'PMA sounds fun': Negotiating drug discourses online

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Abstract

In 2007, a young woman, Annabel Catt, died after consuming a capsule sold as 'ecstasy' that contained para-methoxyamphetamine (PMA). In this paper, we describe how this death was depicted in online drug-user communities and illustrate how the meanings of drug use are negotiated in online settings. News articles, public online discussions, and online fieldwork formed the data. This paper demonstrates how dominant drug discourses may be resisted by drug users, drawing on theories of health resistance and Kane Race's concept of counterpublic health. Online environments may offer ways of engaging people who use drugs that acknowledge both pleasure and safety.

Introduction

> It is arguably the use of the Web as an information source that may offer the greatest challenge to the incumbent paradigm, with experiential discourses offering alternatives to the hegemonic narrative, as the relationships between drugs, those who sell drugs and drug takers are reconfigured online. (Walsh, 2011, p. 55)

Illicit drug users are normally stereotyped and stigmatised in the discourse that dominates public awareness of such drug use. The dominant conceptualisation of drug use in this discourse depicts drugs as a 'problem' and drug users as deficient in some manner, though with variations as to their particular kind of deficiency. This discourse inscribes several kinds of subjects particularly 'the addict', whose lack or loss of agency renders them suitable for moral and regulatory action, principally because they are failed neoliberal subjects (Brook & Stringer, 2005); and 'the dealer' who is portrayed as a calculating hyper-rational subject intent on profit at any cost and thus equally in need of control (Dwyer & Moore, 2010). Often, public discussion constructs subjects as naive or ill-educated (especially young drug users) and thus in need of education which will correct their path through life, avoiding the possibility of becoming addicts. Even the agentic drug user, constructed as rational in seeking to look after their own health while also using drugs, is marginalised because they are seen as refusing to accept the risks they are running (Fraser, 2004). However, alternative discourses of drug use also circulate in society, not in the mainstream media, but via public internet forums. In these alternative places, what Foucault (1980) termed 'subjugated knowledges' are produced by people who use drugs and which tell a quite different story. To what extent are the alternative drug-user subjectivities—those rendered invisible within the dominant pathology discourse—active in online settings? How do these subjectivities contest the knowledges which are assumed to be true about such users? How does the internet facilitate alternative discourses on drugs?

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We explore these questions through a case study of the death of a young woman, Annabel Catt, from inadvertent use of PMA and subsequent discussions in various online drug-user communities. As the title 'PMA sounds fun' implies, we were specifically interested in exploring concepts of health resistance and counterpublic health as ways of understanding drug-user subjectivities that do not fit with either the pathology paradigm or discourses of harm reduction that assume a risk-avoidant subject. Understanding alternative drug-user subjectivities has practical implications because it can inform efforts to develop public health campaigns that effectively engage people who use illicit drugs.

1.1 Counterpublic health and health resistance

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, Johnston, Moore, & Goren, 2007, p. 70). Within this model, social marketing campaigns targeting young people aim to increase their knowledge of drug-related harms, in the hope that this information will lead to them reducing their drug use, preferably to the point of abstinence (Duff, et al., 2007; Karlsson, 2010). In their review of social marketing campaigns, Wakefield, Loken, and Hornik (2010) found that a few campaigns focused on illicit drugs had been evaluated worldwide, and that evidence for their success was inconsistent. Almost all campaigns resulted in no reduction in drug use indicators. In fact, an evaluation of a large American antidrug media campaign found that greater exposure to the campaign increased intentions to use cannabis (Hornik, Jacobsohn, Orwin, Piesse, & Kalton, 2008), and the Montana Meth Project was 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). Further exploration of the

concepts of counterpublic health and health resistance may be useful for understanding why such interventions fail to engage most young drug users.

