



BLOCKED

Internet filtering, drug websites and harm reduction in Australia
By Monica J. Barratt

THE FEDERAL GOVERNMENT HAS PROPOSED LEGISLATION MANDATING THAT INTERNET SERVICE PROVIDERS (ISPS) BLOCK ALL WEBSITES HOSTING REFUSED CLASSIFICATION CONTENT. ACCORDING TO THE AUSTRALIAN COMMUNICATIONS AND MEDIA AUTHORITY (ACMA), REFUSED CLASSIFICATION CONTENT INCLUDES "CHILD ABUSE AND CHILD SEXUAL ABUSE MATERIAL, DEPICTIONS OF BESTIALITY, MATERIAL CONTAINING EXCESSIVE VIOLENCE OR SEXUAL VIOLENCE, DETAILED INSTRUCTION IN CRIME, VIOLENCE OR DRUG USE, AND/OR MATERIAL THAT ADVOCATES THE DOING OF A TERRORIST ACT". PRESENTLY, ONLINE CONTENT THAT IS BROUGHT TO THE ATTENTION OF THE ACMA CAN BE REFUSED CLASSIFICATION, BUT ONLY WEBSITES HOSTED IN AUSTRALIA CAN BE ISSUED WITH 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 WOULD BE REQUIRED TO BLOCK ALL SITES THAT MEET THE DEFINITION OF REFUSED CLASSIFICATION.

IN 2011, THE AUSTRALIAN LAW REFORM COMMISSION BEGAN A REVIEW OF THE NATIONAL CLASSIFICATION SCHEME, INCLUDING WITHIN ITS INVESTIGATION THE DEFINITION OF REFUSED CLASSIFICATION. THE NATIONAL DRUG RESEARCH INSTITUTE (NDRI) HAS RECENTLY RESPONDED TO THE ISSUES PAPER BY CONSIDERING THE POTENTIAL PUBLIC HEALTH IMPACTS OF THE PROPOSED INTERNET FILTER FOR PEOPLE WHO USE DRUGS.

The status of drug-related online content in Australia

The definition of refused classification in the *Classification (Publications, Films and Computer Games) Act 1995* is broad and relies on an evaluation of whether the material would “offend against the standards of morality, decency and propriety generally accepted by reasonable adults”. Media that “depict, express or otherwise deal with matters of... drug misuse or addiction” and/or “promote, incite or instruct in matters of crime” may be refused classification, subject to the extent to which they would ‘offend reasonable adults’. These laws indicate that print publications, films, games and online content deemed to instruct in or promote drug use may be banned in Australia. Indeed, the books *E for Ecstasy* and *PIHKAL: Phenethylamines I Have Known and Loved* were refused classification in the 1990s due to drug-related content.

The Australian government currently provides indirect funding for the development and maintenance of Australian websites that aim to provide instruction in drug use for the purposes of harm reduction. If members of the public complained about these websites, and the ACMA deemed their content to be ‘offensive to reasonable adults’, such Australian-based sites could be issued with take-down notices under existing law. Although the federal government has not yet targeted overseas or local websites that provide instruction in drug use, local websites “set up by a community organisation to promote harm minimisation in recreational drug use” or an online “university newspaper which includes an article about smoking marijuana” could technically be refused classification under the current system. This power would be extended to overseas websites under the proposed legislation.

Use of drug websites in Australia

Most evidence suggests that illicit drug use is increasingly occurring in an environment saturated with internet technologies. About 28% of Australians aged 20 to 29 years and 25% of those aged 18 to 19 years reported the use of any illicit drug in the past 12 months in the most recent National Drug Strategy Household Survey (2010). These young adults were more likely to report recent drug use compared to both younger (14% of 14-17 year olds) and older (19% of 30-39 year olds; 13% of 40-49 year olds) groups. The most recent Australian Bureau of Statistics data indicate that young adults, who are the most likely to use illicit drugs, report high levels

of internet access: over 90% of Australians aged 15 to 34 years reported internet use in 2008-09 and almost all of this use occurred regularly (either weekly or daily). People who use drugs are also increasingly reporting the internet as an important source of drug-related information. In contrast to this general trend, ecstasy users recruited at dance events in 2006-07 in three Australian cities reported either never (45%), rarely (33%) or sometimes (13%) accessing the internet for drug information.

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NDRI’s recent research involved engagement with the users, moderators and administrators of 40 internet forums where drugs were discussed in Australia. We recruited 837 drug users who recently participated in online drug discussion to complete an online survey, and 27 of these respondents also completed in-depth qualitative interviews. Nearly three quarters of the drug users who responded to our survey were male and their average age was 23. Over the 18 month data collection period (2007-2008), NDRI also engaged in online participant observation and saved records of interactions between drug users in public internet forums. To better understand how forums were run, we also approached forum moderators and administrators and engaged them in discussions about how they deal with drug-related content on their websites.

