respondents who augmented their social networks with online-only social relations were significantly more likely to be male than the ‘pre-existing networks’ group (88% vs. 70%;  $OR = 3.03 [1.63-5.62]$ ). They were also more likely to be older (median age 24 years) than the ‘pre-existing networks’ group (median age 21 year,  $\chi^2_{corrected} = 10.02, p = 0.002$ ). This older, more male-dominated group was unsurprisingly more likely to report a higher level of experience with drug types

(32% vs. 21%;  $OR = 1.68 [1.01-2.81]$ ). The forum user characteristics of these two groups were quite different. The 'separate networks' group was significantly more likely to report higher forum status as moderators/administrators (26% vs. 15%;  $OR = 3.22 [1.49-6.97]$ ) and as members with at least 300 posts (35% vs. 30%;  $OR = 2.06 [1.01-4.22]$ ), and a greater proportion of them reported using forums intensively (42% vs. 29%;  $OR = 1.78 [1.13-2.81]$ ), compared with the 'pre-existing networks' group. In contrast, the 'pre-existing networks' respondents were significantly more likely to report intensive use of social network websites (39% vs. 20%;  $OR = 2.50 [1.47-4.17]$ ) and recent use of EDM forums (58% vs. 46%;  $OR = 1.67 [1.08-2.63]$ ) compared to the 'separate networks' respondents. In the multivariate analysis, the 'separate networks' group was more likely to be male, older and to use forums intensively, whereas the 'pre-existing networks' group was more likely to use social network sites intensively and to use EDM forums.

Both the 'separate networks' group and the 'merged networks' group reported substantial use of the internet to augment their social networks, with the difference being the extent to which those networks merged with face-to-face networks. This difference matters for the research question of this thesis, because new social contacts made in-person can directly affect drug practices through facilitating entry into new scenes and associated networks of drug supply. To explore these two approaches to online sociability, the characteristics of the 'merged networks' group were compared with those of the 'separate networks' group through logistic regressions (Table 32). After excluding incomplete cases (34), the 'merged networks' group comprised 84 respondents and the 'separate networks' group comprised 114 respondents. Respondents who merged online and offline networks were significantly more likely to be female than the 'separate networks' group (38% vs. 12%;  $OR = 4.35 [2.17-9.09]$ ), but they were not significantly different in age (median age for 'merged networks' group 23 years) or drug use history and patterns. The forum use patterns of these two groups were quite different: 'merged networks' respondents were significantly less likely to report being a forum member with less than 300 posts (11% vs. 27%;  $OR = 0.31 [0.11-0.93]$ ) compared with 'separate networks' respondents. The 'merged networks' group was more intensively involved with both online forums (60% vs. 42%;  $OR = 2.02 [1.14-3.59]$ ) and social network sites (48% vs. 20%;  $OR = 3.60 [1.92-6.73]$ ) compared with the 'separate networks'

**Table 31. Characteristics of respondents who reported substantial use of internet to communicate with online-only contacts**

Variables <sup>a</sup>	‘Separate networks’ group		‘Pre-existing networks’ group		Crude Odds Ratio (OR)		Adjusted OR	
	N = 114		N = 262		OR	95% CI	aOR	95% CI
	n	%	n	%				
Sex (male)	100	88	184	70	3.03 ***	1.63–5.62	2.63 **	1.31–5.26
Age								
16–20	30	26	116	44	0.35 ***	0.20–0.61	0.34 **	0.17–0.68
21–25	41	36	88	34	0.63 (*)	0.37–1.08	0.54 (*)	0.29–1.00
26+	43	38	58	22	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	24	21	72	27	0.62 ^	0.34–1.12	0.76	0.35–1.64
Standard (11–50 batches)	48	42	112	43	0.80	0.48–1.32	0.94	0.53–1.70
Experienced (51+ batches)	42	37	78	30	1.00		1.00	
Frequency of party drug use								
Weekly or more often	15	13	53	20	0.59 ^	0.30–1.15	0.61 ^	0.28–1.31
Monthly to fortnightly	52	46	111	42	0.98	0.61–1.58	1.06	0.62–1.83
Less than monthly	47	41	98	37	1.00		1.00	
No. drug types ever used								
Low (1–5)	17	15	53	20	0.82	0.44–1.52	0.97	0.48–1.96
Standard (6–11)	60	53	153	58	1.00		1.00	
High (12–19)	37	32	56	21	1.68 *	1.01–2.81	1.17	0.65–2.13
Highest forum status								
Lurker	13	11	53	20	1.00		1.00	
Member with < 300 posts	31	27	92	35	1.37	0.66–2.85	1.15	0.52–2.54
Member with 300+ posts	40	35	79	30	2.06 *	1.01–4.22	1.55	0.68–3.55
Moderator/Administrator	30	26	38	15	3.22 **	1.49–6.97	2.33 (*)	0.98–5.57
7 or more hours per week								
Online forums	48	42	76	29	1.78 *	1.13–2.81	2.47 **	1.38–4.40
Social network sites	23	20	101	39	0.40 **	0.24–0.68	0.37 **	0.20–0.66
Forum type used								
Drugs	56	49	121	46	1.13	0.72–1.75		
EDM	52	46	153	58	0.60 *	0.38–0.93	0.54 *	0.32–0.90

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: 376 online survey respondents in 2007-08

<sup>a</sup> Multivariate model includes sex, age and all variables with crude OR with  $p < .25$ . Model predicts respondents who reported that they had never met ‘in real life’ at least half of the people they interacted with online from those respondents who reported that at least half of the people they had interacted with online they had first met ‘in real life’ and used the internet to keep in touch.

**Table 32. Characteristics of respondents who reported substantial use of internet to interact with people first met online and later met offline**

Variables <sup>a</sup>	‘Merged networks’ group		‘Separate networks’ group		Crude Odds Ratio (OR)		Adjusted OR	
	N = 84		N = 114		OR	95% CI	aOR	95% CI
	n	%	n	%				
Sex (male)	52	62	100	88	0.23 ***	0.11–0.46	0.28 **	0.12–0.63
Age								
16–20	26	31	30	26	1.24	0.62–2.51	0.96	0.39–2.35
21–25	28	33	41	36	0.98	0.50–1.91	1.10	0.50–2.42
26+	30	36	43	38	1.00		1.00	
Ecstasy batches ever used								
Novice (1–10 batches)	13	15	24	21	0.60 ^	0.27–1.34	0.96	0.36–2.57
Standard (11–50 batches)	33	39	48	42	0.76	0.41–1.42	0.86	0.40–1.83
Experienced (51+ batches)	38	45	42	37	1.00		1.00	
Frequency of party drug use								
Weekly or more often	18	21	15	13	2.09 (*)	0.91–4.80	2.38 (*)	0.87–6.46
Monthly to fortnightly	39	46	52	46	1.31	0.70–2.45	1.33	0.65–2.74
Less than monthly	27	32	47	41	1.00		1.00	
No. drug types ever used								
Low (1–5)	10	12	17	15	0.72	0.30–1.71		
Standard (6–11)	49	58	60	53	1.00			
High (12–19)	25	30	37	32	0.83	0.44–1.56		
Highest forum status								
Lurker	12	14	13	11	1.00		1.00	
Member with < 300 posts	9	11	31	27	0.31 *	0.11–0.93	0.27 *	0.08–0.93
Member with 300 + posts	39	46	40	35	1.06	0.43–2.60	1.11	0.37–3.33
Moderator/Administrator	24	29	30	26	0.87	0.33–2.24	0.64	0.21–1.98
7 or more hours per week								
Online forums	50	60	48	42	2.02 *	1.14–3.59	0.97	0.45–2.11
Social network sites	40	48	23	20	3.60 ***	1.92–6.73	2.41 *	1.11–5.25
Forum type used								
Drugs	32	38	56	49	0.64 ^	0.36–1.13	0.84	0.41–1.73
EDM	56	67	52	46	2.38 **	1.33–4.28	1.85 ^	0.86–3.98

\*\*\*  $p < 0.001$ ; \*\*  $p < 0.01$ ; \*  $p < 0.05$ ; (\*)  $p < 0.10$ ; ^  $p < 0.25$ .

Source: 198 online survey respondents in 2007-08

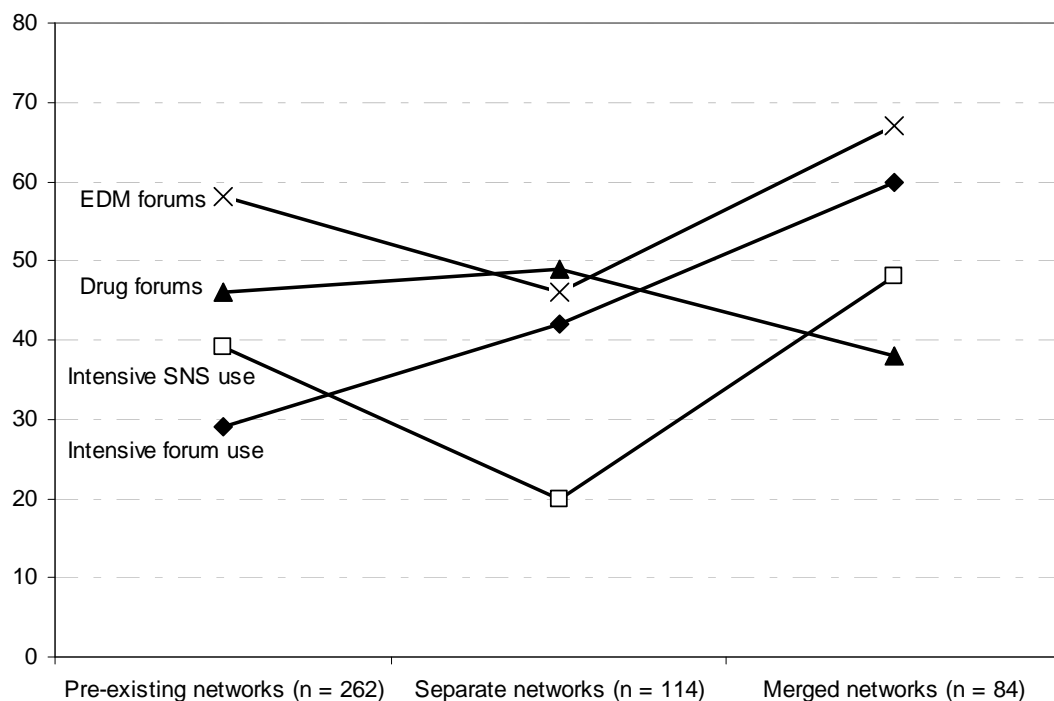
<sup>a</sup> Multivariate model includes sex, age and all variables with crude OR with  $p < .25$ . Model predicts respondents who reported that at least half of the people they interacted with online they had first met online and later met ‘in real life’ from those respondents who reported that they had never met ‘in real life’ at least half of the people they interacted with online.

group. The ‘merged networks’ group was also more likely to report the recent use of EDM forums (67% vs. 46%;  $OR = 2.38 [1.33-4.28]$ ). In the multivariate analysis, the ‘merged networks’ respondents were more likely to be female, to have higher forum status, and to use social network sites intensively compared with ‘separate networks’ respondents.

Figure 10 shows four measures of internet use from the survey for all three groups. Involvement in online forums, as measured by hours in a typical week, was strongly positively related to the extent to which respondents reported meeting new contacts online and then meeting those online contacts face-to-face. The use of social network sites followed a different pattern: their intensive use was less likely for respondents in the ‘separate networks’ group compared with the other groups.

What makes social network sites different from internet forums is that they “enable users to articulate and make visible their social networks” (boyd & Ellison, 2008, p. 211), so it is not surprising that forum users who tried to keep online forum activities separate from their pre-existing social lives avoided the intensive use of these types of services.

**Figure 10. Selected internet use patterns by approach to online sociability (%)**



Source: 460 online survey respondents in 2007-08.

A much lower proportion of the respondents in the ‘merged networks’ group reported recent use of drug forums compared with the other groups, and a significantly lower proportion of the respondents in the ‘separate networks’ group reported recent use of EDM forums compared to the other groups. A difference that emerged between drug and EDM forums was their focus on face-to-face events in specific times and places. That is, while drug forums were filled with discussion about the drug use of embodied human beings, the details of when and where that drug use took place or was going to take place were omitted in order to protect the forum user and the wider group. EDM forums were the opposite: their main purpose was to promote dance events and forums were used to openly arrange social events at specific times and places among forum users. For some EDM forum users, these forums served to support pre-existing social networks, whereas for others, the forums served to augment their networks by enabling them to make new acquaintances online and meet them offline at the advertised EDM event.

While these quantitative analyses provide a general picture of online sociability among party drug users, they do not allow any in-depth analysis of why people who discussed drugs online pursue these different pathways and what these pathways might mean for drug practices. The remainder of this chapter will draw mainly on interpretations of interviewee transcripts in response to these questions.

### **8.3.2 Pre-existing social relations**

Nine forum users who completed online interviews described how they used online forums to support pre-existing (offline) social relations and scenes. Almost all of these informants referred to dance music forums. Informants described forums as an extension of their socialising with (offline) friends, especially because online forum communication between existing friends allowed them to extend social contact when they were not co-present, for example, during the week or when people moved interstate. Forums also enhanced pre-existing social relations through the ease of organising group meet-ups at local dance music events. Participants in dance music scenes used forums to discuss the scene, the music and other related issues: these activities facilitated their consumption and production of (sub)cultural capital. Informants also described how they first found out about forums when they were attending dance events when people asked them whether they were members of the



forum; that is, they were alerted to the forum's existence within their pre-existing social scene. In some cases, being 'on the forum' was constructed as an important way of participating in the scene, not unlike the importance attached to attending key dance events and festivals.

The following extract from Ben's interview shows how he constructed a specific forum as supporting and enabling a stronger sense of community among his friendship group:

17:26:05 Monica: what is it about *[forum]* that makes it your most used forum compared to the others you mention?

17:26:22 Ben: Just closer knit community i spose

17:26:25 Ben: i have more friends on there

17:26:28 Ben: i know just about everyone on there

17:26:37 Ben: and we actually have group events and get to know each other

\* \* \*

17:27:55 Monica: so did you and mates go out much before getting on the forums or the other way round

17:28:01 Ben: yeah we did

17:28:08 Ben: i only joined the forums around may *[9 months prior to interview]*

17:28:21 Ben: i started getting into hard dance music around... march 2006 *[2 years prior to interview]*

Ben, a 17-year-old school student, had been involved in the 'hard dance music' scene for 2 years when I interviewed him and his first ecstasy experience coincided with his introduction to this scene. The forum he preferred to use was one where he knew 'just about everyone on there', and these friendships were consolidated through group events organised through the forum. In contrast to Ben's emphasis on the importance of the forum and the 'close knit community' it supported, Heath, a 21-year-old dance music forum participant, rejected the idea of forums having a role in one's social life:

17:31:47 Monica: so they aren't really a big part of your life or your social life?

17:31:57 Heath: not really

17:33:16 Heath: ummm

17:33:36 Heath: overall they just give you a place to discuss the scene and the music

17:33:47 Heath: but mostly they are just another waste of time on the internet

Despite evaluating forums as a 'waste of time', Heath described dance music forums as providing a 'place to discuss the scene' in which he participated. This function of dance music forums has been described as providing a stage for the performance of

(sub)cultural capital that is built up through participation in both online and offline dance music communities (Measham & Hadfield, 2009). Online forums can be seen as supporting pre-existing social networks by providing another space to both consolidate and contest the issues that define EDM communities.

Pia (Extract 15) was a 24-year-old professional who was also a forum moderator. Her story is unusual because she described social relations being supported through a drug discussion forum, rather than a dance music forum.

**Extract 15: Interview with ‘Pia’ – Pre-existing social relations**

- 8:05:29 Pia: I began using [*drug forum*] the night after my first drug experience.
- 8:05:44 Pia: I was 19 at the time and had half a pill at a rave my boyfriend took me to.
- 8:05:53 Pia: I've never had any drugs before that night - not even weed.
- 8:06:04 Monica: ok, wow, and did you find out about it at the rave?
- 8:06:16 Pia: I met a lot of people who asked if I was a [*drug forum*]-er and I didn't know what they were talking about.
- 8:06:53 Pia: It turns out a lot of the people I went to the event with were involved in [*drug forum*], and I eventually found out it was an online community which discussed (amongst other things) drug use and safety when using drugs.
- 8:07:04 Pia: I joined the next day (literally!) and have been posting ever since.
- 8:07:28 Pia: I see myself using [*drug forum*] well into the future, even when I'm done using drugs on a regular basis. Even now I use maybe once or twice a year, maximum.
- 8:07:30 Monica: and did a lot of those first people end up becoming good friends or part of your social life?
- 8:08:19 Pia: Yes, all of them. :)
- 8:08:46 Monica: and have they also cut down the drug use as you have or are they generally still going strong
- 8:09:06 Pia: No, almost all of the initial people I met have tapered off - some don't use at all these days.

Pia's experience happened in 2003 when it was much more common for drug forums to have local meet-ups. As described in Chapter Five, moderators discouraged this practice during the fieldwork due to concerns about protecting forum members from being targeted by police. This extract also showed that drug forum use may outlast drug use due to its capacity to support pre-existing social relations (8:07:28). Pia and her friends reduced their drug use but continued to use the drug forum as a social space. Similarly, dance music forum members described reducing their drug use and going out to events less often, but still keeping up with the scene and pre-existing friendships through online forum use. One of the moderators described it like this:

Many of the ROTers (ravers-over-thirty) just use [*dance music forum*] for entertainment and to maintain ties with friends they don't see that often. They might not go to any dance music related events at all.

Thus, in the latter part of one's drug use career, internet forums may allow people to remain engaged with scenes and friendships even as they progressively reduce their participation in dance music events and/or the associated drug use.

### 8.3.3 Separate online networks

Eight informants primarily used the internet to make new contacts or social relations, but those networks were restricted to online communication. For this group, the people they communicated with online were, by and large, a different set of people to those that they socialised with in-person. In Chapter Six, the ability to access people who would be difficult to access in everyday life was how some informants justified their preference for researching drugs using the internet. We also saw in Chapter Seven how many informants described their (offline) friends as uninformed compared with the kinds of people they could access online. Thus, separate online social relations may offer benefits to drug users who have identified their pre-existing friendship group as deficient in drug-related knowledge.

Extracts from Richard's interview (Extract 16) illustrate the use of internet forums to foster new contacts and friendships that remained in online space. Richard was a 22-year-old who spent 5 hours in a typical week using drug and spirituality forums. He reported recent use of LSD and ecstasy.

#### Extract 16: Interview with 'Richard' – New online networks

- 4:40:06 Richard: I'd have to say that I also found them *[forums]* useful as a means of discussing and hearing actual personal experiences *[about drug use]*
- 4:40:44 Richard: Sharing various ideas, opinions, jokes etc
- 4:40:51 Monica: for sure
- 4:41:03 Richard: I guess you could say it almost allowed a certain fellowship
- 4:41:16 Richard: "Here are people who have also been through what I have"
- 4:41:30 Monica: I see - sort of like, 'sense of community'?
- 4:41:36 Richard: Yep
- 4:41:58 Monica: and this was for forums where you are just reading, rather than posting - or ?
- 4:42:16 Richard: This was for forums where I posted
- 4:42:44 Richard: Though admittedly I didn't post in them much. I can't even remember which ones they were
- 4:42:59 Monica: That's ok!
- 4:43:38 Monica: Where they forums where you knew members 'in real life' or just all online interactions?
- 4:44:48 Richard: All of them were basically online interactions. This didn't really bother me as I also had real world friends I could discuss things with.
- 4:45:01 Richard: I'd have to say that having that human backing was very important

4:45:27 Monica: so, you were able to combine the best parts of both ways of communicating / gather info?

4:45:32 Richard: Yep

\* \* \*

4:54:42 Richard In everyday life, drugs are also a touchy subject

4:55:30 Richard It's much harder to approach someone and say "hey, can you give me advice on "x" drug" then it is to ask a faceless stranger on the internet

4:56:13 Richard People often fear that their confidence will be breached

4:56:26 Richard And thus may be reluctant to approach their friends about it

4:56:51 Richard Also, they may fear to approach professionals, in case someone else finds out

4:56:55 Monica but online, the anonymity they can have means it's a lot easier to ask?

4:57:02 Richard exactly

4:57:21 Richard They don't fear that their real world lives will be compromised

\* \* \*

5:11:16 Monica: can you tell me the story of your involvement with this forum *[about spirituality]*?

5:12:03 Richard: Sure. I had some friends who were interested in various forms of alternate spirituality and knew I had an interest in history and world religions so they invited me to join

5:12:26 Richard: So I basically became a member, joined in discussions etc

5:12:48 Richard: I probably check it about four times a week, give or take

5:13:50 Richard: I wouldn't say its a major part of my life but I have made a fair few friends on it

5:13:55 Monica: is it an international forum / does it have local groups that meet up?

5:14:01 Richard: International

5:14:09 Richard: And no local group - not many Australian members

5:14:51 Richard: There aren't many drug discussions on the board - most have been through private messaging

5:15:20 Monica: sure - I guess that is one way of getting around the problem of the visibility of drug discussion on the board itself

5:15:29 Richard: \*nods\*

5:15:47 Monica: what kinds of drug discussions tend to take place in PMs?