The place of pleasure in harm reduction and public health discourses has been critically examined by numerous scholars (e.g., Duff, 2008; Keane, 2009; Race, 2009) and there have been calls for researchers to account for drug users who privilege pleasure in their drug practices (e.g., Dwyer, 2008; MacLean, 2008; Moore, 2010; Pennay & Moore, 2010). As Race has noted, "pleasure is not the antithesis of self-regulation and safety, but the medium through which certain shared protocols of safety take shape" (2008, p. 421). Race's concept of counterpublic health (2009, see Chapter 6) is particular useful here. Counterpublic health refers to peer interventions based upon embodied ethics that assume the drug-using subject seeks pleasure. In contrast, most public health interventions are based upon hegemonic moral codes that erase or demonise corporeality and therefore do not acknowledge pleasure. Counterpublic health is drawn from the concept of the counterpublic (Asen & Brouwer, 2001; Warner, 2002). In his book *Publics and Counterpublics*, Warner (2002) describes a 'public' as a social space created by the reflexive circulation of discourses: with publics representing dominant discourses to which counterpublics are held in contrast or conflict. While both public and counterpublic discourses address a group of indefinite strangers, counterpublic discourse is likely to meet with resistance by dominant publics, and may therefore be more likely to circulate in limited spaces. For example, some interventions aimed at engaging people who continue to use illicit drugs have been removed from public circulation after coming to the attention of the wider public and politicians (Fitzgerald, 2000; McDermott, Matthews, O'Hare, & Bennett, 1993). Such counterpublics are themselves the object of control by dominant public discourse, as much as the activity or social practice at issue.

Race (2009) demonstrates how the most effective drug education initiatives within gay communities involve engagement with, rather than denial of, the pleasures associated with

drug practices. When these values are not seen as acceptable by the public, such health promotion campaigns clash with public moral acceptability and may be compromised, either not able to be practiced at all (where campaigns are 'pulled' after exposure in the mainstream media, for example) or reduced in their scope for fear of public condemnation.

When health promotion campaigns do not acknowledge pleasure and do not acknowledge the possibility of drug use being a reasonable or informed choice, drug users may resist or reappropriate their messages. This problem was explored by Crossley (2002) in her development of the concept of health resistance. Crossley argued that public health campaigns are generally premised upon the assumption that people aspire (or should aspire) to be healthy above all other desires. The 'health imperative' (Lupton, 1995) aligns health 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. Rebelling against the source of the threat is one way for people to restore and retain their sense of freedom. Qualitative studies of illicit 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).

1.2 The internet as a technology of resistance

Walsh's paper 'Drugs, the internet and change' (2011) offers ideas on how the internet may operate as a site of resistance to the dominant drug paradigm with its emphasis on prohibition,

control and the construction of users as subjects in need of regulation. In this paper, we expand on Walsh's ideas by providing a case study of this phenomenon.

In our other work (Barratt, Lenton, & Allen, 2012; Barratt & Lenton, in press), we have argued that the internet may be used as a tool or site of resistance by people who use drugs. Walsh (2011) argues that the internet is "the death knell of global [drug] prohibition" (p. 62) since it decentralises the distribution of information and thus reduces institutional control over that information. Thus, for Walsh, the internet is a technology for democratisation. However, we do not accept that the internet is inherently democratising. Online communication can also serve to legitimate dominant discourses by systemically silencing minority and alternative voices, positioning them as outside of mainstream opinion even though they may still be permitted to participate in public spheres. Indeed, governments use the internet as much as other media forms to promote and control the discussion of drug use (e.g., *Ecstasy. Face Facts,* Australian Department of Health and Ageing, 2012). Leaning cautions that 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).

Nevertheless, while the internet might be a contested space of communication, there is evidence that the internet is being used as a tool of resistance by drug users in the face of dominant drug discourses. Boyer, Lapen, Macalino & Hibberd's (2007) 'innovative drug users', who learnt drug practices through websites, applied new knowledge then disseminated it through online networks, offer an example of resistance against dominant drug discourses produced through online communication. In Tackett-Gibson's (2008) analysis of public online discussion about the drug ketamine, 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, through these discussions, online environments and associated communication technologies can help produce resistance or alternatives to dominant discourse. These peer-reviewed studies are supported by much of the research included in the NIDA-funded book *Real drugs in a virtual world* (Murguía, Tackett-Gibson, & Lessem, 2007). This body of work found that drug-using peers exchanged information and experiences in public online forums, and consumed and produced information in a collaborative fashion, not unlike the online collaborators of Wikipedia. In these cases, the internet appeared to function as an alternative public space—effectively serving as a counterpublic—where a different mix of drug-user subject positions were produced, a capacity emphasised in Walsh's recent commentary (Walsh, 2011).