We asked survey respondents whether they had searched or browsed different types of websites or online forums in the past 6 months. As shown in Figure 1 (p. 12), pill report websites were the most commonly reported (82% of 778). Over half of those who reported accessing websites for drug information reported use of Wikipedia (56%), other drug harm reduction websites and forums (56%), and Google or other search engines (54%) to access drug information. Half the sample (50%) reported accessing dance or music websites and forums to obtain drug information. Other website types, including government websites, were considerably less popular.

Harm reduction through online drug discussion

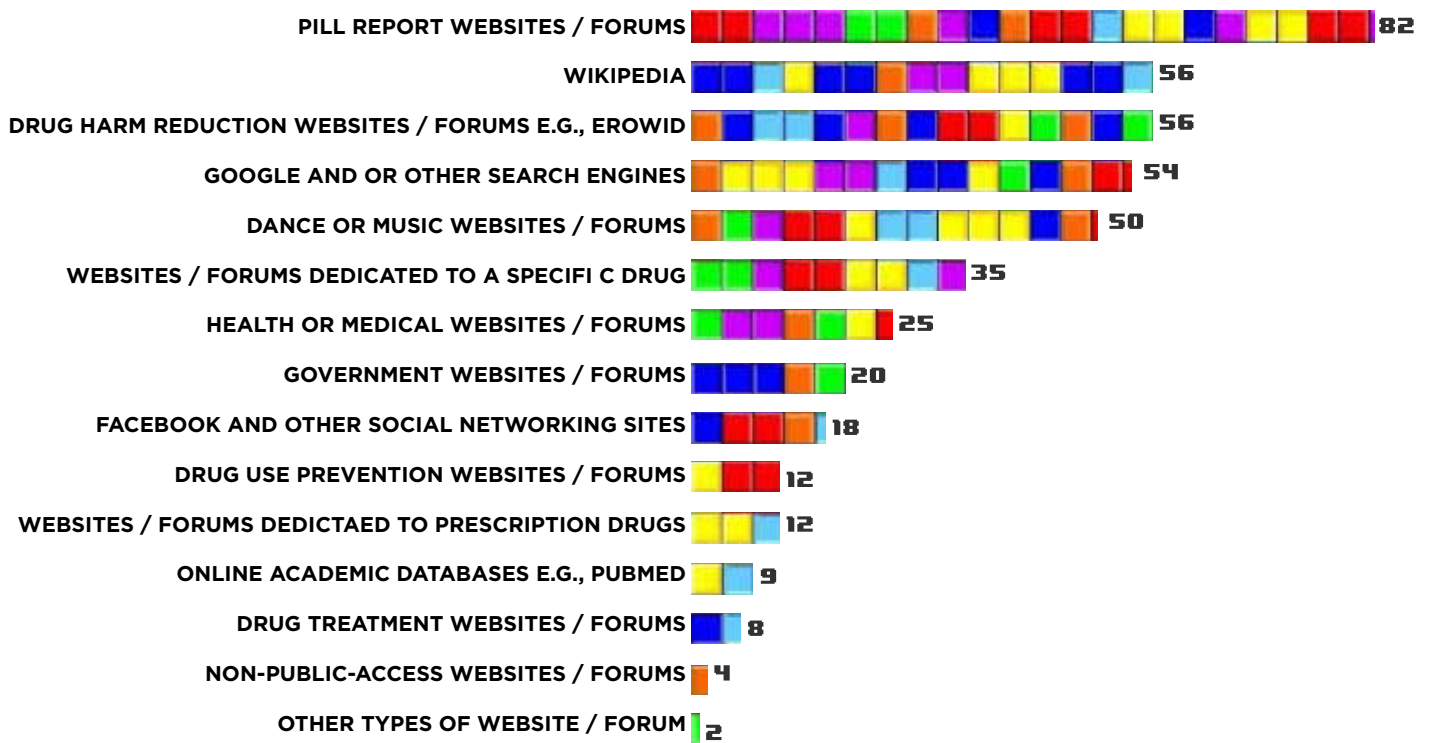
NDRI’s research suggests that

- The vast majority of Australians who use illicit drugs and participate in online drug discussion do so to reduce the risks of their use
- They value the increased accessibility and anonymity afforded by online communications and content
- The most common drug practices researched online included new drug types, dosage and drug purity
- Forum rules and practices encouraged accurate information and discouraged sourcing of drugs

We asked survey respondents if they had performed specific activities ‘when reading or participating in online drug discussion’. Almost all respondents (88%) had read or participated in online discussion for the purposes of *reducing harm*. This category included ‘learnt how to use drugs more safely’ and ‘learnt how to avoid bad experiences with drugs’. A similar proportion of the sample (80%) reported reading or participating in online discussion for the purposes of *enhancing effects*. This category included ‘learnt ways to enhance drug effects’ and ‘found out about new ways to get high’. Only 20 respondents who reported seeking information to enhance effects had *never* engaged in harm reduction. This group represented just 3% of all respondents who had ever tried to enhance drug effects through online research. These results indicate that internet forums play an important role in harm reduction practices by reaching people seeking to enhance their drug experiences.