5:16:28 Richard: Mainly in regards to psychoactives and how they've benefited the individual, what experiences occurred, revelations, personal insights etc

At 4:40:06–4:45:32, Richard described his use of internet forums where drug use was discussed as allowing 'a certain fellowship' despite his low levels of interaction ('I didn't post in them much'). In his narrative, forums were used as an adjunct to his 'real world friends' and he was careful to stress the importance of 'human backing'. However, at 4:54:42–4:57:21, Richard focused again on the fellowship possible through online communities that could not be developed in 'everyday life' where drugs are a 'touchy subject'. Here, Richard delineated the online space from 'everyday life' and 'real world lives'; the online space was constructed as a separate and anonymous space where 'faceless strangers' could be

accessed. While he did express the importance of ‘real world friends’ and ‘human backing’, discussion of drugs in the ‘real world’ was constructed as a more risky proposition. At 5:11:16–5:16:28, we discussed Richard’s use of a spirituality forum. Unlike the experiences of Pia and Ben, Richard’s use of this forum was not based on in-person contacts, yet he claimed to have ‘made a fair few friends on it’. His use of this forum enabled new (online) friendships with like-minded people across an international spectrum where he was also able to discuss drug use from a spiritual perspective.

In Richard’s case, ‘meeting up’ with his new friends from the spirituality forums would have been prohibitively costly as most lived outside of Australia. Other informants rejected the concept of meeting online contacts in ‘real life’ altogether, especially online contacts from drug forums. The problem of trust and honesty was important for Dave, who stated that ‘it’s better to make friends with people whose behaviour you can judge via their actions and not their words’. Andrew, Marcus and James expressed suspicion about what might motivate people from drug forums to try and meet up with them. For example, James noted that ‘ppl are pretty paranoid and im in no hurry to meet people from drug forums either’. For some informants, the risk of entrapment by law enforcement officers posing as fellow drug users contributed to the tendency of drug forum users to isolate their drug forum networks from their pre-existing (offline) social networks (see Table 23 earlier in this chapter). In contrast, Adam and Lisa, both older informants, rejected meeting online friends in-person because they were ‘over that stage’ of their lives and no longer had the time nor the inclination to enter new (offline) social scenes.

#### **8.3.4 New (offline) scenes**

For nine informants, internet forums facilitated new (offline) friendships and supported entry into new (offline) scenes. Once this move from online to offline had occurred, internet forums acted much like they did for informants who used them to support pre-existing social relations. That is, the people who comprised social networks available through online forums were mainly the same people that informants socialised with when attending dance events and parties and when using drugs. Some informants (Caleb, Chris, Megan, Steve and Wendy) described how they used internet forums to find particular kinds of friends and to assist entry into

specific scenes. While some became curious about dance music and drugs and lacked pre-existing friends with whom to explore these new experiences, others described having a pre-existing friendship group who were once interested in these scenes but were no longer involved. Other informants (Georgia, Jen, Kat and Tracey) were already involved in dance music and drug using scenes. They used forums to strengthen their involvement in these scenes by making new (offline) friends through online social interaction facilitated by the forum community.

Steve's interview (Extract 17) is presented as a typical example of how internet forums support entry into new social scenes. Steve was a 19-year-old employed student who reported spending 10 hours in a typical week using 'doof' forums. He reported recent LSD and ecstasy use.

**Extract 17: Interview with 'Steve' – Entry to new (offline) scenes**

- 2:07:38 Steve Well, forums tell people about what to expect with drugs, so take acid for example, some people don't know what the recommended dose is or what they're going to expect. Forums and websites show people what they're expecting and so they end up having a safer trip.
- 2:08:02 Steve Or, possibly more dangerous...
- 2:08:15 Steve As people see that many other people are doing the same things, and they want to try it too
- 2:08:55 Monica So - reading about other people's experiences can influence people's drug use in different ways - making safer, but then potentially encouraging it too
- 2:09:06 Steve Yeah
- 2:09:23 Monica how do you feel that is different from just a normal peer group talking in person about their drug use?
- 2:10:21 Steve Well, I never had any real life friends who were into drugs at all, everyone I knew was anti drug... It was only until I started meeting people online that I realised that there was a whole group of people out there who talked about drugs online.
- 2:11:00 Steve Though, since then, I've found groups of people that I can talk to face to face about drugs.. and it's virtually the same as online
- 2:11:35 Monica But I guess it makes a big difference in finding these people in the first place - this can be harder, without the internet?
- 2:12:19 Steve Yeah, though I guess the first real drug user that I became friends with I actually met face to face first... It was only after I met him that I went to seek out other people like him on the internet
- 2:13:26 Monica I guess a lot of people have an anti-drug attitude, as you mentioned before, so meeting someone who isn't like that can open up a new world or a different way of looking at it
- 2:13:41 Steve Exactly
- 2:13:52 Steve Infact, I was anti drug too before I met this guy
- 2:14:13 Steve because my parents and teachers had always told me about drugs, always saying it was bad
- 2:14:27 Steve (well, bad in a sense of "if you take it you will die")
- 2:15:44 Monica and discovering through this guy that this wasn't true --- you question your views on it
- 2:15:53 Steve exactly

- 2:50:56 Steve The friend that I had, my first friend who took drugs
- 2:51:05 Steve he found out about all the local parties through *[doof forum]*
- 2:51:24 Steve So, he told me to get on there (and at the time it was closed for signups)
- 2:51:36 Steve Though eventually I did get an account on there somehow
- 2:52:03 Steve I just found that *[forum]* was really an extension of the people that I'd been meeting out doofing
- 2:52:16 Steve And also that they were very nice people :)
- 2:52:59 Monica you mentioned in the survey that about half of your friends you met first online - was that mainly through *[forum]*, or other places?
- 2:53:32 Steve Well, I met a good few people through *[forum]*, prob<sup>[ably]</sup> 1/4 of my friends now
- 2:53:41 Steve but most of them I met through other places, usually not related to drugs at all
- 2:53:57 Steve I met a load of people through IRC *[Internet Relay Chat]* too
- \* \* \*
- 3:01:05 Monica do you think the internet has played a big part of your social life - or is it just complementary?
- 3:01:20 Steve Yes, it has played a VERY big part
- 3:01:38 Steve I finished yr 12 in 2006
- 3:01:46 Steve Since then I haven't really seen many friends in person
- 3:01:54 Steve it's all been just online communication
- 3:02:04 Monica you mean, the friends from school?
- 3:02:24 Steve Yeah
- 3:02:38 Steve though, I've met about 2/3 of my friends online
- 3:03:03 Steve "met" being the first time I encountered them
- 3:03:29 Monica and have you ended up meeting a lot of them in person, or not so many
- 3:03:49 Steve Ummm, quite a few yes
- 3:04:06 Steve including some people I met through *[forum]* who I went down to *[outdoor dance music festival]* with (by car)

In the first part of this extract (2:07:38–2:15:53) Steve presented forums as tools that he used to 'seek out' other drug users. To begin with, Steve's account is not that different from Richard's: the online setting enabled Steve to more easily find accounts of drug use than he could among his 'real life' friends. It was the discovery of his 'first real drug user' through in-person friendship that sparked his initial interest in seeking out 'other people like him on the internet' (2:12:19). He used a narrative of transformation to construct himself as an informed drug user who had once been 'anti drug too' (2:13:52): the discovery of a 'real drug user' who did not fit his preconceived ideas of drug use inherited from parents and teachers led him to question his views.

The latter parts of the interview reproduced here show how Steve's story departs from Richard's. Steve had used both forums and other internet

communication (such as Internet Relay Chat) to expand his friendship group to the point that he estimated that two thirds of his friends were first met online and later met 'in real life' (3:02:38). Steve was also advised that he should join the forum so he too could find out 'about all the local parties' (2:50:56–2:51:36). Steve's use of internet forums to find other drug users was not just restricted to reading about their experiences online, it also extended to meeting them in person at local events. This extension of the function of forums from online to offline activities enabled Steve to meet people from the forum and travel together with them to a 3-day outdoor music festival (3:04:06). The forum facilitated entry into the doofing scene for Steve in tandem with the assistance of his 'first friend who took drugs' (2:50:56).

Steve's account also illustrated the function of forums to support pre-existing relationships when he stated that '*[forum]* was really an extension of the people that I'd been meeting out doofing' (2:52:03). Steve's experiences were similar in many ways to informants who used forums to support their pre-existing social networks. The key characteristic of the accounts of Steve and others like him is that they emphasised deliberate use of forums to find new (offline) friends and enter new (offline) scenes, the consequences of which will now be explored.

#### **8.4 Consequences for drug practices**

How does the use of online forums to enter new social scenes and networks influence party drug practices? Whether new friends are made first online or first in other settings, once new relationships are forged, their origin is less important than the relationship itself. Any new social relations (first made online or elsewhere) could influence drug use through a myriad of ways and as such, could be the focus of an entire thesis, one involving social network analysis and relating place in the network to drug use characteristics. Also, it should be noted that only 94 survey respondents (12% of 778) reported that about half or more of their friends or people they interacted with online were met first online and later 'in real life'. Thus, the following exploration focuses on an atypical activity among the survey respondents. Nevertheless, the experiences of these atypical cases highlight the potential of internet forums and other online communities to shape party drug practices. The effects upon two aspects of party drug practices are examined here: access to parties and partying, and access to drugs.



### 8.4.1 Accessing parties and party people

Opportunities to party were actively sought out by most informants. In an extreme case, a moderator of a dance music forum described how his social network had been augmented through his pivotal and long-standing role in the forum:

*[Forum]* has introduced me to well over 1,000 people across Australia. I can go to any major city and call up someone and they will know who I am and invite me out to something. A house party, a club, a few beers at the pub. That's one aspect of being involved in the community. We've built ties that cross state boundaries and regularly welcome people visiting from other places.

Being invited to social activities and welcomed into new networks of friends in different parts of the country were attributed to this moderator's status on the internet forum. The new 'friends' the forum had enabled him to make knew something about him through his online interaction and presentation: rather than being a stranger, he was a minor celebrity. Megan also described this function of getting to know people online as a precursor to becoming friends with people in a local rave setting:

Most of the people from *[forum]* I have met at a rave. but by knowing them online it gets rid of some awkwardness. They will openly talk to me about topics because they 'know me', as opposed to some stranger.

Survey respondents were asked to estimate the proportion of their friends and acquaintances who had ever used party drugs, and these results were graphed by social network type in Figure 11. Over three quarters (76%) of respondents in the merged networks group estimated that most or all of their friends had used party drugs compared with less than two thirds (65%) of the whole sample. Merged network respondents were also much less likely to estimate that only a few of their friends had used party drugs (4%) compared to the whole sample (12%). Merged network respondents were more likely to report that their friendship network contained a greater proportion of drug users.

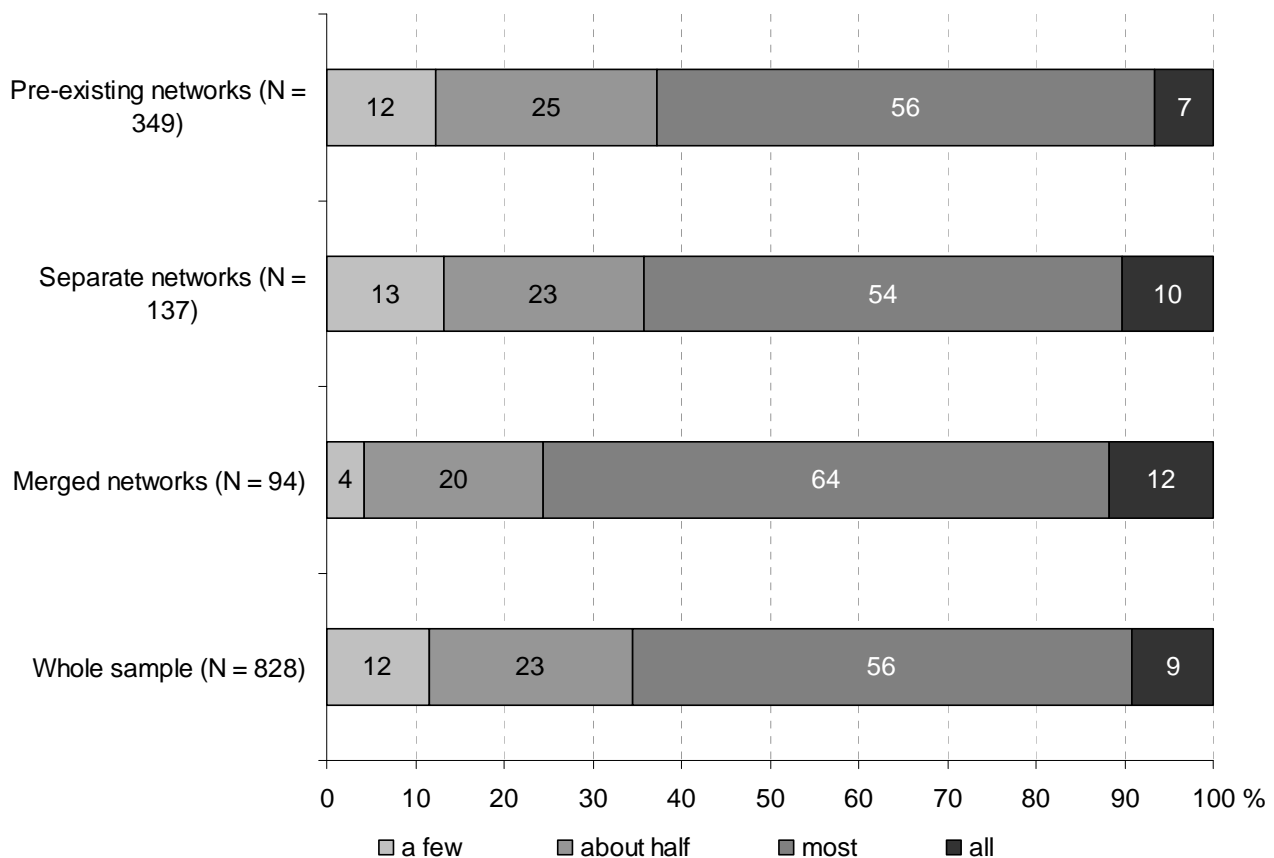
Increased opportunities to party were often associated with more frequent drug use in interviewee accounts, but informants found it difficult to isolate the effects of their use of internet forums from other aspects of their social lives. For example, when Georgia reflected on how she thought internet forums had influenced her drug taking, she identified having met new friends from forums who she took drugs with, but wonders whether she would have taken a similar path if she had not met them:

I think that, while it has led me to become more knowledgeable about the drugs i'm taking, it hasn't led to being more moderate all of a sudden - i've met people online and have taken drugs with them, have tried new drugs, etc. Perhaps if i'd not met these people, my drug use may have tapered off earlier than it has? I'm not entirely sure though.

The difficulty Georgia expressed in pinpointing the cause of changes in her drug use career is not surprising, because it is likely that once she met new people in person and they became part of her (offline) friendship network, the fact that they may have met first online became irrelevant to their influence in her (offline) life. The effect of online relationships becomes difficult to isolate due to the merging of online and offline networks and worlds.

Meeting new friends and joining new scenes through internet forum use may not necessarily increase party drug use. Wendy provides an example where the opposite took place. Wendy used the forum to form a better understanding of the doofing scene and introduce herself to its members before she attended her first doof.

**Figure 11. Proportion of friends and acquaintances that have ever used party drugs by network category**



Source: 828 online survey respondents in 2007-08.

She described this action as helping her to understand the scene a bit better before ‘jumping in’. When Wendy described how she thought internet forum use had affected her drug use, she saw it as a major factor in decreasing frequent use and binge use:

i know through my use of *[forum]* i've actually been encouraged to use a lot less :P. they have a whole thread about substances somewhere in there, i don't know if you've seen, where people talk about their use, but never in a sort of positive way... the general attitude there isn't so much binge using and that

In Wendy's case, a particular attitude towards drug use (informed and responsible, as discussed last chapter) was being produced and disseminated in both online and offline scenes in a mutually reinforcing way. In contrast, informants who described maintaining a strict separation between online and offline networks described a marked difference between the attitudes towards drug use online to those in their offline worlds. Lisa's views are a typical example of this:

I do think it comes back to what we said before about forums having that underlying message of Harm Reduction - everything posted there is somewhat coloured by that, because if someone were to say/do something really stupid, somebody would come along and say something. Whereas in real life no one really thinks about harm reduction. So that's the biggest advantage of online communities. They're moderated!

Lisa contrasted the network of people she accessed through online forums as bound to an ethic of harm reduction, whereas the separate network of people she socialised with ‘in real life’ were not. While Lisa was able to bring the ethic of harm reduction into her drug practices, she was not surrounded by other similarly minded drug users. Thus, the extent to which online and offline networks merge shapes drug practices as they evolve.

#### **8.4.2 Accessing party drugs**

Knowing about different kinds of drug experiences through online drug research helped informants decide which drugs they wanted to try or avoid in the future. However, as we saw in Chapter Six, finding out where to obtain drugs was the only drug issue measured in the survey where offline communication was more likely than online communication. For those informants who accessed drug information through online networks that were separate to their friends in their offline lives, the necessity of relying on offline connections to supply drugs meant many of the drugs they read about online were not available to them. A typical example comes from

Adam's interview where he expressed a desire to try the research chemical 2C-B that could not be fulfilled because it was not available in his home town:

I've always been interested in 2C-B ever since I read about it [*online*]. Never going to find that here though.

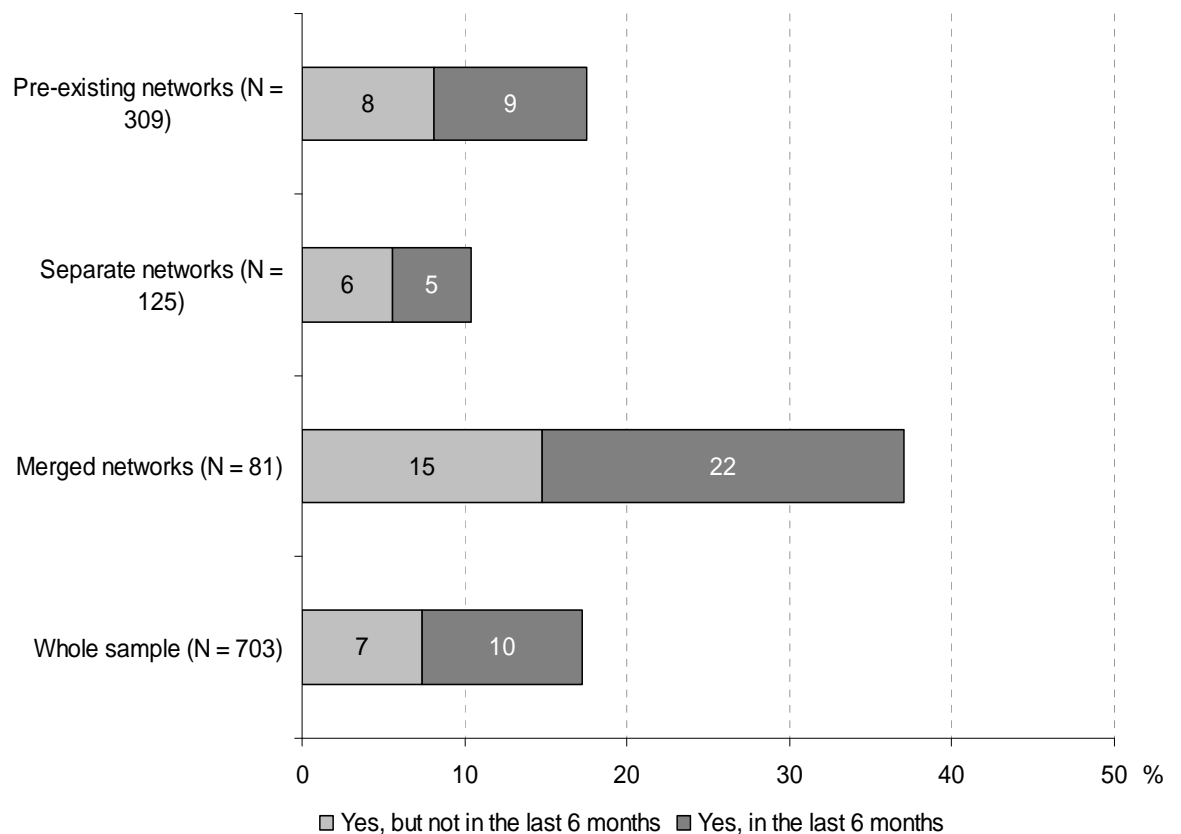
Finn, another informant who kept online networks and identities strictly separate from 'real life', also dismissed the use of an online database of ecstasy pills because of the lack of continuity between pills available on the database and pills available through supply networks:

A database of drugs is just a list of drugs, not a list of where to get those drugs, people would still have to rely on their normal channels of obtaining drugs through dealers or at clubs. it would be good to have, but I don't think it would make a huge difference in the intake of said pills because you would still have to find those pills over others.

Survey respondents were asked whether they had bought or sold drugs through online contacts when reading or participating in online drug discussion, and these results were graphed by social network type in Figure 12. While 'dealing' online was only reported by less than one fifth of the sample (17% reported buying or selling drugs online in their lifetime), it was much more commonly reported among respondents who also reported meeting about half or more of their friends first online and then in-person (the 'merged networks' group, see Figure 12). The contrast was greatest between the separate networks (11% ever) and the merged networks groups (37% ever). Therefore, for a significant proportion of party drug users who used online forums to augment their (offline) social lives, drug buying and selling networks were also augmented. Two examples of online forum networks facilitating supply were found in the interviews. Kat described how the forum she used facilitated dealing among what she described as a small community that saw each other every weekend:

well on one forum, i have been a member since 2003 when it first started or thereabouts so i know most of the older guys very well, and when it was a small community a few hundred people we used to talk about drugs all the time just stuff like how to pull bulbs, organising deals ... because it was a rave forum we would see each other every weekend so we would soon know who was who and we had special meetups to get to know each other.