1.3 Aims

While Walsh (2011) highlights the capacity of the internet to be used to resist hegemonic paradigms regarding illicit drugs, Race (2009) shows how drug-using groups create their own interventions that resist hegemonic paradigms. We seek to bring these two ideas together to explore how the internet can be used to facilitate counterpublic health.

2 Methods

This paper uses a case-study approach to better understand how the internet is used by people who use drugs as a space within which hegemonic discourses are both reinforced and resisted. We have previously described a participatory model of online research with people who use drugs, focusing on the ethics of engagement with participants through online discussion (Barratt & Lenton, 2010). Ethnographic engagement with the field-site is important not only from an ethical perspective, but also from a methodological perspective. Interpreting online discussions long after they were written and from a different context extracts them from their

original historical context. This technique, although commonly used, decontextualises online discussions, ignoring the fact that the meanings of these discussions are socially situated, dependent *on* the context. The analysis we present in this paper is an attempt to situate online drug-user discussions which occurred during the 18-month fieldwork period of the first author's PhD, where she conducted a mixed-methods study into drug discussions across 40 interconnected online forums. In this section of the paper, we provide background about the topic (unknown content and purity of tablets sold as 'ecstasy') and the medium of study (online forums), outline the virtual, multi-sited ethnographic approach, describe the fieldwork and analysis, and briefly outline some ethical considerations.

2.1 Context of this study

2.1.1 'Ecstasy' and para-methoxy-amphetamine (PMA)

It is well known that pills sold as 'ecstasy' may not contain the desired chemical MDMA (3,4-methylenedioxy-N-methamphetamine), but may instead consist of other psychostimulant drugs. The content and purity of tablets vary within the same batch, and pills that look similar may come from different batches and contain an entirely different blends. The Netherlands (Vogels et al., 2009), France (Giraudon & Bello, 2007), and the UK (Ramsey et al., 2001) have mapped illicit tablet markets through testing samples solicited from ecstasy users. In Australia, the only official, regular monitoring that is publicly available relies on police and customs seizures (e.g., Australian Crime Commission, 2012). 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, ecstasy users report using various strategies in an attempt to determine the content and purity of the pills they use, including websites and colour reagent testing kits (Johnston et al., 2006).

PMA is one such drug sold as 'ecstasy', especially in Australia, where there have been a number of deaths associated with it (Caldicott et al., 2003). PMA is not a new drug: first reports of its synthesis were from Canada in 1973 (Caldicott, et al., 2003). PMA is structurally and pharmacologically related to MDMA, MDA, MDEA and mescaline, but is reported to have stronger hallucinogenic properties. PMA is considered more toxic than MDMA: it is easier to overdose on PMA and overdose has been associated with increased seizure activity and increased core body temperature (Caldicott, et al., 2003). Caldicott et al. report that PMA is easier and cheaper to manufacture than MDMA, and therefore may be marketed as ecstasy by manufacturers seeking a larger profit margin. Thus, most individuals consume pills sold as 'ecstasy' which could be expected to contain MDMA, but actually contain PMA. A smaller proportion of PMA use is likely to be intentional.

2.1.2 Internet forums

Over the last two decades, the use of information technology, connection to the internet, and the adoption of computer-mediated communication have increasingly become a normal or routine part of everyday life, especially for teenagers and young adults (Wellman, 2004). A major part of this connectivity, especially at the time of this research, was the use of online forums (also known as bulletin boards, web forums, internet forums, discussion forums). Online forums facilitate text-based asynchronous conversation. Forum members visit a website to participate in the discussion (reading and writing messages); they may use a pseudonym to maintain anonymity. Searches can retrieve all posts by one individual, and individualised information (e.g., a picture/icon, location, date of first signing up, and total number of posts) appears whenever someone posts a message. Asynchronous online discussion groups have varying ways of moderating content and interaction, ranging from completely un-moderated systems to those where every post must be approved by a moderator. They also allow for the presentation of content as 'threads': members posting a

new question or announcement start a new conversation thread, and related replies are stored in that thread and can be read in order (Ridings & Gefen, 2004).