We also conducted qualitative online interviews with 27 drug users who were involved in online drug discussion. According to these interviews, the main advantage of using online forums to discuss drugs was accessibility. For example, ‘collective responses’ were given more weight than the opinions of individuals when gathering information (e.g., “if it’s online, you’re more likely to get a collective response”). 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. The importance of accessing other drug users was mentioned (e.g., “Here are people who have also been through what I have”) and accessing a wide variety of

Figure 1: Websites/forums searched or browsed for drug information in the past 6 months



Source: 778 online survey respondents in 2007-08

people, experiences and opinions was also highly valued (e.g., “I could talk to guys in pubs all my life and still never find one person who’s heard of 2C-B”).

The other advantage of the internet for discussing drugs was perceived anonymity of accessing the information and interacting with people online. Interviewees 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.

In terms of which drug practices were affected by online drug discussion, we classified interviewee responses into eight categories (from most to least popular): (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. Consistent with concerns that some authorities have about the internet, most interviewees discussed discovering drugs they had not heard of through the internet. Typically, interviewees described finding out about new drug types online as a trigger for their curiosity, although there were also cases where interviewees described *avoiding* particular types of drugs after researching them online. Only three of 27 interviewees mentioned finding out about how to access drugs online.

All public internet forums we accessed were moderated, usually by volunteers. In some cases, moderators aimed to ensure that content reflected a harm reduction ethos of moderate and informed drug taking, while in others, any drug discussion that involved instructions or personal admissions was prohibited (e.g., “if someone just wants to get high or looking for a quick buzz they get called out pretty quickly”). Moderators also referred forum users to trusted information sources or invited experts (ambulance officers, drug educators) to answer drug-related questions. Forum rules also prohibited people using the forums to source drugs and people who did so were usually warned or banned from using the forums.

How will people who use drugs be affected?

The most popular drug websites are those that are most likely to be refused classification under the proposed internet filtering policy. *Pillreports.com* contains information about the content and purity of pills sold as ecstasy, as well as stories

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from users about their experiences and interaction between users that could be classified as instructional or promotional. Drug harm reduction websites, including *Erowid.org* and *Bluelight.ru*, contain explicit instructional materials, including instructions developed by drug users about the most effective and safest ways to consume drugs, and personal narratives detailing drug experiences designed to assist and educate other drug users. *Wikipedia* also contains detailed peer-written instructional material. *Google* offers gateways to websites based on global popularity, thereby reinforcing the most popular drug websites to searchers. These international sites are not currently affected by Australia’s classification system. If the proposed ISP-level filtering system was adopted using the current definition of refused classification, these sites could be added to the blacklist.

Such action could have negative consequences. Instructional drug discussion and information is likely to move from public to private channels of communication. Most Australian drug users, who are not experienced internet users (i.e., they are not likely to implement technical fixes that bypass the filter) will have limited or no access to: archives of peer-driven drug information, anonymous social support, official rules and social norms that regulate discussion, and wide and varied voices not otherwise accessible through real-world networks. Furthermore, blocking websites where people discuss drug use will hamper efforts to monitor drug users in order to produce interventions that are responsive to new drug trends. This action will also remove the possibility of engaging with online communities to produce better public health outcomes.

While we did find evidence that Australian drug users accessed information in order to find out about new drugs, we also found that almost all respondents reported going online to find information on how to prevent *harmful* outcomes. Importantly, many sought and found relevant information about reducing risks that was not available from official information sources. Blocking sites which contain ‘detailed instruction in drug use’ would ignore the complexity of balancing the potential negative and positive consequences of such websites.

Our research suggests that banning drug websites would likely have a negative effect on the overall health of Australian drug users. The definition of refused classification should be examined from a public health perspective. Specifically, the inclusion of ‘detailed instruction in drug use’ in the definition of refused classification requires reevaluation in light of the evidence presented here. It would be unfortunate if well-intentioned policy changes inadvertently increased harm by decreasing access to websites that may assist in reducing harm.

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For full reference list please email the editor.

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