Georgia, who stated that she would never arrange a drug deal through online communication due to legal risks, also described increased access to drugs after meeting people through the forum. Her social networks of supply increased after befriending a large network of drug users:

**Figure 12. Bought or sold drugs through online contacts by network category**

Source: 703 online survey respondents in 2007-08.

We did have people in our lives that we could source things from before we joined [forum], however that base certainly increased afterwards.

In summary, using internet forums to make new (offline) friends and enter new (offline) scenes can expand opportunities to use drugs in social settings, yet this kind of expansion can also be moderated by the kind of attitude towards drugs flowing through these social networks. Using internet forums to enter new scenes and consolidate one's position within them was also associated with a greater proportion of drug users in one's social network. Entering new (offline) scenes through forums opened up new avenues of drug supply—an artefact of more intensive connections with fellow drug users. To end this chapter, we consider an extreme case of using online forums to reconstitute one's social life by analysing Jen's story.

### 8.4.3 Case study: Jen

Extracts from Jen's narrative were first presented in Chapter Seven: she described her transition from careless to responsible drug user through learning a new way of thinking about drug use from her online forum community. To recap, Jen was 19 years old and was heavily involved in a dance music forum where she spent 30 hours per typical week, had over 5000 posts and was involved in forum moderation. An extract from her interview is presented below.

#### Extract 18: Interview with 'Jen' – New networks and drug practices

- 9:20:23 Monica can you tell the story how you ended up part of this forum - and how big a part of your life it is?
- 9:21:49 Jen sure, i ended up on there while searching for information regarding events in this area. Joined up and sort of just kept coming back, as you do. I now spend between 3-5 hours daily on there, and am actually seeing a guy i met on there.
- 9:22:40 Monica you mention most of your friends you met first online in the survey - mainly from here or from other spots too?
- 9:23:11 Jen from a lot of other spots too, but my current group of friends is mostly from that forum.
- \* \* \*
- 8:19:05 Monica what are some of the ways online forum use could lead to safer and/or more dangerous drug use in your opinion?
- 8:21:34 Jen I think that shared experiences on online forums mean that a person is more likely to know what to expect, for example if they feel something they have not felt whilst using drugs before, if they have read about, or know of other people experiencing it theyre less likely to freak out and harm themselves more.
- 8:22:13 Monica for sure... so it can make it safer for someone to have read about it all beforehand
- 8:23:02 Jen yes. safer in the way that the person has more control, which is always safer..
- 8:23:22 Monica i guess also it would reduce anxiety, if you have a better idea what to expect?
- 8:24:26 Jen yes, exactly. also, depending on what experiences have been shared a person might choose not to do that particular drug because of a certain effect, or at least do some more research into that drug.
- 8:24:45 Monica so it could also serve as a warning too
- 8:25:23 Jen yes.
- 8:25:27 Jen definitely.
- 8:25:43 Monica and do you feel there are ways that online drug discussion could lead to more dangerous drug use?
- 8:27:27 Jen yes. I can go as far as saying there are certain drugs I never had any interest in and since joining a certain online forum, I am now eager to try them plus some I'd never heard of. The people met through this forum also do drugs, so I'm doing it more often and I'd say its a result of being a member on this forum.
- 8:28:15 Jen so it can be dangerous in that it opens up a whole new world to someone, and most people will jump at the chance, not thinking too much about the consequences because everyone else is doing it.
- 8:29:18 Monica so i think you've described situations where the influence of your friends can be pretty important

- 8:29:45 Jen yeh, most definitely.
- 8:29:59 Monica whether to steer clear of some drugs or maybe because you go out more, so you end up more involved in the scene?
- 8:31:13 Jen exactly. being around people who do the same drugs, speaking to them everyday, drug use and drug talk becomes just part of your regular life and its difficult to think of it any differently.
- \* \* \*
- 8:43:34 Monica can you give me any examples of new things you've tried where online discussions have been a part of it?
- 8:46:59 Jen larger amounts of drugs at one time. Things that people do to keep their high going, and to bring it up again. Theres a drug ive never heard of before, which i heard of through someone on the forum, and I am looking forward to trying it. 2CE.
- \* \* \*
- 8:54:21 Monica and in terms of preparing for trying hallucinogens or 2CE - will you just wait til an opportunity arises to do it or do you have some sorts of plans?
- 8:55:35 Jen a bit of both, ive got some idea who I'll be doing it with - that was a conscious decision to do it with someone who has before, and can help me out if needed. I know where I'll be getting it from, all that left now is when we do it and where.

Jen's construction of the rave forum and scene that stood at the centre of her social life provides a more extreme example of the experiences of someone living in an internet-saturated world. At 9:20:23–9:23:11, Jen recalled how she entered this particular rave scene through online searching for local party events, joining and posting at this forum, attending events and meeting forum members in person, leading to her spending many hours a day using the forum and forming a romantic relationship with another forum member. During fieldwork observation at this forum, I saw how drug discussion was hidden from public view, being only available to members who had logged in. (Jen mentioned in her interview that other forum content was available at the forum only to specific groups of members.) So, while still being a public forum, this online community also chose to reduce public access to some of its content, allowing (moderated) drug discussion to occur while incurring less of the risks associated with completely public discussion.

Jen outlined her ideas about the safer and more dangerous aspects of forum use at 8:19:05–8:31:13. She emphasised the importance of reading other people's experiences to help inform her expectations and decisions about drug use, and to increase her sense of control over drug events (8:21:34–8:25:27). Then, at 8:27:27, she stated her belief that the rave forum was the cause of the escalation of her drug use and her eagerness to try new drug types. At 8:28:15 and 8:31:13, she moved into second-person voice to describe the dangerousness of being exposed to a 'whole new

world' where 'drug use and drug talk becomes just part of your regular life and its difficult to think of it any differently'. She accounted for her actions at 8:28:15 by stating that 'most people will jump at the chance, not thinking too much about the consequences because everyone else is doing it'. She implied that she is like 'most people' and this sentence acted to excuse her of deliberately seeking out a network of heavy drug users.

Indeed, unlike other informants, Jen did not construct herself as intentionally trying to change her friendship group. For example, at 9:21:49, when telling the story of her entry into this scene, she constructed her actions as somewhat unintentional ('Joined up and sort of just kept coming back, as you do'). In contrast, Jen presented herself as informed and in control when describing her plans to try the drug **2C-E** (8:46:59 and 8:55:35). She had arranged supply, but was yet to decide on 'when we do it and where'. In contrast to her depiction of being eager to try new drugs as dangerous at 8:27:27, here at 8:46:59, she described how she was 'looking forward to trying' 2C-E. 2C-E was not a commonly available drug, and although we did not explicitly discuss it, it is likely that Jen's 'merged' involvement with this forum community allowed her to access the drug via social supply networks involving forum members.

What is most striking about Jen's narrative is how she positioned her friends and their community as the cause of her drug practices, whether constructed as safer (being able to recover from an ecstasy overdose, see Chapter Seven) or more dangerous (using drugs more often, this chapter). Moreover, there was little delineation in her narrative between online and offline networks due to their integration. When Jen stated that 'I'm doing it more often and I'd say its a result of being a member on this forum' (8:27:27), it was being part of the community that she emphasised as the cause of using drugs more often, not her 'use' of the internet to research drugs. The internet was integrated into Jen's life to the extent that it simultaneously acted as a tool (learning about drugs, seeking information about events), a social space (engagement in daily online social interaction) and a way of being (using drugs and talking about them becomes part of regular life - the distinction between online and offline becomes obsolete).



## **Conclusion**

This analysis challenges the utopian and dystopian discourses that espouse the internet as enabling freedom to stigmatised groups (like drug users) through anonymity. Instead, a more nuanced picture emerged: the ‘pseudonymous’ informants relied on pseudonymity to allow them to engage in limited discussion of their own drug use; the ‘open’ informants did not see any need for pseudonymity while engaging in limited drug discussion; and the ‘anonymous’ group never admitted to drug use publicly and did not believe pseudonymity offered sufficient protection from the risks of public drug discussion. While informants and respondents showed broad awareness of the public nature of their discussions and the legal and social risks of being identified as drug users through online forum participation, many dismissed these risks as unlikely and/or manageable through easily incorporated behavioural strategies.

This chapter has also challenged both the strict dichotomy between, and the complete convergence of, online and offline spaces. Three approaches to the construction of social networks emerged. Party drug users employed internet forums to (1) support pre-existing relations, (2) enter new online-only relationships and scenes, and (3) enter new (offline) relationships and scenes. Of these three approaches, drug users who used forums to enter new offline relations constructed online forums as having an extensive impact on their drug practices through increased access to parties, party people and party drugs. In these cases, the online/offline delineation became increasingly irrelevant as both intersected and informed each other, a conceptualisation that matched Markham’s third metaphor, the internet as a way of being. Yet, the production of separate online spaces for the purposes of drug discussion was important to many informants. They believed that separate networks offered better protection from the potential risks of public identification as drug users, and many were keen to avoid blending their online relations with their pre-existing friends. For these informants, the dichotomy between online and offline continued to be relevant in the construction of their social lives and the protection of a potentially stigmatised identity.

## **9 Discussion and conclusions**

In this thesis, I have explored public internet forums as tools, places and ways of being among a sample of Australians who used party drugs. I have also described how their use of forums shaped their experiences with drugs. In this final chapter, I first briefly summarise the main findings of this thesis. Then, the bulk of this chapter highlights the unique contribution to knowledge of this work by integrating the findings into areas of significance for theory, method and practice. After outlining the limitations of this study, I propose future research trajectories.

### **9.1 Summary of results**

#### **9.1.1 The internet as tool**

Most research about drugs and the internet has conceptualised the internet as an information resource that people access and/or as a communication tool through which people can interact to produce, consume and exchange information. Indeed, party drug users who participated in the current project commonly described the benefits of the internet as an information tool, and participant observation of internet forums demonstrated its benefits for information dissemination in response to dangerous drug events (e.g., the death of Annabel Catt).

In online interviews, describing the practice of ‘online drug research’ in some form was universal. Online drug research was constructed as a method of reducing drug-related risk through planning drug events, understanding what kinds of effects to expect when trying a new drug, and employing strategies to reduce harm and maximise benefit from drugs. Furthermore, study informants acknowledged threats to information credibility and accuracy. Many informants described the use of multiple heuristic devices to assess online credibility. These methods were not seen as foolproof: experienced forum users expressed an understanding of their limitations, the need to spend time getting to know the online community before knowing who to trust, and the use of multiple sources or meta-analysis when conducting online (drug) research.

Participant observation of forum reactions to the death of Annabel Catt bore witness to an act of resistance made possible through use of the internet as a method

of information dissemination. While the head of emergency services and the Premier made statements about the importance of telling the public about which pills to avoid, the police reiterated the message that all drugs were dangerous, and that no ecstasy tablets were 'safe'. In contrast, forum moderators disseminated an e-mail taking the perspective of those who intended to continue to consume the drug. Information about PMA, how to detect it using colour reagent testing kits, and how to respond to a PMA overdose was effectively disseminated across numerous Australian online forums. In this case, drug user activism was made possible through the capacities of the internet as tool: (1) the formation of far-flung networks, (2) fast and free information transmission, and (3) pseudonymity of activists working in a field where identification as drug users may lead to negative consequences. Forum moderators were successful in making public police images of pills and capsules that had tested positive for PMA in an attempt to warn other drug users.

Unlike the case just described, most forum users who participated in this study reported engaging with online drug discussion in order to increase the positive aspects of their drug experiences while also seeking to decrease the negative aspects. That is, internet forums were rarely used *only* for the purposes of harm reduction. Moreover, practicing online drug research did not necessarily result in reduced drug harms. The issue of the content of ecstasy pills (Section 6.4.2) illustrated the complexity of the use of internet forums as information tools. While information about pill content and purity was widely consumed and often also disseminated by forum users, the limitations of this information and the place of drug users within supply networks shaped how this information was translated into practice, particularly when it was unclear whether online pill reports bore any resemblance to the same 'batches' of pills available to participants in their own locale. The consumption of pill content and purity information just for 'interest's sake', with no intention that this information might influence drug practice, complicates a straightforward connection between information and practice.

### **9.1.2 The internet as place**

The instrumental account of online drug research only tells one part of the story. The practice of online drug research can also be seen through the lens of internet as place. Within online places, participants interact via asynchronous exchanges of text,

hyperlinks, images and other multi-media. Through these interactions, they produce and reproduce discourses that allow and disallow particular kinds of drug-using subjects. The discourse favoured by interviewees who participated in this study (the harm reduction model) inscribed an informed and responsible drug-using subject: quite the opposite of the irrational and undisciplined subject associated with the mainstream pathology discourse, or the pursuit of intoxication without moderation (the 'trashbag' discourse). Online drug research was not only a direct effort aimed at improving the outcomes of drug use, it also served to mark 'researchers' as good neoliberal subjects who were informed, responsible, mature, and capable of successfully negotiating the risks and pleasures of drug use. Being seen to do drug research meant being seen as responsible, a positive value judgement that resisted mainstream discourses that marked drug users as inherently irresponsible.

The discursive resources used by drug users in online interaction worked to bolster their status as responsible drug users. In online interviews, informants blamed new users ('newbies') and experienced users with a 'trashbag' attitude ('idiots') for being the source of drug problems while excusing themselves (scapegoating). Informants also described themselves as more capable of doing drugs well in comparison to their friends and other types of drug users including the newbies and idiots (self-confidence). They also downplayed the risks of drug use by comparing party drug use to more acceptable activities like drinking alcohol (risk comparison). Narratives of transformation allowed informants to account for past transgressions by presenting themselves as transformed into responsible users. Within particular forums as social spaces, group social controls—comprising mainly of rules and content moderation—shaped the discourses and practices available to forum users.

In Chapter Two, three different models of drug use were described: (1) the dominant pathology model that inscribed an irrational, irresponsible and information-deficient drug-using subject, (2) the harm reduction model that inscribed a responsible drug-using subject and a moderate approach to drug use, and (3) the consumerism model which inscribed a pleasure-seeking drug-using subject. In Chapter Seven, discourse analysis of online forum and interview interactions illustrated the predominance of the harm reduction discourse among informants in this study. Within this context, forum users constructed themselves as informed, responsible and rational citizens who remained in control of their drug use. From this

construction, they gained access to social support, respect from their fellow forum users, reduced anxiety, and a sense of confidence and empowerment. They positioned themselves against both (1) the mainstream position that illicit drug use is irrational, and (2) the 'trashbag' position that moderate drug use is 'weak'. The online social space created and recreated through their interactions made these identity constructions possible.

### **9.1.3 The internet in everyday life**

There is a problem with conceptualising the internet as an online place: it assumes a duality between online and offline social worlds. To address this problem, I also explored the integration of online and offline social networks to answer the question of how internet forums shape drug use. Examining the Ultraworld event and the related interactions between forum users and the media exemplified the fluidity of online and offline worlds while also highlighting assumptions of privacy expressed by public forum participants. Survey and interview data indicated that most forum users were aware of (offline) risks associated with publicly discussing their drug use through online forums, but nevertheless, many felt these risks were unlikely and/or could be successfully managed. The grey area around the private/public nature of online spaces was reflected in these data.

Drug users made new relationships through online forums in two distinct ways. Some used online forums to enter new offline relationships and social scenes, while others constructed separate online social networks for the purposes of drug discussion. In the former case ('merged networks'), the delineation between online and offline worlds was increasingly irrelevant as both intersected and informed each other: online and offline were expressed as 'one world'. In contrast, forum users who encouraged the separation of networks valued the delineation between online and offline worlds. Separate online networks in public forums where drugs were discussed provided better protection from the risks of public drug discussion: it was easier to remain anonymous and to protect their potentially stigmatised identity as a drug user. Although it was common to make new relationships through online forums, they were also used to support pre-existing social relations. In the latter case, the distinction between online and offline was also less relevant.

Seen through the lens of the internet as part of everyday life, it was the subset of forum users who sought out new offline social relations through online forums (12% of survey respondents) that showed the strongest impact of forums in shaping their drug use trajectories. Not only were they using internet forums as information tools and online social spaces, they also increased their (offline) access to party scenes, party people and party drugs. Even in these more unusual cases, the facilitation of social processes through online forums had complex effects on harm reduction and production. While in some cases accessing new party scenes led to increased drug use, in other cases it led to more moderate drug use due to accessing a more moderate set of peers. Increased access, like increased information, did not necessarily lead to increased harm.

## **9.2 Contributions to knowledge**

The theoretical, methodological and practical implications arising from this work are highlighted in this section. The integration of the thesis findings with broader contexts is followed by a brief overview of the limitations of the research and future directions for this inquiry.

### **9.2.1 Theoretical**

There are two main theoretical implications from this thesis. Firstly, this study demonstrated that folk pharmacology, micro-level normalisation, and risk neutralisation strategies occurred in online contexts among this group of party drug users. Secondly, this study confirmed the utility of using a broader conceptualisation of the internet when trying to understand how drugs are used in contemporary network societies.

Folk pharmacologies are cultural practices and knowledges that form within drug-using social networks. Specifically, ‘folk’ or ‘lay’ knowledge is contrasted with the knowledge of ‘experts’ or ‘professionals’. The difference between ‘folk’ and ‘expert’ understandings and knowledges has been identified and interrogated by ethnographers, who seek to translate folk understandings into forms that experts can comprehend (Agar, 1985, 2011). Understanding folk pharmacologies is critical to the development of appropriate responses by official agencies. This thesis has concentrated attention on the capacity for drug users to form their own knowledge

networks through internet forums (Chapter Six). Knowledge about how to use drugs more effectively and safely was distributed through the Bluelight forum online network and via the pillreports database. Yet, unlike folk pharmacologies set in specific local (sub)cultures (e.g., inner-city Sydney's gay scene, Southgate & Hopwood, 2001), these online folk pharmacologies were accessible to public scrutiny. Indeed, access to 'experts' who would not otherwise be available through locally bounded social networks was a commonly mentioned benefit of online drug discussion in this study. In contrast, other internet forums in this study resembled bounded local networks: small dance music forums where people talked about drug issues relevant to their local scenes. Folk pharmacologies were less easily discerned from these discussions because in these forums, detailed instructional drug discussion was prohibited. The contrasting examples shown in this thesis illustrate the importance of considering technology as socially situated: internet forums may facilitate folk pharmacologies, but only in specific social (micro and macro) contexts.

In Chapter Two, I outlined the ways in which drug users resist being subjectified as irrational, irresponsible and/or ignorant by the popular pathology discourse. Many drug users remain committed to normative neoliberalism: they understand themselves to be rational, calculating individuals who are entrepreneurs of their own lives, and if they fail to successfully manage their drug use, they describe this failure as a personal weakness or deficit (Pennay & Moore, 2010). By performing acts of assimilative normalisation, such people work to redefine drug use as a practice that can be conducted responsibly, in this case, through online drug research. In Chapter Seven, the informants in this study continually reiterated this point in their interactions with me and within the structures of online forums where the ideology of harm reduction, or 'responsible drug use', was dominant. In contrast, other drug users rejected neoliberal values by valorising the pleasure of drug taking, despite or even because of the risks. Although less common in this thesis, these acts of transformational normalisation occurred in online forum interaction (e.g., 'pma sounds fun', Section 7.1) and within online interview interactions (e.g., 'they're just pills', Section 7.3.1). For some, 'responsible' drug use was for 'weak c\*nts' or it was 'not as fun'. These moves towards resisting public health messages may also be seen as acts of resistance to health promotion (Crossley, 2002), especially towards the

way drug-using subjects are depicted in such discourses. This thesis adds to the work in this area by illustrating how these social processes occur in online contexts.

The techniques of risk neutralisation outlined by Peretti-Watel (2003) were demonstrated during online interactions with my informants. In an attempt to resist the stigma associated with using illicit drugs, party drug users interviewed in this study scapegoated other categories of drug users, expressed self-confidence in their own ability to successfully manage their drug use, and neutralised the riskiness of their own drug use by making comparisons with less stigmatised drugs, especially alcohol. These strategies can be understood as discursive resources used by informants to construct themselves as informed and moderate drug users: that is, to perform assimilative normalisation. In addition to the use of risk neutralisation strategies, informants used narratives of transformation, where potentially stigmatised actions such as irresponsible drug use were described in the past tense, critically evaluated and followed by a stated commitment to responsible behaviour in the present and future (see also Fraser, 2004). These findings show how alternative online places, such as internet forums, provide ideal contexts for normalisation and neutralisation processes: they are places within which drug users “challenge the stigma attached to them” (Rødner Sznitman, 2008, pp. 456-457).

Chapter Three introduced three metaphors of the internet based on Markham’s work. By reviewing the literature on drugs and the internet through these three conceptual lenses, it became clear that the majority of the research in this area treats the internet as an information or purchasing tool. As indicated by the title of this thesis, my work moves ‘beyond internet as tool’ by also considering the internet as a place and a way of being in the world. An important theoretical contribution of this thesis is to introduce drugs researchers to more comprehensive accounts of what the internet means and how it is used by people who use drugs. On the one hand, internet forums as places offer contexts for social interaction. As social contexts, online places may be theorised as risk and enabling environments. However, the boundaries between online worlds and offline everyday existence are permeable, and this convergence is a critical concept that needs to be incorporated into our understanding of drug use in an internet-saturated context. This point is of particular relevance to drug users and other potentially stigmatised groups (e.g., people with eating disorders, see Section 3.2.1). In a context of increased convergence and the



rising popularity of Facebook, online anonymity has become more difficult to realise. By analysing how people use forums to either merge online and offline networks or to keep them separate, I have demonstrated the tensions between sharing information and remaining anonymous which are negotiated by party drug users who participate in internet forums. For drug users who hope to evade social stigma by hiding their drug use from other facets of their lives such as employment or family, internet forums may still offer opportunities not afforded by the newer social media. Theoretically, understanding the internet through multiple conceptual lenses, and acknowledging the tensions between the diverse ways in which the internet can be used, will enable more comprehensive exploration of the intersection of drugs and the internet as both continue to evolve.