Anyone with internet access can actively participate in public online forums by posting a question to which other members reply, replying to the requests of others, announcing new information, and sharing accounts of similar experiences. A survey conducted across a wide variety of online groups found that information exchange, social support, friendship and recreation were the most common reasons for participating in online forums (Ridings & Gefen, 2004). Furthermore these functions can be shared among people regardless of the physical distance between them or to maintain anonymity even when physical meetings might be possible. Online groups also enable people to come together who share obscure interests, because the number of people potentially participating in such groups is so much larger than could be accommodated within a bounded physical place. Additionally, the anonymity of computer-mediated communication may facilitate the discussion of topics perceived as too risky to discuss in other public spaces (McKenna & Bargh, 1998).

2.2 Virtual, multi-sited ethnography

Ethnography has been used to understand online social practice since the beginning of internet research (Hine, 2008). 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 is an important or even essential method where internet activities are the focus of the investigation.

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 (Hine, 2007; Wittel, 2000). 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). Criticisms, described by Falzon (2009), include the view 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 tightly bounded context (Hine, 2008). The internet is networked and hyperlinked. The 'online' is also intimately linked to the 'offline': 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, 2009). The multi-sited trend in ethnography also applies to ethnographic examinations that include internet mediated space (Hine, 2008). In this paper, multi-sited online ethnography reflected the habits of informants in consuming, producing and circulating information. That is, like the informants in this study, we looked across many online forum communities and found converging networks of information and people, rather than artificially limiting attention to one community. Forums were connected to each other through website advertisements that linked similar sites, e-newsletters sent to forum members, 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.

2.3 Fieldwork and analysis

The overall study used a mix of methods, guided by a qualitative, inductive approach to the exploration of how drugs and the internet were related. During the fieldwork, the first author: identified online forums where party drugs were being discussed by Australians; catalogued their characteristics in terms of website content, size, focus and the extent of forum moderation; interviewed forum moderators and users through instant messaging; and conducted a large online survey of users. The case study we present in this paper occurred early in the fieldwork in February 2007, with discussions quoted here occurring in the weeks following the event. We utilise both data from internet forum discussions and data from news reports, obtained through real-time online observations and specific searches for key terms associated with the event.

We have previously argued that online forums are often analysed in isolation from both their context of production and the offline world within which they interact (Barratt & Lenton, 2010). The case study we analyse in this paper focuses on a 'real-life' event and its reverberations through networks of online forums. The methodology itself demonstrates the situated-ness of forum data and the fluidity between different online spaces as well as between both online and offline spaces. This process also demonstrates the usefulness of actually 'being there' as events occur.

The analysis we conduct in this paper is a version of discourse analysis where discussions are considered to be 'talk in action' (Potter & Wetherell, 1987). That is, we ask what the speaker is achieving through choosing those particular words and expressions in that specific context. We also use discourse analysis from Foucauldian perspective to identify how subjects within

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the data are positioned. A Foucauldian analysis identifies 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). The analysis rests upon the assumption that meaning is socially constructed and socially situated.

In this paper, texts are reproduced verbatim: that is, with their original spelling and typography. Additional explanatory information is provided within italicised brackets.

2.4 Ethical considerations

The dance music forum where these online discussions took place has been de-identified. All forum usernames in this section are also altered to protect users' identity. We have also assumed their genders simply for readability, although there is no way of verifying this information. In contrast, the drug discussion community Bluelight.ru has not been anonymised, because after consultation with forum staff, we found that this group wanted to be acknowledged for their contribution to harm reduction and research. For further discussion about the ethical issues of conducting online research with people who use drugs, see Barratt & Lenton (2010). This study was approved by the Curtin University Human Research Ethics Committee (No. 102/2006).

3 Results

First, we describe how Annabel Catt's death from PMA was reported and how the public and online forum participants responded. The bulk of the analysis outlines three intersecting discourses around Ecstasy/PMA that characterise the online discussions: (1) all prohibited drugs are dangerous; (2) reducing the risks associated with adulterated ecstasy; and (3) 'PMA sounds fun'.