### **9.2.2 Methodological**

This thesis was also an exploration of the efficacy of specific online methods within a qualitatively driven mixed-methods inquiry logic. The successful recruitment of a large sample of party drug users through online engagement techniques (see Barratt & Lenton, 2010) demonstrated the capacity of internet methods to access otherwise hidden populations, a capacity that has been successfully utilised in this field since the late 1990s (e.g., Coomber, 1997; Miller, et al., 2007; Nicholson, et al., 1998; Stetina, et al., 2008). However, in a context where people have become survey-fatigued (Witte, 2009), how the survey is presented, its length and level of response burden need to be carefully considered so that completing the survey becomes a more attractive option than ignoring it. The online survey in this thesis was calibrated towards lowered response burden via its design, its length, its topic, and through piloting procedures. The success of this survey demonstrates the importance of these design decisions, especially since attracting party drug users into research is becoming increasingly difficult in certain parts of Australia (see Sindicich & Burns, 2011, p. 15). Given that this survey was designed to be attractive to the target group despite not offering financial or material incentives, the methods used in this thesis should inform the design of future online surveys, especially those with budgetary restrictions.

While web surveys are commonly used to collect data from drug users, to the best of my knowledge, there is no published research where people who use drugs

are interviewed through synchronous (real-time) online chat or instant messaging. This is despite the fact that many young people use instant messaging both generally (Boneva, Quinn, Kraut, Kiesler, & Shklovski, 2006; Quan-Haase, 2007) and specifically to discuss drugs (Boyer, et al., 2007; Murguía & Tackett-Gibson, 2007). Synchronous online interviews were a successful way of engaging with the informants of this study. The success of this method was not surprising given the characteristics of the target group who were, by definition, participants in online drug discussion. Practical benefits and challenges of conducting synchronous online interviewing have been discussed in this thesis (see Section 4.4). For example, I deliberately engaged with interviewees in a more conversation-like style during these interviews, offering information about myself in order to connect with interviewees and build rapport, something that is harder to do without the nonverbal cues that can be expressed in a face-to-face interview or the ‘ums’ and ‘ahs’ in a phone interview. I also tried to mirror the textual style of the interviewee, such as their use of lower or sentence case, strict or relaxed grammar, and long or short individual messages. These skills, among others, were assisted greatly by my familiarity with instant messaging as a conversation medium. Illustrating technical and cultural competence in this medium helped develop rapport and trust with my interviewees. With adequate preparation to develop technical and cultural competencies, online interviewing offers an effective way of engaging with young people that is worthy of consideration by social researchers working both inside and outside the drugs field.

The use of online methods necessitated a close reading of the ‘internet research ethics’ field (e.g., see Buchanan & Ess, 2008). Internet research ethics is nuanced, complex and dynamic, changing along with the rapidly shifting ways in which internet technologies and contexts are interpreted (Baym & Markham, 2009). This thesis has implications for the ethical conduct of online research with people who use drugs. Firstly, the extent to which public online discussions constitute texts that can be used without the consent or acknowledgement of authors and the extent to which those authors should be treated as research subjects is still under debate (McKee & Porter, 2009). It cannot necessarily be assumed that because an online discussion is publicly accessible, it should be treated like a published book (Sveningsson Elm, 2009). Nevertheless, public internet forum discussions have been harvested and used as data for drug use research (e.g., Cone, 2006; Schifano et al.,

2011; Schneider, 2003; and see most chapters in Murguía, Tackett-Gibson, & Lessem, 2007), but only in rare cases did researchers attempt to engage the users of such forums in any way (e.g., Tackett-Gibson, 2008). Secondly, it is of the utmost importance that researchers using public internet discussions as qualitative data understand that in the Google era, direct quotations from public documents nullify any attempts by the researcher to anonymise the source of those quotations (Markham, 2011). As online and offline worlds are increasingly converged, it is also more difficult to anonymise online entities when the offline equivalents they are enmeshed with remain identifiable (Tilley & Woodthorpe, 2011).

My readings of the use of online methods across other sensitive and stigmatised groups indicated that the increased publicity from research conducted without the knowledge of online groups could harm them and, in some cases, could lead to their closure (Chen, et al., 2004; King, 1996; Whitty, 2004). My concern about this possibility led to a cautious approach in how to represent forum data. Rather than assuming that public online discussion could be treated as if it were a public document in a library, I attempted to engage with forum groups through contacting moderators, negotiating the posting of notices, and engaging in discussions with forum users about the research project. Through this process, I found that the appropriateness of using online forum discussions as data, and the most acceptable ways of representing the source of that data in research publications, could not be pre-determined and was best decided through negotiation with the groups who could be affected. I also used a range of strategies to deal with the continuum of anonymity and acknowledgement, based on negotiations with the various forum moderators. This work shows that we cannot assume that research contributors always want to participate in an anonymous way. Through engagement rather than passive data harvesting, researchers can learn more about how online groups and individual group members want to engage in research, and design research with enough flexibility to meet these needs.

### **9.2.3 Practice and policy**

These findings also have implications for how we approach interventions with party drug users, our use of the internet to monitor trends in drug use, and the way in which we regulate internet content. These implications are limited to the extent that

this study did not take a random sample of the population of party drug users, and therefore, it is not possible to determine how well the findings of this study represent the broader picture among party drug users in Australia and abroad.

In the thesis, I have shown how people who use drugs construct themselves as responsible and informed: they represent themselves as normal neoliberal subjects within online discourse. These findings reiterate the importance of peer-driven communities and information. It has been well-established that drug users prefer to receive education through peers because they are seen as more credible, peers identify more readily with each other, and peers are more likely to have physical and cultural access to hard-to-reach group members (Bleeker & Silins, 2008; Turner & Shepherd, 1999; Wye, 2006). Peer education itself mirrors the most successful dissemination of information that naturally occurs: discussion within friendship networks (Milburn, 1995; Ward, Hunter, & Power, 1997). While the best-known harm reduction initiatives (e.g., needle and syringe exchange, safe injecting centres, drug substitution treatments, etc.) do *not* target party drug users, peer education models have been employed through the distribution of tailored harm-reduction information by peers in nightclub settings (Bleeker & Silins, 2008) and the provision of peer-run services offering colour reagent pill testing (Benschop, Rabes, & Korf, 2002). In the current context, where drug users are problematised in official discourses, some people who use drugs create alternative online spaces to socialise and exchange information with other like-minded people. To what extent can these kinds of online contexts be manufactured by outsiders: for example, by organisations who wish to utilise online contexts to increase the resilience of, and/or decrease the risk to, people who use drugs?

According to Wye (2006), there are three different types of peer education: (1) *spontaneous informal peer education*, which occurs among groups of drug users during everyday activities without deliberate intent to educate, (2) *intentional informal peer education*, where drug users deliberately intend to improve their knowledge and skills or distribute information to their peers, and (3) *formal peer education*, where funded agencies employ paid workers and volunteers, who are usually current or former drug users themselves, to run interventions and services aimed at improving the lives of drug users. The development of online folk pharmacologies shown in this thesis illustrated intentional informal peer education,

whereas social discussions about drug issues in dance music forums contained spontaneous informal peer education, where forum members may not have intended to deliberately educate others through their social interaction. In contrast, websites designed by funded agencies that employ young people as moderators (e.g., *Reach Out!*, Burns, Ellis, Mackenzie, & Stephens-Reicher, 2009) are examples of formal peer education. The current research has a common point with programs like *Reach Out!*: good moderation was a critical factor that enabled the smooth running of both informal (e.g., the forums that participated in this thesis) and formal (e.g., *Reach Out!*) online communities (Webb, Burns, & Collin, 2008). Webb et al. describe a proliferation of ‘unsupervised’ internet forums and note the potential dangers of such online contexts. All 40 forums described in this thesis had rules that governed acceptable practices and content, and forum moderators and administrators interviewed demonstrated a commitment to reducing the risks to their members posed by problematic or illegal content. While these forums may fit within Webb et al.’s concept of ‘unsupervised forums’ in that they were not officially funded and endorsed by government agencies, my research demonstrates that these forums were nonetheless moderated by volunteers committed to reducing drug-related harms and that they had the capacity to enable intentional informal peer education with positive outcomes.

In this study, informants engaged in a practice of online drug research that involved applying multiple methods of assessing the credibility of drug information. Despite these processes, it is still possible for inaccurate and potentially damaging information to spread, and to do so more quickly through online communication, potentially resulting in increased levels of harm. The same mechanisms that enable online peer education to reduce harm may also facilitate increased harm. Therefore, it is important that health, social and policy workers—who aim to facilitate harm reduction through taking action in online spaces—understand how interactive online spaces are used. Such facilitation may not necessarily be in the form of direct intervention, which could further alienate the participants in online drug discussion, but rather through the support of existing online spaces that are already engaging in intentional informal peer education. Engaging with the management of such forums by offering time, expertise, and funding may be one way of partnering with peers as a support, without taking away their power to determine the direction and shape of

their own projects. By supporting and protecting such online places, advocates can also help preserve anonymous online places in the face of an increasing trend towards social network tools that network content by identity (e.g., Facebook, see boyd & Hargittai, 2010; Raynes-Goldie, 2010).

The most commonly mentioned website used by survey respondents involved reading and sharing pill reports through an online database. Online pill reports were used for reducing the risk of consuming pills of unknown content and purity as well as to increase the chance of buying a ‘good pill’ and just for ‘interest’s sake’, yet the usefulness of this peer-run intervention is constrained by practical considerations around the effectiveness of colour reagent tests, the existence of copycat batches, and the lack of information about the pills available directly to informants. In the absence of better information, pill reports will continue to be exchanged online, despite their limitations. Alternatively, information about the content and purity of ‘illicit tablets’ could be collated and disseminated by government agencies. Different models for this kind of intervention were collated for an Australian government report in 2009 (Hales, 2009). While drug user advocacy groups favoured universal online access to such a database, other professionals interviewed for this report favoured only allowing health and crime sectors to access the database due to concerns that the existence of this information in the public domain would be perceived as condoning drug use (Hales, 2009). While such issues would need to be resolved if such a program were to be implemented, it is undoubtedly the case that the party drug users surveyed and interviewed for this thesis would have used this kind of database to help them understand the content and purity of the pills available in their locality and specifically through their own supply networks.

This work has implications for how we can better understand new drug trends through online content monitoring. Firstly, Australia does not currently monitor online drug discussion in a regular and systematic way.<sup>37</sup> Establishing a monitoring system, the design of which could be based upon European models (e.g., Psychonaut Web Mapping Research Group, 2010), would allow additional information about new drug trends to be disseminated in a timelier manner so services and interventions

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<sup>37</sup> Anecdotally, Australian law enforcement personnel are doing this, but the findings of these investigations are not publicly available.

could be more responsive to new trends. Integrating online monitoring into our current systems would provide greater stability of results. Secondly, online monitoring systems that catalogue the contents of internet forums where drugs are discussed almost always do so from a passive perspective: that is, they harvest publicly available discussions without attempting to engage with the online communities. Drawing from the methodology I have developed in this thesis, a more comprehensive monitoring system could involve participant observation, including engagement with forum communities and discussions with drug users about what is new in their scenes. Thirdly, a future Australian online drug monitoring system would need to be flexible enough to keep up with the pace of technological change. For example, the micro-blogging service Twitter has rapidly emerged as a platform for political organising around drug law reform as well as a method of selling emerging drugs and related accessories. Yet, to the best of my knowledge, these data are not currently considered by our drug trend monitoring systems. Flexibility would allow such systems to identify new digital technologies and new ways of using established technologies, and to closely follow new innovations in talking about drugs online in order to track new innovations in drug practices.

While more flexible and responsive drug monitoring systems that draw from online data would help health and social systems respond more quickly to new drug trends, such information is also likely to be used to inform law enforcement and may result in further tightening of drug laws. Indeed, the current situation in relation to new psychoactive substances involves discussions of new drugs on internet forums informing mainstream media and law enforcement agencies, resulting in 'tougher' laws prohibiting the new 'legal' drugs and the repeat of the cycle with the next new drug (Griffiths, et al., 2010; Sumnall, Evans-Brown, & McVeigh, 2011). The discussion of new drugs on internet forums already plays a large role in alerting the public and law enforcement to the existence of new substances, and data from internet forums are used to corroborate evidence collected in Europe through the European Monitoring Centre for Drugs and Drug Addiction and Psychonaut projects (King & Sedefov, 2007; Psychonaut Web Mapping Research Group, 2010). Some forum users who participated in this project expressed concern about people who discussed their drug use openly in public forums, because they believed that such discussion needed to be kept out of the view of media, law enforcement, and other

institutions that could influence authorities to criminalise new drugs. Unfortunately, monitoring online drug discussions with the view to criminalising all new drugs may actually drive such discussions into spaces that are less accessible, and ultimately may result in more harm through less open drug information and less responsiveness of health and social services.

This thesis is also relevant to the government regulation of internet content. In Australia, the debate around implementing stricter control over internet content has focused upon reducing public access to child pornography. While other potentially banned content has also been discussed (e.g., access to information about euthanasia, content that incites terrorism, and violent pornography), the fate of drug-related content has been largely ignored in the public debate. Should the internet filter policy be enacted in its current form, it is likely that drug harm reduction websites will be blocked (Lumby, et al., 2009). The present study was not designed to measure how drug users would respond if access to detailed drug discussion websites was curtailed, so the following comments should be understood as preliminary rather than predictive. On the one hand, experienced forum users will likely bypass the filter (through use of proxy servers, peer-to-peer portals, virtual private networks, secure https websites, etc.) and continue to have access to blocked sites. On the other hand, novice forum users or non-experts may not be able to access such information or have the necessary level of expertise to bypass the filter. An anticipated effect would be that detailed instructions on using drugs less harmfully may move from public to more private online settings, which would result in less regulation and monitoring by public agencies. Reducing public access to well-known sites with well-established rules and moderation systems may have the unintended effect of moving such discussions to new websites which lack these social structures. Blocking drug websites is likely to reduce access to harm reduction information and to the social support offered by alternative online places made for and by drug users, while also making it harder for health, social and law enforcement officers to monitor and engage drug users and to produce interventions that are responsive to new drug trends. Altering the definition of 'refused classification' to remove reference to detailed instruction in drug use would be more aligned with the National Drug Strategy, given that the strategy supports harm reduction initiatives for people



who continue to use drugs.<sup>38</sup> Should drug websites be blocked in the future, the effect of this changed context on how drugs are used in Australia will require careful monitoring.

### **9.3 Limitations**

Having outlined the theoretical, methodological and practical contributions of this thesis, it is important to understand the limitations of this work. The first limitation of this project derives from the fast moving nature of internet trends. For example, the data used in this project were derived from the text-based web, which is fast becoming obsolete in favour of audio-visual material. Indeed, internet forums are only one of a myriad of diverse online contexts. Secondly, this project was artificially bounded to investigate one form of online context in detail (internet forums) while essentially ignoring other forms, while also being artificially bound to internet forums that were associated specifically with Australia. Although these boundaries limited the project's representativeness and comprehensiveness, they were necessary in order to limit the size of the project so it was manageable as a doctoral thesis. Thirdly, the methodology of this project relied on self-report to a large degree, for example, when reporting the results of the online survey or conducting thematic analysis on qualitative interviews. Due to the entirely online design, I was not able to witness drug practices to verify the relationship between practice and self-report. However, being a participant-observer across multiple internet forums, reflecting on personal experiences, and drawing on a diverse range of methods and data sources enabled a critical approach to self-reports. For example, informants' descriptions of themselves as responsible drug users were understood in multiple ways, as: an attempt to use drugs more safely, a way of claiming normative neoliberal subjecthood, and a way of building a positive status or reputation in a context where the provision of detailed drug information was valued. Also, another limitation of this study was that the design of the survey and interviews was cross-sectional rather than longitudinal. Cross-sectional designs do not enable analysis of how processes evolve over time. Finally, like almost all studies of hidden

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<sup>38</sup> There are also solid arguments against implementing any kind of ISP-level internet filter, and against the very existence of a 'refused classification' category of media content (see Crawford & Lumby, 2011). These discussions fall outside the scope of this thesis.

populations, this project relied on purposive sampling. Therefore, the extent to which these findings are representative of the wider population from which the purposive sample was drawn is unknown. For example, almost one fifth of the survey sample reported experience as a forum moderator or administrator. Due to the lack of other studies of this specific population and the purposive sampling method, it is unclear whether forum users with experience as moderators were more likely to complete the survey or whether this statistic is representative of the population. It may be that the resulting samples analysed in this thesis are biased towards a more experienced online sample. Despite these limitations, this purposive sampling method was appropriate for the exploratory goals of this study, as it provided unparalleled access to a substantial sample of party drug users who participated in internet forums, something which would have been impossible through the use of probability sampling.

#### **9.4 Into the future**

Given the focus on the internet as a priority area in the latest Australian National Drug Strategy (Ministerial Council on Drug Strategy, 2011), increased research in this area is expected. Yet, as it stands, much of this work addresses the question of how our responses to drug-related harms can be enhanced through internet technologies. While the development of internet-based treatments and interventions is a very important part of the picture, this focus ignores the question of how people already utilise the internet in ways that shape their drug practices. In this thesis, I have shown that, without the intervention of official agencies, drug users are already using the internet as an information tool, an alternative online place, and as an integrated part of their everyday lives. The extent to which these social practices offer challenges for the regulation of drug taking are outlined in the Strategy. They include: increased supply of new analogue drugs and pharmaceuticals; unregulated information on drug manufacturing; and forums for increased marketing of alcohol and tobacco (Ministerial Council on Drug Strategy, 2011). What is missing from the Strategy is acknowledgement of the positive effects of increased internet use by drug-using populations, a gap upon which this thesis has focused. The concepts of digital resilience and cultures of care through online networks need to be included in any discussions of drug use in networked societies, alongside the increased access to an abundance of information through which people can ‘do their own research’ on

drugs. Mass media interventions must treat their audiences as able and willing to do their own research: treating drug users as irrational, irresponsible and ignorant is not only inaccurate, it is counterproductive. Furthermore, the increased funding of internet interventions should be informed by accounts of how drug users already use the internet in their everyday lives. The question of how best to respond in the internet era is intimately linked with understanding the ways in which the internet is already used by people who use drugs.

As an exploratory work, this thesis has provided more questions than answers, and these questions form the basis for future research in this area:

- Online and offline worlds are now increasingly converging. How can we design future projects to investigate the intersection of online and offline in the lives of drug users?
- Newer internet technologies appear to be decreasing the capacity for online anonymity. How will this trend affect drug users and other people with stigmatised identities and their use of the internet as an alternative online place?
- Facebook, YouTube, and Twitter offer different online tools and environments to the public internet forums examined here. How do the use of these internet technologies shape drug practices?
- Smart phones that incorporate internet connectivity change the context of online information and settings, which can now be accessed anywhere and anytime. This development makes it more possible for the internet to be accessed at the point of drug transaction and consumption. How will smart phones be utilised by drug users in ways that may affect their drug practices?
- Trends in internet use change rapidly. How can we keep pace with these new developments while tracking their potential shaping of drug trends?
- Australian drug trend monitoring systems lack an online component. How can we design an efficient and responsive online monitoring system to complement our existing systems?
- The internet crosses international borders. How can we capitalise on this transnational reality? Will international drug monitoring systems be more

useful in tracking emerging drug trends in the future? How can online drug discussion feed into such systems?

- Will governments block websites containing detailed instruction in drug use? If they do, how will drug users respond and what will be the consequences of this policy decision for their health and social wellbeing?
- While public internet forums prohibited drug dealing, nearly one fifth of the survey sample reported buying or selling drugs through online forums. How are internet technologies being used to facilitate drug market transactions, and how is online communication affecting drug markets more broadly?
- To what extent are other (non-party) drugs being represented in online contexts? How are cannabis, prescription medication, heroin and injecting drug use being represented through internet forums and other online contexts?
- To what extent are the findings of this study representative of party drug users in general? How have these trends changed over time?
- How do we respond to drug users who reject the harm reduction message? Can we produce materials that reach people who shun ‘responsible drug use’?
- How do we reduce the stigma associated with drug use in public and political discourse? What methods are most effective in challenging the pathology discourse that dominates public judgements about drug use(rs)?
- How can researchers and policy makers use the internet to increase engagement and partnership with drug users?
- How can researchers refine online methods used in data production, including synchronous online interviewing, online surveys and online recruitment methods?

A decade ago, Hilary Klee argued that “the exponential growth of information technology has changed the context in which individual decisions about drug use are made” (2001, p. 31). The last decade has provided ample evidence in support of this assertion, and the findings of this thesis further support the claim that digital technologies shape drug practices. The larger claim, of which this thesis is but

one small part, is that—to paraphrase Klee—the exponential growth of information technology has changed the context in which individual decisions *about everything* are made. The most important thing we can do to understand drug use in an internet-saturated society is to conduct research that is theoretically informed by internet, communication and media studies. For this to happen, drugs researchers need to read across disciplines, across subject-matter silos, and understand drug use as a social practice with multiple negotiated meanings. While Klee focused on the individual, it is also the case that information technologies affect micro, meso, and macro social processes that shape drug practices, including the shape and function of drug markets, the accessibility of social contexts of drug use, and the responsiveness of official agencies to new drug trends. While this thesis has focused on how people’s internet use can shape their drug practices, the use of digital technologies also has macro effects across drug supply, demand and harm networks. The goal of this priority area of research should be no less than defining and dissecting the intersections of digital technologies with drugs from individual to global levels of analysis. This thesis moves the field one step in that direction.

## Notes on referencing style

I have used APA formatting as detailed in the most recent (6<sup>th</sup>) edition (American Psychological Association, 2010). I have also included additional bibliographic information in an attempt to make my reference list more accessible and future-proof.

Instead of citing author initials in the bibliography, I have included the full names of authors for completeness. While this adds length to the bibliography, including full names of authors makes it more likely that the grey literature will be found in future databases by future readers.

I have also used the free service WebCitation to archive grey literature URLs cited in this reference list in an attempt to future-proof this document against the problem of 'link rot'. For example, Thorp and Schriger (2011) recently found that over an 18-month observation period, 35% of the URLs cited in journal articles in the *Annals of Emergency Medicine* were broken. Eysenbach and Trudel (2005) recommend that authors self-archive web citations and include the original and the archive URL in their reference lists.

I have cited many online news articles. Online news article titles are often amended in different editions, making them difficult to locate in news databases. For this reason, I have included the article by-line or part thereof in the citation. I have also included the city and country where the news service is published. While the APA recommends using a home page URL when citing news articles (p. 201), I have included the original URL where available as well as the archived URL. Where articles are no longer available online (and became that way before I began using the online archiving service), I have stated that 'Copy in possession of author' (see APA, 2010, p. 214). All readers are welcome to contact me to request access to any such materials cited in this thesis.

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**Appendix B. Barratt & Lenton Ethics Article**



Monica J. Barratt & Simon Lenton

## **Beyond recruitment? Participatory online research with people who use drugs**

### **ABSTRACT**

The use of the Internet by people who use drugs presents an opportunity for researchers not only to successfully recruit drug users to participate in research, but to go further and engage drug users more fully in dialogue. In this paper, we present data arising from a doctoral research project which examines drug use in an Internet society by focusing on the experiences of participants in online dance music and drug discussion forums, and we examine the ethical issues and problems that arose in this context due to the illegal and stigmatised status of drug use. We chose to engage with forum moderators and users instead of treating public Internet forums as freely available “data”. Successes and failures that occurred during this process are outlined, and we discuss what was involved in maintaining the discussion threads once they were accepted and supported by group moderators. Issues that arose in attempting to continue engagement beyond recruitment are also discussed. To conclude the paper, we evaluate our efforts to conduct participatory online research and suggest how other researchers investigating illegal and/or stigmatised behaviours may build on our work.

### **INTRODUCTION**

While Internet surveys and online recruitment notices have become more commonly employed in drug use research (Miller & Sønderlund, 2010), the potential for interactive, online engagement with people who use drugs has received comparatively little attention. In this paper, we describe the recruitment and engagement of a sample of young Australian participants in online discussion forums who were users of psychostimulant and hallucinogenic drugs and reflect upon the ethical issues that arose during this process. Our aim here is to stimulate discussion about how researchers can engage more closely with people who use drugs, who are often asked to contribute to research but less often given further opportunities to be involved in the research process. Furthermore, people who use illicit drugs may be at risk of experiencing a range of possible legal and social harms as a consequence of both discussing illegal behaviour in public online forums and the publicity associated with the dissemination of research findings. We therefore see drug users as an important sentinel group for looking at ethical matters in online research, and believe our experiences can also inform ethical practices in research exploring other online communities characterised by illegal, stigmatised and/or hidden behaviours.

### **Participant involvement in research through the Internet**

Within the positivist paradigm that once dominated social research, researchers controlled the research process by determining research questions, methods, results, and conclusions, while the role of research subject was

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narrowly defined. Over the last two decades, alternative ways of conceptualising the relationship between researcher and participant have emerged (Christians, 2005; Fry et al., 2005; Petras & Porpora, 1993), and medical researchers employ a more participatory discourse—research “subjects” are now “participants” (Boynnton, 1998). Wider and more meaningful participant involvement or “consumer participation” in health and medical research has been advocated in Australia (National Health and Medical Research Council, 2002, 2004) and in the United Kingdom (see Boote et al., 2002). However, meaningful participant involvement in drugs research requires that participants publicly identify themselves as current or former drug users and have access to sufficient support and resources to enable participation. These pre-conditions act as barriers for people who use illegal drugs who desire greater input into research (Rowe, 2004; Singer, 2006). Although there are challenges to meaningfully engaging people who use drugs in research, the importance of doing so has been emphasised by peak bodies representing the Australian alcohol and other drug sector (Fry, 2007a, 2007b) and drug user organisations (Australian Injecting and Illicit Drug Users League, 2003). Successful partnerships between young people who inject drugs and researchers have also been demonstrated (e.g., Coupland et al., 2005).

Alongside increased advocacy for participant involvement in research, the Internet has become ubiquitous in everyday life (Fuchs, 2008) and, unsurprisingly, the Internet increasingly plays a key role in facilitating the research process (see Fielding et al., 2008). One of the benefits of using the Internet for research is how online communication can positively influence the researcher–participant relationship. Lack of physical presence and separate physical settings all reduce control and power of the researcher, potentially leading to a more balanced power relationship between researcher and participant (Hewson, 2007; Illingworth, 2001; Seymour, 2001). Furthermore, the lack of physical presence of the researcher makes it easier for the participant to withdraw or opt out (Kazmer & Xie, 2008). Allen (1996) was one of the first researchers to advocate utilising these characteristics of online communication to maintain a dialogue within which the parameters of the research project are negotiated and renegotiated over time. Online discussion groups provide this opportunity where participants can “talk back” at their convenience without revealing their full identity (Bakardjieva & Feenberg, 2001). Researchers posting a request for participation to an online group are not only advertising their project, but are also inviting an online dialogue with the group of both the topic and the project itself. This may work in favour or against the researcher’s interests, but either way, the resulting dialogue may disrupt the researcher’s attempts to control researcher–participant communication (Bakardjieva & Feenberg, 2001; Brownlow & O’Dell, 2002).

### **Online recruitment and engagement in non-drug-related research**

Health researchers, mainly targeting online support groups to attract users with specific health problems, have reflected on the opportunities and challenges of accessing and engaging with research participants through online discussion groups (Illingworth, 2001; Im et al., 2007; Koo & Skinner, 2005; Mendelson, 2007). Their experiences demonstrate the importance of successfully engaging with website moderators or gatekeepers (also see Murray & Sixsmith, 1998; Smith & Leigh, 1997). Without this support, messages are more likely to be viewed

as intrusive or as “spam” resulting either in deletion or being ignored or dismissed (Im et al., 2007; Koo & Skinner, 2005; Mendelson, 2007). It is critical, therefore, to form partnerships with online community moderators by not only asking their permission to post the request, but eliciting their feedback and support as well (Mendelson, 2007). Smith and Leigh (1997) note that recruitment notices need to contain more than the typical flyers or advertisements used for newspaper advertisements. Mentioning the approval of moderators is important for establishing authenticity, and so is providing detailed information about the study and how to contact the researchers and ethics committee. Establishing trust with the forum moderators, and subsequently the forum users, involves the researcher demonstrating both technical and cultural competence within the online setting (Illingworth, 2001). These processes also reflect best practice in non-Internet-based research (Sixsmith et al., 2003).

Notions of privacy also need consideration when engaging with an online group for the purposes of research. Should the participating online group(s) be named in subsequent publications or anonymised? While the public/private status of an Internet forum may appear to be easily determined by how easy it is to access the site, the degree of privacy people experience in a specific online context depends on their *perceptions* (Sveningsson Elm, 2008). It is not necessarily the case that an online environment thought to be public by the researcher would also be perceived that way by the users themselves. For instance, while many studies are conducted using the text of public online forums or newsgroups as data without the knowledge of group members (e.g., Brotsky & Giles, 2007; Finn, 1999; Schneider, 2003, etc.), some Internet group members report a breach of trust and/or privacy when they have become aware of the research conducted using their words without their consent (King, 1996; see also Whitty, 2004, pp. 209-210). While some researchers believe anonymising group names will protect the researched group, if the material is publicly indexed and direct quotations have been reproduced, research publications can lead straight back to the group and author's name (Bromseth, 2002; Eysenbach & Till, 2001). Within the discourse of the human subjects research model (as discussed by Bassett & O'Riordan, 2002), groups as well as individuals are treated as requiring protection from potential harms associated with being identified with a stigmatised behaviour. An alternative perspective is provided by Bruckman (2002), who argues that when online discussion participants are viewed as amateur artists or writers rather than as human research subjects, anonymising them denies them credit for their creative work. The “amateur artist” perspective could also apply to the decision to anonymise participating online groups for their protection when they may wish to be credited publicly as contributors or research partners. Tensions between the human subjects and amateur artists models of Internet research became relevant during our research and are explored later in this paper.

### **Online engagement with people who use drugs**

In contrast to this literature, except for Measham and Moore's recent work (2009), there has been scant discussion about the opportunity to engage with researched populations within alcohol and other drug research

using the Internet and the ethical issues associated with such engagement. We reviewed a selection of studies where Internet message board recruitment of drug users occurred in Australia (Allott & Redman, 2006; Black et al., 2008; Duff, 2005; Duff et al., 2007; Gascoigne et al., 2004; Mallick et al., 2007; Miller et al., 2007; Shearer et al., 2007) and internationally (Butler & Sheridan, 2007; Dalgarno, 2007; Gamma et al., 2005; Hall & Tidwell, 2003; Hough et al., 2003; Katz et al., 2008; Murguía & Tackett-Gibson, 2007; Rodgers et al., 2006; Rodgers et al., 2003; Stetina et al., 2008; Sumnall et al., 2008; Warburton et al., 2005).<sup>1</sup> The methods sections of these reports and papers were largely void of any detail about the process of posting recruitment messages to Internet message boards. Mostly, researchers wrote about online discussion group postings as “advertisements” or “notices”. Some researchers mentioned engaging with website moderators and gaining their permission and support before posting their recruitment request (Gamma et al., 2005; Hough et al., 2003; Katz et al., 2008; Miller et al., 2007; Murguía & Tackett-Gibson, 2007). Researchers *may* have interacted within recruitment threads, but if they did, this process was not documented in these publications. The interactive nature of forums was mentioned by Rodgers et al. (2003) when discussing potential reasons why a subgroup of respondents who were recruited to their survey through an online forum emerged as different from the remaining sample. They stated that “there was also discussion of our research on these forums, with people who had just participated posting comments about it” (p. 394). This discussion is a central feature of online forums and recruitment from them. While such discussion may produce bias in samples through influencing how people respond to surveys, it also creates an opportunity for researchers to engage with their respondents about the research project.

We have identified an absence of discussion about the interactive nature of research recruitment using online forums in the alcohol and other drug research field. In the remainder of this paper, we provide an account of interactive online recruitment and engagement arising from MB’s doctoral research project, which examines drug use in an Internet society by focusing on the experiences of participants in online dance music and drug discussion forums. The research project involved identifying and investigating online forums where psychostimulant and hallucinogenic drugs were discussed by Australians, conducting a survey and interviews with forum moderators, administering a web survey that explored the use of the Internet and online forums by people who use psychostimulant and hallucinogenic drugs, and engaging a subsample of survey participants in qualitative synchronous online interviews to explore the topic in more depth.<sup>2</sup> We chose to engage with forum moderators and users instead of treating public forums as freely available “data”. Successes and failures that occurred during this process are outlined, and we discuss what was involved in maintaining the discussion threads once they were accepted and supported by group moderators. We discuss the problems we faced when we tried to continue engagement beyond the recruitment phase: our commitment to maintaining anonymity of

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<sup>1</sup> It was not always obvious from the published methods sections that Internet message boards were actually used to recruit participants. In these cases, invitations to participate that were posted to Internet message boards that corresponded with the published studies were identified.

<sup>2</sup> Please contact the authors for more detailed description of these methods.

forum groups clashed with our aim of engaging in public online discussion about emerging research findings, due to the sensitive nature of the topic of illicit drug use. To conclude the paper, we reflect upon our experiences of conducting participatory online research and suggest how other researchers investigating illegal and/or stigmatised behaviours may build on our work.

## ENGAGING WITH FORUM MODERATORS

At the start of data collection (2006), we identified online forums where drugs (especially psychostimulants and hallucinogens) were being discussed by Australians. MB's experience as a member of dance music and drug focused online forums began in 2001, so the initial list of forums included those where she was an active member and others of which she had prior knowledge. Forums were added to the list through the results of web searching, mentions of new forums made by members of known forums she was observing and within other materials such as e-newsletters from dance music promoters, and later, those mentioned by forum users who participated in the online survey. Forty eligible forums were identified: 32 were dance music forums including subtypes such as *rave* and *psytrance*,<sup>3</sup> four were overtly about drugs and the remaining four focused on music, lifestyle and technology. Prior to initiating contact with forum moderators, MB observed, searched, read, and coded the relevant archives of each forum to develop an understanding of the kinds of drug discussion taking place, how drug discussion was managed by moderators and other forum members, and the forum rules, especially in relation to "drug talk".

A critical part of gaining the support of moderators was whether, in their judgement, the discussion of illicit drugs that would be invited by the proposed posting of an invitation to participate in a drug-related online survey would have contravened drug discussion rules on the forum. Through the analysis of forum guidelines, moderator survey responses, and online interviews with moderators, we established that the majority of forums had explicit rules about the types of drug discussion that were permitted. Some forums claimed to prohibit all drug discussion, and a few forums had no explicit limits in place regarding drug discussion. The range of types of drug discussion that were considered unacceptable by forums included: promoting or glorifying drug use, attempting to source or supply drugs, inaccurate drug-related information, personal admissions of drug use, illegal behaviour (generally), details of events, locations, clubs or names in relation to drug use, and judgemental or stigmatising attitudes towards drug users. In addition to the restrictions on drug discussion, it was generally unclear whether posting a research recruitment thread with some relevance to the group (i.e., not indiscriminate spam) was allowed.

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<sup>3</sup> Forums were classified as rave forums if they used the word "rave" in their title or official description of their content, and/or if they were part of the "hard dance" scene. In contrast, many other dance music forums either had a more general clubbing focus or were aligned with other specific types of dance music, such as "psytrance" (shortening of psychedelic trance). Definitions of these different electronic dance music associated scenes are never static, however, some useful analyses of examples of such scenes are described by Gibson and Pagan (2000), Thornton (1995), Siokou (2002), and Greener and Hollands (2006).

All drug forums and many dance music forums made explicit distinctions between types of drug discussion that were allowed and prohibited in their guidelines, whereas almost all of the forums with a zero tolerance policy towards drug discussion were rave forums, and almost none of the forums with no policies towards drug discussion were focused on dance music or drugs. Given these observations, it was not surprising that moderators of rave forums were less likely to complete the moderator interview and/or agree to any further involvement in the project. Moderators from three rave forums declined to participate in the survey, citing that given their “no drug discussion” rules, drug discussion did not occur on the forums and could therefore not be discussed by them in the survey. This response occurred despite the fact that drug-related discussion had been found on their forums through the original process of determining eligibility for the study. For example, one moderator of a small rave forum declined further participation in a private message in response to the initial request:

I'd like to help you but this is a website about dancing, not taking drugs. Drugs are a major part of all forms of life and i guess this is no exception. But i dont appreciate being labeled an 'online forum by Australian ecstasy, methamphetamine and other party drug users'. This is an online forum for people who dance and want to learn how. What people want to do with drugs is their own buisness not mine, we dont encourage it or tolerate it on here.<sup>4</sup>

In the case of most online forums whose main focus was electronic dance music, it was important not to give the impression that we expected everyone who used the forum was a drug user, as this attitude would perpetuate the stereotype that “all ravers (ab)use drugs”. Rave forum members appeared especially sensitive to this possible stereotyping, perhaps due to mass media representations. The negative reaction of the rave forum moderator quoted above shows how important the wording of the invitation can be. While the text of the invitation did not, in fact, contain such a label (the sentence quoted read: “I have just begun my research project into how the use of online forums by Australian ecstasy, methamphetamine and other party drug users influences drug use practices in ways that decrease or increase drug-related harm”), this sentence was too close to labelling this moderator’s forum as a “forum of drug users”.

Another important issue was how best to deal with anonymity of online forum members and groups. Both the public or private context of the online environment and the sensitivity of the information or content of the data (Ess & Association of Internet Researchers Ethics Committee, 2002; McKee & Porter, 2008; Sveningsson, 2004) led us to only offer participation on the proviso of anonymity of forum members and groups, because naming participating online groups in research publications had the potential to harm those groups by associating them with illegal behaviours. While some researchers have provided participants with a choice by asking them whether they would like to be credited or to remain anonymous (Reid, 1996; Roberts et al., 2004; Sixsmith & Murray, 2001), this approach is not without its risks, especially in the case of discussion of higher-risk topics (Hall et al.,

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<sup>4</sup> Apart from the replacement of identifying information, extracts are presented verbatim; meaning they were not edited for spelling, grammar or typographical errors.



2004). During our research, conversations with one of the online forum moderators revealed that they would indeed prefer to be publicly associated and acknowledged within resulting publications:

Actually, we *want* them to list us as a reference, and increase awareness in the research realm about our member base as a resource :)

Unfortunately, the desire for open acknowledgement of forums and their participants was unanticipated and was not possible within the ethics approval originally negotiated for the project. Although this forum did agree to participate under anonymous conditions, it was clear during this process that greater flexibility would have been useful so that ethics procedures could be renegotiated as more information about the requirements and preferences of participating groups became known.

## FORUM DISCUSSIONS

Despite these challenges, the majority of forum moderators approached accepted both the invitation to participate in the survey as moderators and supported the recruitment thread within their forum for forum users. In total, 26 recruitment threads were posted after 35 forums were approached. Twenty-three of these were posted with moderator consent, while the other three were posted without consent after no reply was received to repeated requests. This was done after those forums were assessed to be of low intervention (i.e., it appeared that they were unlikely to see the post as threatening or as spam). A small proportion (5 of 35 forums) explicitly stated that they did not wish to host the thread as discussed above, although one of them offered to host a website link instead because they were more concerned about the risk of drug-related discussion than of hosting a non-interactive informational article on the topic. This opportunity was taken up and a feature article was written specifically for this site, a strategy which proved successful for recruitment. One further thread was posted by forum users mentioning the study without the researcher's intervention.

Monitoring and contributing to multiple forum discussions involved a considerable time commitment from the researcher. After becoming familiar with how specific forum communities reacted to outside requests for information and research participation and liaising with forum moderators, MB posted requests for participation and closely monitored the discussion that followed. MB replied to questions and interacted within the discussions, responding both to light-hearted and more serious posts. The study, university, and researcher contact details were clearly identified and supported by the project website.<sup>5</sup>

These forum discussions were successful at recruitment, while also enabling dialogue about the project and the topic. According to the survey respondents, online forum discussion was the most successful strategy at bringing them to the survey: 74% reported finding out about the study through a "thread in online forum", 19%

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<sup>5</sup> See <http://ndri.curtin.edu.au/drugsonforums/>

reported being “referred via email/through Internet”, 6% “saw the link on a social networking site”, and 2% were “referred by word-of-mouth (offline)”.<sup>6</sup> The forum discussions provided an avenue for respondents to easily ask questions and make comments about the survey or the topic of online drug discussion. There was a stronger linear correlation between referrals and views ( $R = .587$ ) than there was between referrals and replies ( $R = .360$ ).<sup>7</sup> This pattern suggests that the amount of discussion in the thread is less important to successful referrals to the survey than the number of people who view the thread. While this makes intuitive sense, discussion is still critical to recruitment because forum threads are ordered by newest reply first and in a busy forum, a thread with no replies could sink below view within hours.

Another strategy we used to generate more interest in each online forum thread and to provide something of value to the forum was the “poll” function, which was available across around half of the forums encountered in this study. We chose a question from the survey to use as an anonymous poll that ran alongside the discussion thread, which read: “Overall how important has the Internet been to you in learning about drugs?” with responses “not important, somewhat important, important, very important”. This feature was popular with 537 poll participants across 14 threads where polls were used. Not only do polls generate interest, they provide instant feedback to the forum user about how the whole group has voted. Including them can add more value to the thread for the forum itself (i.e., group leaders can learn about the group’s opinions or behaviours) and polls such as this could also conceivably be used by researchers as data.

We offer here an analysis of one thread to provide readers with an illustration of the kind of discussion that was generated within recruitment threads. Although the online forums involved in the study were publicly accessible, drawing attention to them through this research on the sensitive topic of illicit drug use could lead to negative repercussions for the target group as a whole. We took care to keep information about specific forums general enough to disguise their identities, and we avoided direct quotations from public online discussion text if they could be used to identify their original source when entered into search engines. This particular thread was chosen because the discussion illustrates a typical range of responses and interactions, the moderators and forum users supported the study, and these quotes cannot be publicly found because this forum kept this part of the site only available to logged-in users and therefore was not publicly indexed. Without this protection, the anonymity promised to forum moderators and users could not be sustained. The forum in this example was a small local forum hosted by a rave promoter.

Of the 49 replies, 9 of them were posted by MB in response to comments and to inform forum users of the study’s progress, and the remaining 40 replies were posted by 16 different usernames, assumed to represent unique forum users in this analysis. The majority of the interaction occurred between MB and 6 forum users, with

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<sup>6</sup> 822 valid cases; 15 missing. 810 provided only one response; 12 provided more than one.