3.1 A death from inadvertent PMA use

On Saturday February 17 2007, twenty-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 allegedly each took 'ecstasy' capsules (Bannerman, 2007) and by 9:00pm, they were reportedly "hallucinating, sweating and walking erratically" (Wilson, 2007). 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) and had turned an "eerie ice blue" (Wilson, 2007). After being rushed to hospital, Annabel died at around 5 a.m. after suffering respiratory distress (Gibson, 2007). On Thursday February 22, preliminary toxicology reports were released that indicated the presence of PMA in Annabel's body (Alexander & Braithwaite, 2007).

The presence of PMA in the toxicology results prompted the local police agency to issue a public warning about the effects of PMA and a reiteration of the dangers associated with any illicit drug use ("Police warn", 2007). On the following weekend, the police posted another PMA warning. 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.

A few days after Annabel's death, unrelated technical problems led to the drug forums Bluelight.ru and Pillreports.com 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 in order to inform their forum members whilst accessing the forum

itself was not possible. 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. 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 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 Bluelight e-mail along with images of the adulterated pills and capsules were reposted and discussed in other Australian forums, prompting a discussion of the risks associated with using ecstasy and PMA.

3.2 All prohibited drugs are dangerous

> 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. (Drug Squad Commander Superintendent Greig Newbery, "Police warn", 2007)

The first discourse identified in these online discussions was the familiar, dominant drug discourse that positions (illicit) drug use as 'inherently aberrant'. The 'pathology discourse' is absolutist: it renders all (illicit) drug use as harmful (see Karlsson, 2010; O'Malley & Mugford, 1991). 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 is rendered impossible and therefore invisible.

Before the findings of toxicology reports were publicly released, the then State 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). Police stated that they did not have any information about abnormal batches of drugs at that time (Gibson & Cubby, 2007). The Australian Broadcasting Commission (ABC) reported that the 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). Gordian Fulde, Head of Emergency Services at the local 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).

ABC television current affairs covered the Annabel Catt story on March 3 (Bannerman, 2007). The government health department 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)

The public discussions between police, who drew from the pathology discourse in their insistence that all illicit tablets are equally dangerous, were juxtaposed with questions from journalists and statements by health authorities and politicians indicating that the provision of better information that would enable users to identify pills known to contain PMA is a priority for public safety. These positions drew on the second discourse of harm reduction.

3.3 Reducing the risks associated with adulterated 'ecstasy'

> 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. ... 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. (Bluelight e-mail, 2007, reposted across various internet forums)

The Bluelight materials were written from the viewpoint of ecstasy users who were concerned about how to avoid the risks associated with consuming PMA. This viewpoint was a counterpoint to the perspective of the 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. In contrast, the Bluelight materials stated 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.

On the same day as the Bluelight e-mail was first distributed, 'Lil', a forum user, posted the Bluelight e-mail as a new thread in a dance music forum 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:

> 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 assumed that the risks involved in taking drugs could 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 possible.

The Bluelight e-mail and Lil's introduction and distribution of it illustrate how harm-reduction discourses are embedded within wider neoliberal discourses around individual self-responsibility. 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. We 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 harm-reduction models generally claim to be 'value free' (see Hathaway, 2001), Lupton (1995) argues that 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 many harm-reduction models weight 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). These tensions can be seen within the following online interactions that resulted from Lil's posting.

3.4 *'PMA sounds fun'*

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:   ;)

rockit: 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 rockit 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. By distributing the Bluelight e-mail, Lil constructs herself as a responsible user, 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, rockit 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 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. At stake is whether taking care of oneself and partying safely are evidence of strength or vulnerability: are they in fact compatible with the self-assumed position of drug using subjectivity?