<sup>7</sup> Calculated across 21 threads that were still online in April 2008.

the remaining 10 contributing 1 post each to the discussion. We performed a simple thematic analysis of forum user posts (excluding MB's posts). Over half of the 16 forum users actively involved in the thread posted comments classified as humour and/or banter (n = 9), and half (n = 8) discussed the topic of drugs and the Internet within their posts. This quoted post is a typical example of humour or banter:

lol te drug survey ... " question " What other communication methods have you used when discussing drugs in the past 6 months?" my answe . well we tried smoke signals but we just couldnt get it right ... he kept thinking i wanted a tree but i was asking for green ..... so in my opinion smoke signals are a fail

And this extract is a typical example of the more serious discussion about the Internet and drugs:

Personally, I think having the internet is a guide is better than nothing. Most of the information found regarding drugs is very accurate. I also think speaking to someone with first hands experience is far better than any information you'll find on the Internet (particularly with what to expect).

Three forum users mentioned the forum's drug discussion rules: with one asking another to post up her responses to the survey, and her declining due to these admissions being contrary to the rules on the forum. Two forum users posted endorsements of the research and their support for the topic itself. Two forum users also posted their interest in hearing about the results of the project. One forum user provided constructive feedback on one of the survey items, and two others posted simply to say that they had completed the survey.

Another topic that arose for two forum users was a belief that drug use is misrepresented by media and government. The extract quoted below follows MB's post that thanked forum members for their participation in the online survey. This forum user explains his/her views about why people were so enthusiastic about telling their story by participating in the research project:

thats because (without sounding rude) drug users that dont abuse drugs are sick to shit of everything slightly drug related being portrayed in the most negative of ways. and even though this will never change.. it fucking should. raise truthful drug awareness, showing BOTH the positive and negative sides of drug use and factual information abouot drugs... dont just raise the alarms

This post shows the anger felt by some people who use drugs about how they see drug use being misrepresented in public discourse. It also illustrates how online discussions can be used to share such views with researchers who may be seen as providing a platform for different perspectives on drug use that challenge popular stereotypes.

## BEYOND RECRUITMENT

Sharing findings with groups involved in research provides another avenue for strengthening participant involvement and is important from an ethical perspective (e.g., National Health and Medical Research Council, 2002). We encountered some dilemmas when we tried to provide opportunities for greater involvement of participants and forum groups in the research process after data had been collected. We had planned to return to

all discussions with preliminary findings with the participants to elicit their feedback. However, we became concerned about the public nature of the forums and how providing any data of significance about the drug use of online forum users could easily also be read and reported on by journalists or published in other contexts. Online forum content was being used in this fashion by journalists at the time. For example, during the period of data collection, a local tabloid newspaper (Myers & Drill, 2008) reported that:

Thousands of Victorian youths are using Internet forums to trade tips on how to plan drug-fuelled benders at tomorrow's Big Day Out. Teens are using sites to advise each other how to get cocaine, marijuana and ecstasy into the music festival without detection by police sniffer dogs.

Considering the ethical issues, we decided that on balance it was better to avoid our results being the subject of a similar news story that had the capacity to precipitate negative consequences for our respondents and their peers. Potential harms to our participant group included public scrutiny on specific forums that could be identified in media reports as facilitating or encouraging drug-related activities and the risk that websites hosting forums in Australia could be shut down by authorities if seen to be supporting criminal activity. While all forums involved in this study were publicly accessible and therefore available to journalists, openly discussing emerging findings on public online forums also threatened the confidentiality of those forums whose members had contributed to the study by linking them explicitly with drug-related research.

These considerations led us to limit the online discussion of the research findings more than we had originally planned. MB updated forum threads with a brief description of the demographics of the final sample and expressions of gratitude. This process was not as engaging as was first hoped. The open discussion of emerging findings does not appear to be as problematic within other less sensitive research domains (for example, many researchers in the Internet studies field openly blog about their research, see Bruns & Jacobs, 2006). Open discussion of emerging research findings with drug users using the Internet was not realised within our project; however, it remains a goal which we believe researchers should continue to strive towards. Although open discussion of results online may provide an opportunity for drug users to have a stronger voice in debates which ultimately affect them more than others, researchers also need to be aware of the ethical dilemmas and potential risks to the community of study when conducting online research with those engaging in illegal and stigmatised behaviours such as drug use.

Although preliminary drug-related results were not posted to discussions in online forums, we created private online groups and invited individuals who had already expressed an interest in the findings for discussion of the emerging results. Motivated participants of the online forums involved in the project have had the opportunity to read and comment on emerging results in this more private forum. It may be the case that when researching illegal or stigmatised behaviours, email lists that do not use public archives, or online forums that are not indexed in search engines, may be more appropriate places for sharing preliminary findings and eliciting feedback from research participants. Issues surrounding the sharing of emerging ideas between researchers and people who use drugs in semi-private online settings require more discussion and empirical work.

Volunteering within communities that have helped researchers is another way that researchers can develop strong rapport with, and demonstrate their support of, participant groups. After data collection was complete, MB accepted an invitation to moderate a new forum on the Bluelight Internet discussion board called “Drug Studies”.<sup>8</sup> Bluelight describes itself as an “international message board that educates the public about responsible drug use by promoting free discussion” and it has been identified and described elsewhere (e.g., Duterte et al., 2009; Fowler et al., 2007; Murguía et al., 2007). The goal of the Drug Studies forum on Bluelight is to encourage dialogue between researchers and members of the Bluelight community. Drug Studies hosts threads where researchers post invitations for people who use drugs to participate in research projects. The dissemination of findings when studies are complete is also encouraged, as is the participation of researchers in an ongoing discussion of their research. Volunteering to moderate the Drug Studies forum has provided opportunities to be involved in ongoing dialogues about research in this field, to engage with researchers from different disciplines from across the world, and to discuss drug-research-related issues with Bluelight members. While some researchers have attempted to build full partnerships with online communities of drug users like Bluelight (e.g., see Murguía et al., 2007), in our experience, the full potential of participatory online research with drug user communities has yet to be realised. More work is needed to understand and find adequate responses to the ethical complexities that occur when conducting participatory online research with drug user communities and other groups who engage in and discuss stigmatised and illegal behaviours online.

## DISCUSSION

Our efforts towards conducting participatory online research with people who use drugs have demonstrated the importance of developing relationships with forum moderators and treating online recruitment using interactive technology as *interactive*. This process takes time, patience, investment, and the capacity to listen and respond to comments from the participant group. Researchers can use this opportunity not only to invite people to participate in their project, but to also engage with them about the topic, address their concerns/comments, and incorporate various drug user perspectives into their overall investigation. The potential for wider, more meaningful engagement of research participants through online communities is an especially important opportunity for stigmatised and/or hidden populations for whom the characteristics of online communication can enable a more equal relationship between participant and researcher.

We offer some initial reflections that may assist researchers who aim to both recruit and engage research participants through online discussion forums. Firstly, it is important to become familiar with the technological platform and the community to understand how the group may react to outside requests for research participation, and try to anticipate potential problems such as the content of the thread breaching forum

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<sup>8</sup> See <http://www.bluelight.ru/vb/forumdisplay.php?f=180>

guidelines. Discussions with forum moderators about the appropriateness of the proposed thread are critical. Once forum moderators have endorsed your discussion and you have introduced yourself and your study to the group, don't just treat the thread as a notice or advertisement. As the original poster, there is a general expectation that you will respond to comments and questions and offer further information. In doing so, you help keep the thread active, and you can use the opportunity to engage with the issues forum members are discussing. We found it useful to attach polls to generate further interest in the thread. We also had a project website so people who wanted more detailed information about the project could easily obtain it. It is also very important not to delete your thread or your posts just because recruitment is complete. To move beyond just recruitment, researchers need to continue discussions through all stages of the research process including the provision of results and links to final publications, although we advise that researchers consider how much of their emerging findings can be openly discussed in a public forum and consider semi-private online spaces as an alternative if there are risks to the participant group inherent in open discussion. An ongoing relationship between researchers and online discussion groups could potentially result in participant input into the initial stages of the research process and culminate in fuller partnerships between researchers and participants. The potential for full partnership with participant groups precipitates further exploration of the risks and benefits of public attribution and ownership of this role in the research process.

Our project included two quite different situations. While many forum groups would only participate in the research if their anonymity was assured, one forum group wanted to be publicly credited as a research contributor. There are tensions between the human subjects and amateur artists models of Internet research; between protecting the researched group through de-identification and recognising the researched group through public attribution. Do researchers have a duty of care to protect individuals and groups from the potential for negative publicity and self-incrimination? And if researchers do not allow such public recognition, are they denying individuals and groups the right to be identified and recognised as authors and partners? While these questions remain unanswered in our work, our experiences engaging with Internet forum groups do bring into question any assumption that public online discussions are data available for research use without the permission or consent of their authors.

Our experiences provide a starting point for researchers seeking to move beyond recruitment towards stronger engagement with people who use drugs through online discussion forums. Our work can be expanded by exploring the negotiation of closer partnerships with online groups at the initial stages of conceiving research projects and the continued engagement with online groups through semi-private or private online settings should risks be associated with public disclosure and discussions. We hope that researchers seeking to recruit research participants from Internet discussion groups may also seek to engage those groups in a broader dialogue about research agendas and policies that affect their lives.

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## ACKNOWLEDGEMENTS

We would like to thank the anonymous online forum users, moderators, and administrators for supporting and participating in this project. Our work would not be possible without your willingness to engage with us. We also acknowledge the support and trust of the Bluelight administrative team, especially hoptis and TheLoveBandit. Thanks also to Craig Fry and Shelley Cogger for comments on previous drafts, and to Matthew Allen for overall guidance and support. We are also grateful for the detailed comments provided by two anonymous reviewers. This research was supported by a PhD scholarship awarded by the National Drug Research Institute at Curtin University of Technology and the Australian Government Department of Health and Ageing.

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Note: all URLs in this paper are current at 31/12/2010.

## Appendix C. The forum user online survey

### Title: **Drugs on Forums Survey**

**Survey URL:** <https://drugsonforums.turningpoint.org.au/index.php?sid=24>

**Description:** researching online drug discussion

### About this study

Thank you for your interest in the *Drugs on Forums* research project, which explores how the use of online forums by Australian users of ecstasy, methamphetamine and other drugs influences drug use practices in ways that decrease or increase drug-related harm.

This survey is for people who have (1) ever used MDMA or 'ecstasy', **and** (2) ever read or posted in an online forum where drugs are discussed. This includes forums focused on related topics (eg. music, clubbing, partying, technology, sports, lifestyle, etc.) where drugs may just be a small part of the content, through to forums that focus explicitly on drugs.

This survey will ask you questions about your drug use, drug information sources, online drug discussion, online social networking, internet use and attitudes towards online privacy. You can also choose to have further input into the project at the end of the survey.

The survey has 25 questions, and should take approximately 15 minutes to complete.

### Confidentiality, freedom to withdraw, and security procedures

Potentially identifying information, such as your name, your suburb and your Internet Protocol (IP) address, will **not** be collected. Any identifying information you do provide will be kept strictly confidential. Your participation is entirely voluntary. You will not be forced to answer any question, and are free to withdraw from the survey at any time by simply closing your browser.

This survey contains questions about your use of illicit drugs. Due to this sensitive content, I recommend completing this survey in private. The following steps have been taken to ensure security of survey responses: (1) use of a secured link so responses cannot be viewed in transit from respondent to server, (2) survey data can only be downloaded at a specified secure location accessible by me and Turning Point's IT Manager, (3) the resulting database will be stored on an encrypted drive.

Any information you provide will be stored securely and kept for at least five years. I intend to publish the research as part of my doctoral thesis and in academic articles and conference presentations. I will also post overall findings in the online forums where the survey was advertised. In any publication or presentation, information will be presented in such a way that you cannot be identified. Online forum names and locations will also not be published.

### Concerned about your drug use?

Completing this survey may cause you to reflect upon your drug use. Please click on the Need help? buttons at the top right of screen at any time for links to phone and online counselling services.

### Project affiliations and ethics approval

This project is being conducted through the National Drug Research Institute

(NDRI), Curtin University of Technology. NDRI conducts and disseminates high-quality research that contributes to the primary prevention of harmful drug use and the reduction of drug related harm in Australia. NDRI thanks Turning Point Alcohol and Drug Centre, a leading service delivery and research centre, for use of their online survey tool and secure survey hosting. This study has been approved by the Curtin University Human Research Ethics Committee. If you have any concerns about this research, please contact the Curtin HREC Secretary and quote Approval Number HR 102/2006.

### **A note to respondents from outside Australia**

This project is focused on the Australian population. I am happy to receive responses from an international audience, but please be aware that most of the data analysis will be restricted to the Australian sample. Some of the questions, especially those about types of drugs, are designed for Australians and may contain unfamiliar wording. If you are unsure, contact me for clarification or leave those questions blank.

### **Consent**

If you would like more information about this project before participating, please read the project website or contact me.

By undertaking and completing this survey you agree that:

- I have been informed of and understand the purposes of the study.
- I have been given an opportunity to ask questions.
- I understand I can withdraw at any time without prejudice.
- Any information which might potentially identify me will not be used in published material.
- I am at least 16 years of age.
- I have read or posted in an online forum where drugs are discussed.
- I have used MDMA or 'ecstasy'.
- I agree to participate in the study as outlined to me.

Please complete this survey only once.  
Click the 'next' button to enter survey.

## **Section A: Some details about you**

In this section, I request some demographic information from you.

### **1. Gender**

Are you male or female?

Male

Female

Other (text box provided for other gender)

### **2. Age**

How old are you? \_\_\_\_\_

### **3. Location**

Do you live in Australia?

Yes

No, but I used to

No, I never have

If currently lives in Australia, ask:

What state or territory do you live in?

Australian Capital Territory  
 New South Wales  
 Northern Territory  
 Queensland  
 South Australia  
 Tasmania  
 Victoria  
 Western Australia

If currently lives in Australia, ask:

Do you live in a metropolitan area?

Metropolitan (capital city)  
 Non-metropolitan (rural area, town or city)

If currently lives outside Australia, ask:

What country do you live in?

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#### 4. Education

If currently lives in Australia, ask:

What is the highest year of school you have completed?

Year 12 or equivalent  
 Year 11 or equivalent  
 Year 10 or equivalent  
 Year 9 or equivalent  
 Year 8 or below

Ask all:

Are you currently studying?

No, I am not currently studying  
 Yes, I am still at secondary school  
 Yes, I study full-time at university/college/TAFE  
 Yes, I study part-time at university/college/TAFE

If no longer still at school,

What is the highest qualification you have completed after leaving school?

No qualification completed  
 Trade or technical certificate/diploma  
 Undergraduate qualification  
 Postgraduate qualification  
 Other (text box provided for other qualification)

#### 5. Work

Are you currently in paid employment?

No, I am not currently working in paid employment  
 Yes, I work full-time in paid employment  
 Yes, I work part-time or casually in paid employment  
 Yes, I am self-employed

If not currently studying or working:

Which of the following best describes your current employment situation?

Home duties: no paid work  
 Unemployed: looking for work  
 Unpaid voluntary work

Unable to work due to sickness or disability  
Not seeking work

If currently living in Australia:

Which of the following would represent your average weekly income (before tax) from all sources?

- \$2,000 or more (\$104,000 or more per year)
- \$1,600 - \$1,999 (\$83,200 - \$103,999 per year)
- \$1,300 - \$1,599 (\$67,600 - \$83,199 per year)
- \$1,000 - \$1,299 (\$52,000 - \$67,599 per year)
- \$800 - \$999 (\$41,600 - \$51,999 per year)
- \$600 - \$799 (\$31,200 - \$41,599 per year)
- \$400 - \$599 (\$20,800 - \$31,199 per year)
- \$250 - \$399 (\$13,000 - \$20,799 per year)
- \$150 - \$249 (\$7,800 - \$12,999 per year)
- \$1 - \$149 (\$1 - \$7,799 per year)
- Nil income
- Negative income
- Don't know

## Section B: Drug use

*This section is about your non-medical drug use patterns. Some questions ask for you to recall details. If you can't remember, just provide your best estimate.*

*Non-medical use means using drugs primarily for their psychoactive effects rather than for the formal treatment of a medical condition. This includes the use of drugs for recreation, performance enhancement or cosmetic purposes. Please exclude any pharmaceutical drugs that you are taking as directed by your doctor or other specialist.*

**Stimulants, hallucinogens or 'party drugs'** include ecstasy or MDMA/MDEA/MDA, meth/dex/amphetamines (speed, base, crystal/ice, dexies), cocaine, GHB, ketamine, LSD, mushrooms, other psychoactive plants (excluding cannabis), research chemicals, 'legal' highs/party pills, nitrous oxide and amyl nitrate.

### 6. Your drug use

Have you ever used the following drugs **for non-medical reasons**? If yes, how often in the past 6 months?

- Alcohol
- Tobacco
- Cannabis (marijuana, hash)
- Ecstasy (MDMA, MDEA, MDA, 'pills')
- Meth/dex/amphetamine (eg. speed, base, crystal/ice, dexies)
- Cocaine
- GHB (G, fantasy, juice), 1,4-B, GBL
- Ketamine (K)
- LSD
- Magic mushrooms
- Other psychoactive plants (eg. salvia, peyote, khat)
- Research chemicals (eg. 2CB, 2CI, 5-MeO-DIPT, DMT)
- 'Legal' highs/party pills (eg. BZP, funk pills, neorganics)
- Nitrous oxide and/or amyl nitrate
- Benzodiazepines and sedatives (eg. Valium™, Stilnox™)
- Antidepressants (eg. Prozac™, Aropax™)



Heroin

Other opioids (eg. methadone, buprenorphine, OxyContin™, morphine, codeine)

Steroids

Other (If other is selected, ask 'What other drugs have you ever used for non-medical reasons?')

no, never

yes, but not in the past 6 months

1 to 5 times in the past 6 months

1 to 3 times per month in the past 6 months

weekly or more often in the past 6 months

Show the following note underneath Q6:

Please note that I will interpret your response to mean that your use of pharmaceutical and other medicines is/was for recreation, performance or cosmetic enhancement. If you take/took these drugs for health or medical reasons (eg. headaches, pain relief, psychological conditions, etc), please exclude this from your estimations throughout this survey. Thanks!

How old were you when you used 'ecstasy' for the first time? \_\_\_\_

Have you ever injected a drug **for non-medical reasons**?

No, never

Yes, but not in the past 6 months

Yes, during the past 6 months

## 7. Last time you used drugs

Please think back to the most recent 'session' when you used **any** stimulants, hallucinogens or 'party drugs'.

This includes ecstasy or MDMA/MDEA/MDA, meth/dex/amphetamines (speed, base, crystal/ice, dexies), cocaine, GHB, ketamine, LSD, mushrooms, other psychoactive plants (excluding cannabis), research chemicals, 'legal' highs/party pills, nitrous oxide and amyl nitrate.

A 'session' is defined as the period of time you used drugs continuously without sleeping.

How long ago was this?

It happened within the last 3 months

It happened 3 to 12 months ago

It happened over a year ago (skip to Q8)

Approximately how many days ago was this? \_\_\_\_ (for those in last 3 months)

Approximately how many months ago was this? \_\_\_\_ (for those 3-12 months)

Which stimulants, hallucinogens or 'party drugs' did you use during your most recent session?

Ecstasy (MDMA, MDEA, MDA, 'pills')

Methamphetamine powder (speed)

Crystal methamphetamine (ice)

Methamphetamine base (pure)

Pharmaceutical stimulants (eg. dexamphetamine, Ritalin)

Cocaine

GHB (G, fantasy, juice), 1,4-B, GBL

Ketamine (K)

LSD

Magic mushrooms

Other psychoactive plants (eg. salvia, peyote, khat)

Research chemicals (eg. 2CB, 2CI, 5-MeO-DIPT, DMT)  
 'Legal' highs/party pills (eg. BZP, funk pills, neorganics)

Nitrous oxide

Amyl nitrate

Other stimulants, hallucinogens or 'party drugs' (If other is selected, ask 'Which other stimulants, hallucinogens or 'party drugs' did you use during your most recent session?')

**Which other drugs did you also use during your most recent session?**

No other drugs

Alcohol

Tobacco

Cannabis (marijuana, hash)

Benzodiazepines and sedatives (eg. Valium™, Stilnox™)

Antidepressants (eg. Prozac™, Aropax™)

Heroin

Other opioids (eg. methadone, buprenorphine, OxyContin™, morphine, codeine)

Steroids

Other drugs (If other is selected, ask 'Which other drugs did you use during your most recent session?')

**How many hours did this most recent session last for?**

A 'session' is defined as the period of time you used drugs continuously without sleeping.

**How much of this time did you spend:**

in a licensed area (club, bar, event)

in an unlicensed area (warehouse party/rave, unlicensed doof/rave)

in a private home (own home, friends' home, house party)

in a public place (street, bush, park, beach)

in some other place (If other is selected, ask 'What other places did you spend time in during your most recent session?')

None of the time

A little of the time

Some of the time

Most of the time

All of the time

**Please rate your level of agreement with the following statements:**

I had a great time during this session

I planned to take drugs during this session

I did things during this session that I later regretted

I took more drugs than I expected during this session

I managed my drug use well during this session

I experienced negative side effects during this session

strongly disagree, mainly disagree, somewhat disagree, neutral, somewhat agree, mainly agree, strongly agree

**How did you use the internet in relation to your most recent session?**

I participated in online discussion in the lead up to this session (eg. a 'roll-call' thread)

I participated in online discussion after this session (eg. a post-event thread)

I accessed information about drugs online in the lead up to this session

During this session, I tried something different with my drug use based on information online

I posted or contributed information about drugs online after this session

I used the internet in some other way in relation to this session (If selected, ask 'What other way did you use the internet in relation to your most recent session?')

None of the above (I did not use the internet in relation to this session)

## 8. Drug-related problems

Has your drug use caused any of the following problems for you?

Physical health problems (eg. overdose, infections, injury, diseases)

Mental health problems (eg. anxiety, depression, paranoia, psychosis)

Relationship/social problems (eg. arguments, mistrust, ending a relationship, violence)

Financial problems (eg. unable to meet expenses, in debt or owing money)

Legal/police problems (eg. cautioned, arrested, convicted, imprisoned)

Work/study problems (eg. low performance, absenteeism, lost job/dropped out)

No, never / Yes, but not in the past 6 months / Yes, during the past 6 months

Have you ever discussed your drug use with a counsellor or received other treatment, like pharmacotherapies, rehab or detox?

No, never / Yes, but not in the past 6 months / Yes, during the past 6 months

## 9. Your friends' drug use

**Stimulants, hallucinogens or 'party drugs'** include ecstasy or MDMA/MDEA/MDA, meth/dex/amphetamines (speed, base, crystal/ice, dexies), cocaine, GHB, ketamine, LSD, mushrooms, other psychoactive plants (excluding cannabis), research chemicals, 'legal' highs/party pills, nitrous oxide and amyl nitrate.

About what proportion of your friends and acquaintances have:  
ever used any stimulants, hallucinogens or 'party drugs'?

used any stimulants, hallucinogens or 'party drugs' in the past 6 months?

none, a few, about half, most, all, don't know

## 10. Future drug use

How likely is it that you will use the following drugs in the future **for non-medical reasons**?

Alcohol

Tobacco

Cannabis (marijuana, hash)

Ecstasy (MDMA, MDEA, MDA, 'pills')

Meth/dex/amphetamine (eg. speed, base, crystal/ice, dexies)

Cocaine

GHB (G, fantasy, juice), 1,4-B, GBL

Ketamine (K)

LSD

Magic mushrooms

Other psychoactive plants (eg. salvia, peyote, khat)

Research chemicals (eg. 2CB, 2CI, 5-MeO-DIPT, DMT)

'Legal' highs/party pills (eg. BZP, funk pills, neorganics)

Nitrous oxide and/or amyl nitrate

Benzodiazepines and sedatives (eg. Valium™, Stilnox™)

Antidepressants (eg. Prozac™, Aropax™)

Heroin

Other opioids (eg. methadone, buprenorphine, OxyContin™, morphine, codeine)

Steroids

definitely-not/unlikely/about-50:50/likely/definitely

## Section C: Drug information

*In this section I am interested in how you obtain information about drugs, the kinds of information you seek, who you contact for information and which websites you use.*

*Non-medical use means using drugs primarily for their psychoactive effects rather than for the formal treatment of a medical condition. This includes the use of drugs for recreation, performance enhancement or cosmetic purposes. Please exclude any pharmaceutical drugs that you are taking as directed by your doctor or other specialist.*

**Stimulants, hallucinogens or 'party drugs'** include ecstasy or MDMA/MDEA/MDA, meth/dex/amphetamines (speed, base, crystal/ice, dexies), cocaine, GHB, ketamine, LSD, mushrooms, other psychoactive plants (excluding cannabis), research chemicals, 'legal' highs/party pills, nitrous oxide and amyl nitrate.

### 11. Your drug knowledge

How would you rate your knowledge of the stimulants/hallucinogens/'party drugs' that you use?

poor, average, good, very good

Overall how important has the internet been to you in learning about drugs?

not important, somewhat important, important, very important

### 12. Discussing drugs

In the **past 6 months**, have you discussed drugs with any of the following individuals? (through any communication method: in person, by phone, online, etc)

Friends

Co-workers / classmates

Partner / boyfriend or girlfriend

Acquaintances

Parents

Siblings / other family members

Dealers / drug suppliers

Club owner / DJ / bar staff

Peer workers / event outreach (eg. Ravesafe)

Counsellors

Other health professionals

Other types of people (If other is selected, ask 'What other types of people have you discussed drugs with in the past 6 months?')

None of the above (I haven't discussed drugs with anyone in the past 6 months)

In the **past 6 months**, what communication methods have you used when discussing drugs?

In person

Phone call

Text message

Instant message or online chat

Online forum post

Forum private message

Email

Other types of communication (If other is selected, ask 'What other communication methods have you used when discussing drugs in the past 6 months?')

None of the above (I haven't discussed drugs with anyone in the past 6 months)

### 13. **Drugs on websites and online forums**

In the **past 6 months**, have you searched or browsed any of the following websites / online forums for information about drugs?

Pill report websites/forums

Other drug harm reduction websites/forums (eg. Erowid)

Websites/forums dedicated to a specific recreational drug

Websites/forums dedicated to prescription drugs

Health or medical websites/forums

Dance or music websites/forums

Government websites/forums

Drug use prevention websites/forums

Drug treatment websites/forums

Wikipedia

Google and/or other search engines

Online academic databases (eg. Pubmed)

Facebook, MySpace and/or other social networking sites

Non-public-access websites/forums

Other types of website/forum (If other is selected, ask 'Which other types of websites/forums have you searched or browsed for information about drugs in the past 6 months?')

None (I haven't browsed/searched for information about drugs online in the past 6 months)

**Overall**, how credible do you think drug information is from the following types of websites / online forums?

Pill report websites/forums

Other drug harm reduction websites/forums (eg. Erowid)

Websites/forums dedicated to a specific recreational drug

Websites/forums dedicated to prescription drugs

Health or medical websites/forums

Dance or music related websites/forums

Government websites/forums

Drug use prevention websites/forums

Drug treatment websites/forums

Wikipedia

Google and/or other search engines

Online academic databases (eg. Pubmed)

Facebook, MySpace and/or other social networking websites

Non-public-access websites/forums

not at all, somewhat, moderately, quite, very credible, unsure / never used

When you want information about drugs, which websites / online forums do you usually go to? (please provide specific names rather than just types or categories of website/forum, thanks!)

[text box]

### 14. **Drug issues discussed**

In the **past 6 months**, which drugs did you discuss / search for / read about?

Alcohol

Tobacco

Cannabis (marijuana, hash)

Ecstasy (MDMA, MDEA, MDA, 'pills')

Meth/dex/amphetamine (eg. speed, base, crystal/ice, dexies)

Cocaine

GHB (G, fantasy, juice), 1,4-B, GBL

Ketamine (K)

LSD

Magic mushrooms

Other psychoactive plants (eg. salvia, peyote, khat)

Research chemicals (eg. 2CB, 2CI, 5-MeO-DIPT, DMT)

'Legal' highs/party pills (eg. BZP, funk pills, neorganics)

Nitrous oxide and/or amyl nitrate

Benzodiazepines and sedatives (eg. Valium™, Stilnox™)

Antidepressants (eg. Prozac™, Aropax™)

Heroin

Other opioids (eg. methadone, buprenorphine, OxyContin™, morphine, codeine)

Steroids

Other drugs (If other is selected, ask 'Which other drugs did you discuss / search for / read about in the past 6 months?')

Online, offline, both, neither

In the **past 6 months**, what types of information about drugs did you discuss / search for / read about?

How the drug makes you feel

Potential drug interactions

How to use the drug

Potential short term side effects

Potential long term side effects

Drug purity or quality

Where to obtain the drug

Help to treat drug-related problems

Other types of information (If other is selected, ask 'What other types of information about drugs did you discuss / search for / read about in the past 6 months?')

Online, offline, both, neither

Is there information on drugs you would like to be easier to get? If yes, what type and through what source?

[text box]

## 15. Online drug discussion

Online drug discussion takes place within online forums spanning a wide variety of topics in addition to drugs, including music, clubbing, partying, technology, sports and lifestyle.

When reading or participating in online drug discussion, have you:

learnt how to use drugs more safely

found out about new ways to get high

learnt how to avoid bad experiences with drugs

met other people who use drugs

learnt ways to enhance drug effects  
 provided drug information/advice to others  
 bought or sold drugs through online contacts  
 decided to try taking higher doses than usual  
 shared the details of drug experiences  
 discussed drugs with no specific purpose

No, never  
 Yes, but not in the past 6 months  
 Yes, during the past 6 months

Please rate your level of agreement with the following statements:

Too much education about drugs leads to risk taking  
 Mass media portrays drugs to be more dangerous than they really are  
 Being educated about drugs is a good way to stay safe  
 Discussing drugs online using a pseudonym carries almost no legal risk  
 Authorities don't usually follow up evidence of low-level drug offences  
 Police monitor online forums to gather evidence for drug related arrests

strongly disagree, mainly disagree, somewhat disagree, neutral, somewhat agree, mainly agree, strongly agree

#### 16. Online pill reports and testing

Pill testing is a process that aims to identify substances contained within a pill (typically a suspected 'ecstasy' pill). The results of these tests can be accessed through: (1) yourself or someone close to you testing your pills directly, (2) online pill report databases, and (3) onsite pill testing services at dance parties.

Think back generally over your lifetime use of ecstasy.

How many different types or batches of ecstasy pills do you estimate you have ever used?

Less than 3 (skip to 16c)  
 3 to 10  
 11 to 50  
 More than 50

Now thinking specifically about the last 3 types or batches of ecstasy pills you have used, did you:

try to find out the content/purity of pills that you used  
 take less than usual because you believed you had strong pills  
 take whatever pills were available at the time  
 take half first to test the strength of the pills  
 advise friends about pills that were adulterated or strong  
 check online pill report databases  
 get information about pill content/purity from your dealer/source  
 get information about pill content/purity from your friends  
 test your pills, or have someone test them for you  
 feel sure that you knew what was in your pills

no, never  
 yes, but not during the last 3 batches  
 once during the last 3 batches  
 twice during the last 3 batches

all of the last 3 batches

Please rate your level of agreement with the following statements:

Pill testing sends the message that drug use is acceptable  
 Pill testing is a reminder that ecstasy can be contaminated  
 Logos are a good indication of what an ecstasy pill will be like  
 Testing kits can tell you the strength or purity of a pill  
 If a pill is tested as containing ecstasy, it is safe  
 If a pill's only active ingredient is MDMA, it is safe

strongly disagree, mainly disagree, somewhat disagree, neutral, somewhat agree, mainly agree, strongly agree

## Section D: Internet use

*In this section I am interested in your use of the internet, especially more interactive online activities, and how this fits into your social life.*

*In this study, the following definitions are used:*

*An online forum is a facility for holding public discussions on the internet (other names include internet forum, online bulletin board or message board). Group members typically have enduring identities and participate in asynchronous (not in real-time) text-based discussion.*

*Social networking sites are websites that allow individuals to construct a personal profile and formally articulate their relationship to other users. Examples includes MySpace, Facebook, LinkedIn, etc*

### 17. Your internet use

In a typical week, how many hours do you spend on the internet? \_\_\_\_\_

In a typical week, how many hours do you spend participating in online forums?  
 \_\_\_\_\_

In a typical week, how many hours do you spend participating in social networking sites? \_\_\_\_\_

In a typical week, where do you access the internet from?

Home

Workplace

Education institution (University, TAFE, school)

Other (text box provided for other location)

### 18. Your internet expertise

Approximately how many years have you been using the internet?  
 (Type '0' for less than 1 year) \_\_\_\_\_

How do you rate your competence as a user of the internet?

beginner, still learning, average, above average, expert



## 19. Use of online forums

An online forum is a facility for holding public discussions on the internet (other names include internet forum, online bulletin board or message board). Group members typically have enduring identities and participate in asynchronous (not in real-time) text-based discussion.

I am collecting information about the forums people use to put responses to questions about online forum discussion into context (eg. forum topic, scope, size, and rules about drug discussion). Forum names are confidential and will never be published.

Approximately how many years have you been reading or posting in online forums?

(Type '0' for less than 1 year) \_\_\_\_\_

Which online forum do you use most often?

(please provide a specific name rather than just a type or category, thanks!)

How many years ago did you first join or begin reading this forum?

(Type '0' for less than 1 year) \_\_\_\_\_

What is your approximate post count for this forum? (Type '0' for read only)

\_\_\_\_\_

Which online forum do you use second-most often?

(please provide a specific name rather than just a type or category, thanks!)

How many years ago did you first join or begin reading this forum?

(Type '0' for less than 1 year) \_\_\_\_\_

What is your approximate post count for this forum? (Type '0' for read only)

\_\_\_\_\_

In the past 6 months, what other online forums have you read or posted in?

(please provide specific names rather than just types or categories, thanks!)

What is the highest forum status you have had with any online forum?

Read but never joined

Member

Moderator

Senior moderator

Administrator

Other (text box provided for other forum status)

If yes to moderator, senior mod, admin:

Is this role current or past?

I am still a forum moderator or administrator

I am no longer a forum moderator or administrator

## 20. The internet and your social life

This question asks about people you interact with online who may or may not be considered your friends, and then asks you to focus on your friendship group. Please note that 'interacted with online' includes email as well as websites, instant messaging, forums, online groups, e-lists, online gaming, online worlds like Second Life, and any other online communications.

In the past 6 months, about what proportion of the people you interacted with online had you:

first met online and later met 'in real life'?

first met 'in real life' and use the internet to keep in touch?

never met 'in real life'?

none, a few, about half, most, all, don't know

About what proportion of your friends:

can be easily contacted online?

use at least one of the online forums or social networking sites you use?

did you first meet online and later meet 'in real life'?

none, a few, about half, most, all, don't know

## 21. Attitudes towards online privacy

How concerned are you about your privacy while you are using the internet?

not at all/somewhat/moderately/quite/very concerned

Have you taken any actions to protect your privacy while you are using the internet? Yes/No

If selects Yes, ask 'How confident are you that your actions succeed in protecting your privacy while you are using the internet?'

not at all/somewhat/moderately/quite/very confident

## Section E: You and this project

*In this final section, you are offered opportunities for further input into this research project.*

## 22. This survey

How did you find out about this survey?

Saw thread in online forum

Saw link on social networking site (eg. Facebook)

Referred via email / through internet

Referred by word-of-mouth (offline)

Other (text box provided for other recruitment source)

Where are you completing this survey?

Home

Workplace

Education institution (University, TAFE, school)

Other (text box provided for other location)

Should your responses be entered into the dataset for analysis?

For instance, you might not have taken it seriously or you might have found it difficult to concentrate due to tiredness, drinking or taking drugs.

Yes, include my responses in the data set

No, do not include my responses in the data set

## 23. Moderator survey

Have you completed the moderator survey as part of this project? Yes/No

#### 24. Opportunity for online interview

Are you interested in completing a follow-up online interview using an instant message program?

Yes

Maybe

No (*If no, go straight to comments/feedback*)

*If yes or maybe:*

The follow-up online interviews will provide an opportunity to discuss your opinions and experiences with online drug discussion in more depth, and are expected to take around an hour to complete.

If you are interested, please provide a way for me to contact you that does not involve your real full name. This could be a forum user name (eg. tronica) or an instant message account that uses a pseudonym (eg. randomguy@gmail rather than john.s.jones@gmail).

To protect your privacy, I really don't want to know your real name! However I would like to base the follow-up interview on your responses to the survey above. This also means you won't be asked all the same questions you just answered. The contact information you provide is used to link your survey responses to your interview, and is deleted as soon as the interview is complete. All project data is stored securely on an encrypted drive. These security procedures have been reviewed by the Curtin Human Research Ethics Committee.

Interviews will be conducted over the next few months, so if you are busy right now but are keen to complete an interview, we can easily schedule it for later. You are under no obligation to complete the interview by registering your contact details.

**Do you give consent for me to discretely contact you using:**

Your chosen instant message program

Forum private message

*If IM program chosen:*

**What is your preferred instant message program?**

Google Talk, MSN, ICQ, Other

**What is your account for this program? \_\_\_\_\_**

Remember to provide an account that does not involve your full name

*If forum chosen:*

**What is your preferred forum? \_\_\_\_\_**

**What is your username for this forum? \_\_\_\_\_**

It is preferred that this username is not your full name

#### 25. Opportunity for comments and feedback

Do you have any comments or feedback about the project? [insert text box]

**Thank you page (after submitting survey)**

You have finished answering the questions in this survey. Thank you for your contribution to this project. Your time and effort is greatly appreciated!

If you have indicated an interest in further participation, I will be in contact soon. If you are interested in regular updates on the project's progress, subscribe to one of the online forum threads I'm maintaining, or contact me directly.

Please visit the project website for further information about this project.

If you found this survey through an online forum thread, please post your comments about the survey and the topic there to stimulate discussion and attract more participants. You can also support this project by forwarding the survey link to your contacts:

<https://drugsonforums.turningpoint.org.au/index.php?sid=24>

Take care and stay safe!  
Monica

## Appendix D. Attributes of the informants

Name	Sex	Age	Status	Completed education	Weekly income	Forum hr/wk	Post count	Highest forum status	Forum types used
Adam	M	34	Employed	Postgraduate qualification	\$2,000 or more	1	15	Member	Dance music
Andrew	M	22	Employed	Undergraduate qualification	\$1,300 - 1,599	2	0	Never posted	Drugs
Ben	M	17	Employed student	Still at secondary school	\$1 - 149	9	1,704	Member	Dance music, raves, drugs
Brooke	F	17	Employed student	Still at secondary school	\$1 - 149	20	40	Member	Raves
Caleb	M	24	Employed student	Trade/technical certificate	\$400 - 599	40	2,230	Member	Dance music, pill reports
Chris	M	24	Employed student	No qualification completed	\$250 - 399	15	50	Moderator	Drugs
Dave	M	20	Employed	Undergraduate qualification	\$600 - 799	20	2,500	Member	Dance music, drugs
Evan	M	22	Employed student	Trade/technical certificate	\$250 - 399	1	30	Member	Raves, doofs
Finn	M	19	Employed	Missing	\$600 - 799	30	5	Member	Drugs, psychoactive plants
Georgia	F	30	Employed	No qualification completed	\$1,300 - 1,599	15	7,100	Moderator	Drugs, pill reports
Heath	M	21	Employed	Missing	Don't know	10	150	Member	Dance music
Isabelle	F	34	Employed	Postgraduate qualification	\$2,000 or more	7	730	Member	Dance music, doofs
James	M	18	Employed student	No qualification completed	\$250 - 399	15	300	Moderator	Psychoactive plants
Jen	F	19	Employed	No qualification completed	\$400 - 599	30	5,074	Moderator	Dance music, raves
Kat	F	23	Home duties	Missing	\$400 - 599	14	7,003	Member	Dance music, raves
Kyle	M	21	Employed	Trade/technical certificate	\$1,300 - 1,599	25	50	Member	Drugs
Liam	M	21	Employed student	No qualification completed	\$250 - 399	25	5,100	Member	Drugs
Lisa	F	25	Student	No qualification completed	\$150 - 249	12	220	Member	Drugs
Marcus	M	17	Employed student	Still at secondary school	\$1 - 149	4	500	Member	Drugs
Megan	F	18	Employed	No qualification completed	\$250 - 399	25	4,800	Member	Dance music, raves
Nathan	M	21	Employed	Trade/technical certificate	\$600 - 799	4	720	Member	Dance music, raves
Odette	F	37	Student	Trade/technical certificate	\$400 - 599	10	48	Moderator	Drugs, psychoactive plants
Pia	F	24	Employed	No qualification completed	\$1,000 - 1,299	5	4,302	Moderator	Drugs
Richard	M	22	Employed	Trade/technical certificate	\$400 - 599	5	1,050	Moderator	Spirituality, pill reports
Steve	M	19	Employed student	No qualification completed	\$250 - 399	10	50	Member	Doofs
Tracey	F	24	Employed student	Trade/technical certificate	\$400 - 599	20	10,000	Moderator	Dance music, raves, drugs
Wendy	F	18	Employed student	No qualification completed	\$250 - 399	2	80	Member	Doofs

Name	Frequency of party drug use	Age 1 <sup>st</sup> ecstasy	Batches ever used	Drugs used weekly+	Drugs used fortnightly to monthly	Drugs used occasionally
Adam	occasionally	28	11 to 50	alcohol, cannabis.	none	ecstasy, methamphetamine, tobacco.
Andrew	weekly	21	50+	methamphetamine, benzodiazepines, other opioids, methcathinone, modafinil.	ecstasy, cocaine, ghb, ketamine.	research chems, inhalants, alcohol, tobacco, cannabis.
Ben	fortnightly to monthly	15	50+	tobacco	inhalants	ecstasy, methamphetamine, lsd, alcohol.
Brooke	occasionally	13	11 to 50	alcohol	tobacco	ecstasy
Caleb	fortnightly to monthly	18	50+	alcohol, tobacco, cannabis.	ecstasy, methamphetamine.	benzodiazepines
Chris	weekly	16	50+	other psychoactive plants, party pills, other opioids, alcohol, tobacco, cannabis.	ecstasy, methamphetamine, lsd, mushrooms, research chemicals.	benzodiazepines
Dave	weekly	17	11 to 50	ecstasy, methamphetamine, cocaine, ghb, alcohol, tobacco, cannabis.	none	ketamine, lsd, mushrooms, other psychoactive plants.
Evan	occasionally	17	50+	alcohol, cannabis.	tobacco	ecstasy, methamphetamine, cocaine, lsd, mushrooms, other psychoactive plants, research chemicals, inhalants, ether, wormwood.
Finn	fortnightly to monthly	18	11 to 50	tobacco, cannabis.	ecstasy, methamphetamine, inhalants.	cocaine, ketamine, lsd, mushrooms, other psychoactive plants, research chemicals, antidepressants, dxm, alcohol.
Georgia	occasionally	19	11 to 50	tobacco	none	ecstasy, benzodiazepines, alcohol, cannabis.
Heath	weekly	20	3 to 10	ecstasy, alcohol, cannabis.	none	none
Isabelle	occasionally	22	50+	tobacco, cannabis.	none	ecstasy, methamphetamine, cocaine, lsd, mushrooms, inhalants, alcohol.