Warning others to avoid pills seen as particularly dangerous is a mainstay practice of forums like Bluelight.ru and websites like Pillreports.com, as well as in many dance music forums. However, this information is 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, whereas dismissing this health information in favour of privileging drug intoxication represented an alternative drug-user subjectivity. We can also understand the 'pma sounds fun' discourses as examples of health resistance where health promotion efforts can paradoxically lead to resistance and rebellion (Crossley, 2002). While

on the one hand, the pathology discourse can be seen as dominant in public settings with harm reduction as an alternative position; on the other hand, in some drug-user online forums, harm reduction is the dominant discourse and privileging pleasure is associated with resistance and defiance of the norm.

4   Discussion

Harm reduction as an alternative to the pathology discourse was resisted by some drug users in this research who privileged pleasure and the thrill of risk over concerns about harm and created their own, thrill-oriented discourse of drug use. These three discourses intersected within online settings which served as sites of negotiation of how drug use should be practiced. This paper also shows that online settings are not immune to standard social processes of meaning making and identity construction, as dominant discourses appear more visible than subordinate positions. In this case study, the counterpublic space was a contest between harm reduction and 'drugs-are-fun' discourses, potentially because of the awareness of some participants of the political implications in online public communication if the drugs-are-fun discourse is too openly approved (Barratt et al., 2012). In other words, harm reduction functions, from a public policy perspective, as a necessary counter to the 'black/white' 'bad/good' rhetoric which has been shown to fail to work; but it also functions, from a counter public policy perspective, in a similar fashion.

4.1 Online counterpublic health?

How can the internet be used to facilitate counterpublic health? This case study describes an online peer intervention that arose organically through the Bluelight e-mail warning other ecstasy users about the dangers of inadvertently using PMA. It also indicates the pitfalls of the harm reduction discourse used by the well-meaning moderators: this discourse does not consider other subjectivities outside of neoliberalism, for example, the pleasure-seeking

subject who is attracted to intentional use of a drug described by authorities and other users as 'dangerous'. Race (2009) describes counterpublic health as peer-based actions that accept that drugs are used for pleasure and that pleasure-seeking can be done more safely. A question we should consider is how can 'health resistant' people be reached by public health campaigns (see also Pennay & Moore, 2010)? Is this even possible, given the fundamental premise of public health is that health should be more important than anything, including pleasurable intoxication? If pleasure and safety can be entwined, rather than seen as opposites, it may be possible to present safety information in a way that does not create 'health resistance' for some drug users. This challenge could be met through partnering with online peer-based drug-user communities and exploring new ways of engaging with alternative drug-user subjectivities. More broadly, we cannot assume that if people were 'better informed' they would choose not to use drugs, because pleasure and fun may be more highly valued than health.

We should also consider whether counterpublic health is an alternative to harm reduction, something which is incorporated within harm reduction accounts, or a reformist version of harm reduction. When considering these questions, it is important to draw a distinction between the academic accounts of harm reduction—many of which, from our reading, do clearly identify the need for harm reduction strategies to consider the benefits and the bodily sensations and pleasures of drug use—and, on the other hand, the more popular discourses and official governmental positions which emerge from those academic discourses but seldom acknowledge any positive aspects of drug use.

While there is no one answer to this question, arguably, counterpublic health initiatives— initiatives that are situated within (rather than positioned against) the cultural logics of subjugated cultures—can form part of harm reduction, if harm reduction is defined by its focus upon reducing drug-related harms without necessarily reducing drug use. Given the

very nature of counterpublic health and its positioning outside of mainstream understandings of health, it is less likely that such initiatives would receive funding or would be distributed widely where they would come into conflict with dominant publics.

4.2 Challenging hegemony online

We have argued that the internet does not inherently function as a site of resistance, but does provide a platform for conversation through which resistance can occur, because of the internet's capacity to share and circulate information from many people, not just those with a clear control over information. In this study, we have shown how dominant pathology discourses are circulated and resisted within networks of online communities, who impose their own contrary discussion, focused on harm reduction by responsible, risk-averse subjects. In this context, drug users form a counterpublic of harm reductionists, who defend against both those who say that drug use can never be safe as well as those who say that safety is of no concern. These findings mirror those of Boyer et al. (2007) and Tackett-Gibson (2008). In addition, we find that harm reduction (when framed as part of a risk-averse, neoliberal doctrine where subjects strive for good health above other concerns) is also resisted by some members of online drug-user communities: the self-described 'trashbags' and those who see harm reduction as 'weak'.

It is important to understand this work as situated within its own context, especially since these events occurred in 2007 where most online social interaction was occurring in online forums. At the time of writing, as we have discussed elsewhere (Barratt et al., 2012), the creation of alternative online spaces is threatened by increased global internet censorship, use of 'walled-garden' online environments like Facebook, and use of phone and tablet mobile internet access. Yet, older technologies that allow pseudonymity, like the online forums described in this paper, still exist, and may serve an increasingly important function in an era

of 'identified' and 'accountable' internet use. Online counterpublic health initiatives may still grow in less 'visible' parts of the online landscape, such as private or invite-only online forums or lesser-known publicly accessible sites.

4.3 Limitations

The findings from this paper need to considered alongside its limitations. We only studied online interactions in public internet forums, therefore ignoring all other kinds of online interactions in an increasingly connected and multiplatform media landscape. While we draw on forum discussions as interactions, we also acknowledge that the conflicts between discourses discussed here may be the result of internet 'trolls', that is, people who post inflammatory content with the express purpose of provoking a reaction among online groups (Bergstrom, 2011). The appearance of similar discourses in other qualitative studies (e.g. Pennay & Moore, 2010) supports our interpretation that these discourses represent health resistance rather than simply trolling.

4.4 Implications and conclusions

The counterpublic health emerging in these online drug discussions bridges the important gap between the official public health messages disseminated by governments and their agencies and the experience of drug users who, despite the risks, are very aware of the pleasure that drug use can offer, embodied in 'PMA sounds fun'. Whether or not governments, public health advocates and other official actors acknowledge that drug use can indeed be fun, they need to recognise the public health value that online drug discussion offers to those who, despite official advice to the contrary, decide to use drugs. To paraphrase Race (2008): Pleasure is not the antithesis of safety and control, but it must be acknowledged if drug users are to be engaged in a discussion about reducing the risks and harms of drug use. The possibilities of facilitating counterpublic health within peer-based drug-user online

communities should be further explored as a new approach to engaging people who use drugs that acknowledges both pleasure and safety. We should not assume that public and counterpublic discussions of drug use are mutually opposed.

Glossary

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.

Counterpublic health: peer interventions based upon embodied ethics that assume the drug-using subject seeks pleasure. In contrast, most public health interventions are based upon hegemonic moral codes that erase or demonise corporeality and therefore do not acknowledge pleasure.

Health resistance: the rejection of health campaigns due to their confirmity with dominant moral values (e.g., the duty to be healthy and well, regardless of one's desire for corporeal pleasures).

Internet forums: Forums are websites that host asynchronous discussion about specified topics. Usually, only forum members can post, while anyone can read the discussion. Forum content and membership are managed by moderators and administrators. Also known as online forums, message boards, or just forums.

Multi-sited ethnography: an ethnography that traces networks of people through different sites rather than focusing on one single site of fieldwork.

Neoliberalism: Neoliberalism is associated with radical free market economics achieved through facilitating free trade and market deregulation, and with challenging the welfare state. As a political rationality, neoliberalism extends market values to all dimensions of human life, including health. In societies dominated by neoliberal discourse, people are expected to care for their own health through changing their individual behaviours, attitudes and emotions to realise optimal health and prevent illness, with little acknowledgement of alternative ways of understanding health or of environmental and systemic factors influencing it.

Para-methoxyamphetamine (PMA): An amphetamine derivative with hallucinogenic properties, PMA has been sold as 'ecstasy', but is more likely to be associated with severe harm than the MDMA that is expected to be in 'ecstasy' pills.

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

Publics and counterpublics: a social space created by the reflexive circulation of discourses, with publics representing dominant discourses to which counterpublics are held in contrast or conflict.

Trashbag: according to the most endorsed definition on urbandictionary.com, 'trashbag' is an Australian concept, describing a person who "engages in excessive behaviour while partying, and generally makes a disgrace of themselves - in a good way".

Virtual ethnography: an ethnography that occurs in online spaces and follows online networks and interactions.

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