Name	Frequency of party drug use	Age 1 <sup>st</sup> ecstasy	Batches ever used	Drugs used weekly+	Drugs used fortnightly to monthly	Drugs used occasionally
James	fortnightly to monthly	NA	NA	none	other psychoactive plants, alcohol, cannabis.	mushrooms, benzodiazepines.
Jen	occasionally	16	11 to 50	none	alcohol	ecstasy, methamphetamine, cocaine, mushrooms, inhalants, antidepressants, other opioids.
Kat	fortnightly to monthly	14	50+	none	ecstasy, alcohol.	ketamine, lsd, inhalants.
Kyle	fortnightly to monthly	20	11 to 50	none	ecstasy, alcohol.	methamphetamine, cannabis.
Liam	occasionally	18	11 to 50	alcohol	benzodiazepines	lsd, inhalants, antidepressants, other opioids, cannabis.
Lisa	occasionally	19	11 to 50	none	alcohol	methamphetamine, cocaine, benzodiazepines, other opioids, tobacco.
Marcus	fortnightly to monthly	15	11 to 50	none	lsd, alcohol.	ecstasy, ketamine, inhalants, tobacco, cannabis.
Megan	occasionally	18	3 to 10	alcohol	benzodiazepines	ecstasy, lsd, mushrooms, other psychoactive plants, party pills, other opioids, dxm.
Nathan	fortnightly to monthly	14	50+	alcohol, tobacco.	ecstasy, methamphetamine, cocaine, benzodiazepines, cannabis.	inhalants, other opioids
Odette	weekly	21	50+	party pills, other opioids, alcohol, tobacco.	zyprexa, dali lida.	methamphetamine
Pia	occasionally	19	11 to 50	none	none	ecstasy, methamphetamine, ghb, ketamine, benzodiazepines, alcohol.
Richard	fortnightly to monthly	20	3 to 10	none	lsd	ecstasy, alcohol.
Steve	fortnightly to monthly	17	3 to 10	none	lsd	ecstasy, alcohol.
Tracey	fortnightly to monthly	20	11 to 50	alcohol	methamphetamine, tobacco.	ecstasy, lsd, inhalants.
Wendy	fortnightly to monthly	17	11 to 50	none	ecstasy, lsd, mushrooms, alcohol.	methamphetamine, cannabis.





**Appendix E. Participant information sheet**



I am Monica Barratt, PhD Student at the National Drug Research Institute, Curtin University of Technology (Australia). I am conducting a study of how the use of online forums by Australian ecstasy, methamphetamine and other drug users influences drug use practices in ways that decrease or increase drug-related harm. For example, I am interested in the influence of online forum discussions on novice drug users, and how ecstasy users incorporate information from online pill reports into their decisions. I would appreciate your participation in this study as it will assist me in understanding the relationship between participating in online forums where drugs are discussed, and drug use practices and related harms.

## *Research procedures*

In order to answer my questions about drug use and online forums, I will be collecting and analysing a variety of different kinds of data from publicly available documents, but believe this is no substitute for genuine participant response to research ideas. Therefore I will also collect data directly from online forum participants. To be more specific I will do the following:

- collect and analyse publicly available documents (online forum posts, websites);
- conduct web surveys; and
- conduct in-depth online interviews (using instant messaging).

## *Risks and benefits*

The risks associated with participating in this project are the (very remote) possibility of information about your own illicit behaviour being linked to your identity, and experiencing distress when discussing your own drug use. Additionally, you may not approve of what I write about you. I will do the following to guard against these risks and to protect your interests:

- *Protect your confidentiality.* The data I collect will be used to produce a doctoral thesis and other scholarly presentations and articles, which will include descriptions of individuals and groups. However, all names/username, locations and any other identifying information will be replaced by fictitious names or amended/omitted, to ensure that individuals and groups cannot be identified. To protect your confidentiality, I will never ask for your real name and I will *not* collect your Internet Protocol (IP) address. Researchers at the National Drug Research Institute have been doing drug research for 20 years and at no time have the police attempted to gain access to information about the individuals interviewed.
- *Ensure data security.* I will also guard against the possibility of data being intercepted and potentially read by third parties by using a secure uplink for web surveys and encrypted instant messaging. I will also encourage you to use accounts that do *not* contain which could identify you.
- *Manage data storage securely.* Data will be stored on a secure workstation and backed up regularly to an external hard-drive. All data are locked to unauthorised access. Upon completion of the project, the encrypted data files will be archived solely on CD/DVD media in a locked cabinet. Data will be stored for a minimum of five years from thesis completion.
- *Refer to drug counselling services.* If you are concerned about your drug use, I will arrange referral to online drug counselling services and other information sources as appropriate.
- *Provide opportunity for feedback.* Before presenting or publishing from the data I have collected with your help, I will make a reasonable attempt (e.g. emailing you drafts with a request to respond within a reasonable time period) to obtain your feedback and incorporate it into my work.

You may also benefit from participating in this project by having the opportunity to contribute to discussions and publications that will shape the way researchers, educators and policy makers think about drug use and online communication. Anticipated project outcomes include the development of more relevant and useful interventions and policies aimed at encouraging safer drug use practices, such as an online version of Ravesafe peer education, and more timely and effective responses to new drug trends.

### *Time and location*

Data collection will occur throughout 2007. Data collection will be entirely online, which means you can complete surveys and interviews anywhere and anytime you wish. Your participation will fall into one or more of these categories:

- *Web survey.* Survey respondents should spend about 30 minutes completing the online form.
- *In-depth interview.* Online interview participants can expect to invest more time in an online exchange with me, depending on how much detail participants wish to discuss. The amount of time and effort is entirely at the convenience of the participant.
- *Moderator interview.* Forum moderators should spend no more than one hour completing an online survey and follow-up online interview.

### *Freedom to withdraw*

Participation in this study is completely voluntary, and you may withdraw from the study at any time and for any reason without penalty. If you do so, I would hope to continue to use the data I have gained from your participation, but I will destroy it at your request.

### *Offer to answer enquiries*

As stated above, I will share and request feedback on any and all presentations and publications that result from this research. In the meantime, if you have any questions, please contact me as follows:

Monica Barratt  
PhD Student  
National Drug Research Institute  
Curtin University of Technology  
PO Box 8016  
Camberwell North Victoria 3124  
0407 778 938  
monica.barratt@postgrad.curtin.edu.au  
<http://www.ndri.curtin.edu.au/drugsonforums>

This project is supervised by Associate Professor Simon Lenton, Deputy Director of the National Drug Research Institute. He can be contacted by phone (08 9266 1603) or email ([s.lenton@curtin.edu.au](mailto:s.lenton@curtin.edu.au)).

### *Ethics approval*

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number 102/2006). If you have any concerns about your treatment as a participant in this study, please contact:

The Secretary, HREC, Office of Research and Development, GPO Box U1987, Perth WA 6845  
or by phone (08 9266 2784) or email ([hrec@curtin.edu.au](mailto:hrec@curtin.edu.au)).

All communication is treated confidentially. Verification of ethics approval can also be obtained by contacting the Secretary.

## **Appendix F. Interview schedule**

### **Preamble**

I'm now starting to do these online interviews, as promised. You mentioned you might be interested in doing one with me. Do you have any spare time over the next few weeks? I can't guarantee how long it will take, but we can allot an hour, then see how far we get, and can come back to it another time if there is still more to discuss.

Before deciding whether you are still interested in doing an interview, have a read of the participant information, and the following summaries of the important bits!

Full participant information: [insert link]

Interview content: The interview is focused on you telling your story in relation to online forums and drug discussion, especially how online drug discussion may have made your experiences with drugs safer or more dangerous.

Confidentiality and exceptions: All information gathered in this interview remains strictly confidential, except if you tell me you are about to seriously harm yourself or others. In this case I have a duty of care to do my best to get help for you. You should also refrain from giving me the details of criminal activities (eg. names, places). This sort of information is not of interest to this project and will be deleted if provided.

Data security: It is also a good idea to turn off conversation logging on your instant messaging client if you are not sure where these are saved. Unless you have specified a secure location for conversation logs, these logs may be accessed at a later date if your computer is compromised.

Encryption: I've also put together a guide on encryption for instant messaging. If you are interested, have a read of that and we can set it up. Encryption guide link: [insert link]

If you don't want to do encrypted messaging, we just need to make sure your name isn't obvious in your IM account, so if our conversation was intercepted by a third party, it would be difficult to work out who you are.

### **Consent**

i'll just need to confirm your consent to participate, let me know if you agree with the following statement: "I have read the explanation of this study and agree to participate. I understand that my participation in this study is entirely voluntary."

### **Notes for interviewing**

The interviews will be open ended and tailored, so not all questions will be asked of all participants.

### **Online forums and drug use patterns**

the overall aim of this project is to explore the ways online forum use may lead to safer and/or more dangerous drug use.

to begin with, in a general sense, what do you think of this .... what are some of the ways online forum use could lead to safer and/or more dangerous drug use in your opinion?

can you tell me about any examples from your own experience?

how has the use of online forums influenced your drug use? can you think of any examples?

eg. you said in the survey that you had recently learnt how to avoid bad experiences with drugs when reading/participating in online drug discussion

eg. you said in the survey that you had recently learnt how to enhance the effects of drugs when reading/participating in online drug discussion

can you tell me the story of how that unfolded, starting from your experience reading or participating in online drug discussion, through to when you changed something about your drug use?

- frequency of use
- types of drugs use
- methods of administration
- amounts use
- contexts of use
- social network used with
- knowledge of drugs
- safety/dangerousness of drug taking
- at what stage in drug use history were forums more important

### **Obtaining and implementing specific drug information**

one of the things I'm also interested in is how people deal with different types of information about drugs when they do their research.

can you tell me the story of the last time you searched for specific drug-related information?

- what drug, what sort of info was searched for?
- was there a lot of info on the topic or not much?
- different sources of information
- did you get differing or conflicting information?
- credibility of different sources – eg. websites vs forums, online vs offline
- did you change your plans based on this information?
- did you have a positive or negative experience, or a bit of both?

### **Pill reports and testing**

what do you think of pill reports and pill testing and the content/purity of ecstasy pills at the moment, are these methods useful?

### **Online forums: motivation, initiation, importance**

another aim of this project is to explore how and why people get involved in online forums. your responses indicate that [name] is your most often used forum.

can you tell me the story of your involvement with this forum, starting from how you came across it, and moving through your level of involvement over time?

what are the good and not-so-good things about [name]?

how big a part of your life is [name], from when you first started, through to now and into the future?

### **Knowledge translating into practice**

in the survey, I asked the question 'Is there information on drugs you would like to be easier to get? If yes, what type and through what source?'

your response was [insert]

how do you think things would change if this information was easier to get?

are there times you can think of where you had a bad experience with drugs that could have been prevented if you had been better informed?

are there times you can think of where you had a bad experience \*despite\* being well educated about a particular drug, that is, you ignored your own knowledge and did it anyway?

### **Discussing drugs publicly online**

the final area I'm interested in is people's ideas about the risks of discussing drugs publicly online.

what are your thoughts on the potential risks of talking about drugs publicly online?

do you have a set of rules about what you will and won't discuss online? how do these work?

what do you see as the advantages and disadvantages of discussing drugs online versus offline?

### **Further comments**

are there any other comments about online drug discussion that you think we've missed that are important for you?

### **Conclusion**

thank you so much for completing this interview with me

your contribution is really appreciated!

now in terms of the project, next step is i'll de-identify the script of our conversation, then have a look over it and see if I have any further questions

would you like me to forward you a copy of the deidentified script and you can also see if you have anything more to add?

there are also two groups i'm running that people can join to keep up the project's progress

there is a facebook group and a google group (google group is private)

you can join either or both [insert links]

so feel free to join - with the google group you can control whether it comes as an email update or just web view

so what i'm saying is i'd like to stay in contact,

this way i can check out my findings with people too - when i write papers, i'll email the group and mention if anyone wants to comment on them

also wanted to confirm whether its ok to keep you on my contact list, in case i have further questions or you have any further questions of me... is that ok? you can remove yourself at anytime of course

if you are able to post some support for me and this project in the forum thread, that would be really great too

well thanks again... and feel free to msg me anytime along the way





## **Appendix G. Encryption guide**



Thanks for your interest in participating in an online interview with me as part of the *Drugs on Forums* project. I use instant messaging as a means of conducting the online interview. This webpage explains how this process can be conducted with the same kind of confidentiality that applies to face-to-face or telephone interviews.

As you may already be aware, emails and instant messages are insecure when sent in plain text. Firstly, they can be intercepted (read by others or altered by others), and secondly, the reader cannot be certain that the sender is who they claim to be.

The most effective way of ensuring that what we write will only be read by each other is to use encryption. All the program options I recommend below are free and you will be able to use them with anyone once you show them how. Some are packaged as portable software, which means you can run them from a USB flash drive on any computer.

If you are unable or unwilling to use these programs, using an instant messaging account that is **not** linked to your full name (eg. someguy@hotmail.com) will also provide a degree of confidentiality. If we communicate without encryption, it is possible that third parties could intercept and read our conversation without our consent. However, as long as your identity cannot be easily worked out, any risk to you will be reduced.

Many people who are concerned about online privacy may already have an email account that has never been associated with their full name. It is easy to start a [free webmail account](#) completely for this purpose.

## Encryption

Most people are surprised when they find out how insecure email and instant messaging really are. It is about as secure as writing on a postcard! Yet many people send private and sensitive information across the internet that can easily be read by people who know how. Research indicates that people tend to feel more comfortable discussing sensitive matters online than face-to-face, especially younger people. If you are one of those people, and are concerned about your privacy, the following information should help you protect yourself.

### How does encryption work? \*

You generate a key pair using encryption software: one key is public, the other is private. You make your public key freely available so anyone can use it to send you an encrypted message. You keep your private key safe and secure. Messages encrypted with your public key can only be opened with your private key: only you can decrypt them. You collect public keys in a keyring which enables you to encrypt messages for your friends or colleagues to read. Most of this process happens in the background while you are using encrypted email or instant messaging.

\* This is a generic description of the encryption process. See individual program documents for exact descriptions.

## Instant Messaging

Popular instant messaging protocols include MSN, ICQ/AIM, Yahoo! and Google Talk. Instant messaging programs that support multiple messaging protocols are also popular for keeping in contact with a list of people who prefer to use different protocols, without having multiple programs open. Some of these include Trillian, Miranda, Pidgin (formerly Gaim) and Adium.

### Windows

[Off-the-record](#) (OTR) is an encryption program that works with Pidgin for Windows via a plug-in. It works seamlessly in the background, allowing secure messaging across all the protocols supported by Pidgin (MSN, ICQ/AIM, Yahoo!, Google Talk, and many more). Both Pidgin and OTR are open source programs.

[OTR with Pidgin: Installation and use guide](#) (includes screenshots)

[How to configure Pidgin for Google Talk](#)

[Pidgin website](#)

[Portable Gaim](#)

OTR is also available as a plug-in for [Trillian Pro](#) and [Miranda](#).

Some people might be too attached to their standard set-up of MSN or ICQ to switch to Pidgin. In this instance, SimpLite can be run alongside instant messaging programs including MSN, ICQ/AIM, Yahoo!, and Jabber/Google Talk. SimpLite is free but the Simp programs are not open source, and unlike the OTR plug-in, you will be running two programs (Simp and your preferred message program) for encryption to work.

[Download SimpLite from the Secway website](#)

## Mac

[Off-the-record](#) (OTR) is an encryption program that is packaged as part of Adium. It works seamlessly in the background, allowing secure messaging across all the protocols supported by Adium (MSN, ICQ/AIM, Yahoo!, Google Talk, and many more). Both Adium and OTR are open source programs. OTR is already built into Adium so there is no separate installation guide.

[Adium website](#)

OTR is also available as a proxy for [iChat](#)

## Linux

Using your Linux package manager, you can install the Pidgin-OTR package. It is included in all major Linux distributions, such as RedHat, Fedora, Debian or Ubuntu. See [Off-the-record](#) for all documentation.

The OTR protocol and Pidgin implementation has been written by two prominent professors in the Cryptography community, [Assistant Professor Ian Goldberg at the University of Waterloo](#), and [Assistant Professor Nikita Borisov at the University of Illinois](#).

See also: [http://en.wikipedia.org/wiki/Off-the-Record\\_Messaging](http://en.wikipedia.org/wiki/Off-the-Record_Messaging)

## Testing

You or your friends are welcome to test your encryption set-up with me. Message me using the following contact details:

Google Talk / Jabber: [tronica@gmail.com](mailto:tronica@gmail.com)

OTR Fingerprint: 0AE87FEE C24C8AB4 59B27808 F1299354 C339ECA5

MSN: [monbarratt@hotmail.com](mailto:monbarratt@hotmail.com)

OTR Fingerprint: FB93807A 631C09BC 2CD255F4 C63D7C48 C7FF4A90

ICQ: 94669246

OTR Fingerprint: F8BB1B3C 21A8746C 38681FD0 4BF472F2 10EFD6F3

Now you have all the information you need to conduct secure instant messaging. I hope one of these solutions works for you, and that this document has encouraged you to share this knowledge with anyone you communicate with online about important matters.

[Monica Barratt](#)

[www.ndri.curtin.edu.au/drugsonforums](http://www.ndri.curtin.edu.au/drugsonforums)

National Drug Research Institute, Curtin University of Technology, Australia.

## Appendix H. List of related publications

- Barratt, Monica J. (2008, June). Is it all about safety? Exploring the use of 'ecstasy' pill content and purity information in Australia. Paper presented at the *5th International Conference on Nightlife, Substance Use and Related Health Issues (Club Health)*, Santa Eulalia, Ibiza, Spain.
- Nielsen, Suzanne, & Monica J. Barratt (2009). Prescription drug misuse: Is technology friend or foe? *Drug and Alcohol Review*, 28, 81–86.  
doi:10.1111/j.1465-3362.2008.00004.x
- Barratt, Monica J., & Simon Lenton (2010). Beyond recruitment? Participatory online research with people who use drugs. *International Journal of Internet Research Ethics*, 3, 69-86. [http://www.ijire.net/issue\\_3.1/6\\_barratt\\_lenton.pdf](http://www.ijire.net/issue_3.1/6_barratt_lenton.pdf) (See Appendix B)
- Barratt, Monica J., Jason A. Ferris, & Simon Lenton (2010, November). Comparing ecstasy users recruited and surveyed online with matched probability samples from households: Implications for drug research in the digital age. Paper presented at the *30th Australasian Professional Society on Alcohol and Other Drugs (APSAD) Conference*, Canberra, Australia.
- Barratt, Monica J. (2011, May). 'Refused classification': Exploring the unintended consequences of the proposed internet filter for young Australians who use drugs. Paper presented at the *6th International Conference on Drugs and Young People*, Melbourne, Australia.
- Barratt, Monica J. (2011, July). Discussing illicit drugs in public internet forums: Visibility, stigma, and pseudonymity. Paper presented at the *5th International Conference on Communities and Technologies*, Brisbane, Australia.
- National Drug Research Institute. (2011, July). Public submission to the Australian Law Reform Commission National Classification Scheme review. Prepared by Monica J. Barratt. [http://www.alrc.gov.au/sites/default/files/pdfs/ci\\_1186a\\_\\_national\\_drug\\_research\\_institute\\_curtin\\_university.pdf](http://www.alrc.gov.au/sites/default/files/pdfs/ci_1186a__national_drug_research_institute_curtin_university.pdf)
- Barratt, Monica J. (2011, August). Drugs and information and communication technologies. *DrugInfo*, 9 (1), 2. <http://www.druginfo.adf.org.au/newsletters/newsletters-information-and-communication-technologies>
- Barratt, Monica J. (2011, August). The proposed Australian internet filter: How will people who use drugs be affected? *Centrelines*, 34, 2-4.  
<http://ndri.curtin.edu.au/local/docs/pdf/centrelines/ndri034.pdf>
- Barratt, Monica J. (2011, November). Qualitative online interviewing with young people who use drugs. Paper presented at the *31st Australasian Professional Society on Alcohol and Other Drugs Conference*, Hobart, Australia.

- Barratt, Monica J., & Lenton, S. (2011, November). 'PMA sounds fun': Negotiating contested meanings of PMA in online settings. Paper presented at the *31st Australasian Professional Society on Alcohol and Other Drugs Conference*, Hobart, Australia.
- Barratt, Monica J. (in press). Discussing illicit drugs in public internet forums: Visibility, stigma, and pseudonymity. In J. Kjeldskov & J. Paay (eds), *Proceedings of the 5th International Conference on Communities and Technologies*, Brisbane, Australia. ISBN: 978-1-4503-0824-3.
- Dwyer, Robyn, Amy Pennay, Rachael Green, Christine Siokou, Monica J. Barratt, Nicola Thomson, & David Moore. (in press). The social contexts and cultural meanings of ATS use and their implications for policy and practice. In S. Allsop & N. Lee (Eds.), *Understanding and responding to Amphetamine Type Stimulants*. Melbourne: I.P. Communications.
- Barratt, Monica J. (in press). Internet filtering, drug websites and harm reduction in Australia. *Entheogenesis Australis (EGA) Journal*.
- Barratt, Monica J. (in press). The efficacy of interviewing young drug users through online chat. *Drug and Alcohol Review*.
- Barratt, Monica J. (in press). Silk Road: eBay for drugs [letter to the editor]. *Addiction*.