Public submission
ALRC National Classification Scheme review

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Introduction

In the digital age, the consumption and production of online content is of increased relevance to public health, as people are not only more likely to access health information online, but are also using internet technologies to publish their own health-related content, to interact with others about health issues, and to purchase health products and prescription medications.

The National Drug Research Institute (NDRI) welcomes the opportunity to make a submission to the Australian Law Reform Commission's review of the National Classification Scheme, and will approach its comments from a public health perspective. The scope of our submission is restricted to questions 24 and 25 outlined in the issues paper [1, pp. 37-39], which focus on prohibition of content online.

NDRI's mission is to conduct and disseminate high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug related harm in Australia. Funded by the Commonwealth Department of Health and Ageing, NDRI has been a national and international leader in alcohol and other drug research since being established under the Australian National Drug Strategy in 1985.

The most recent National Drug Strategy [2] indicated that new digital and internet technologies present emerging challenges and opportunities for alcohol and other drug policy in Australia. NDRI has also recognised the changing context of drug use in Australia and internationally in relation to digital media and internet use. NDRI's new research priority 'New technologies' focuses on exploring both the challenges and the opportunities that are presented by internet technologies and their embeddedness in the everyday lives of an increasing number of Australians who use drugs. Doctoral research exploring how people who use illicit drugs utilise public internet forums is a central project within this research priority area, and the results from this soon-to-be-published thesis form much of the evidence from which we write this submission.

This evidence suggests that the consumption and production of drug-related online content has the capacity to facilitate both positive and negative outcomes for people who use drugs, but that the most common and likely outcomes are positive. It suggests that there may be negative outcomes for people who use illicit drugs in Australia if such content is prohibited, as is most likely the case under the proposed ISP-level internet filtering policy.

In particular NDRI research has found that:

- Almost all survey respondents (n = 837), who used drugs and participated in online drug discussion, did so for the purposes of *reducing harm*.

- Participants viewed the 'collective wisdom' of large groups of internet forum participants as much more trustworthy and reliable than the individual experiences of peers, which demonstrates significant potential for positive health messages to be delivered via the internet.

- Using online forums for the purpose of sourcing drugs was viewed as unacceptable by the majority and was not tolerated by forum moderators who rapidly removed such material.
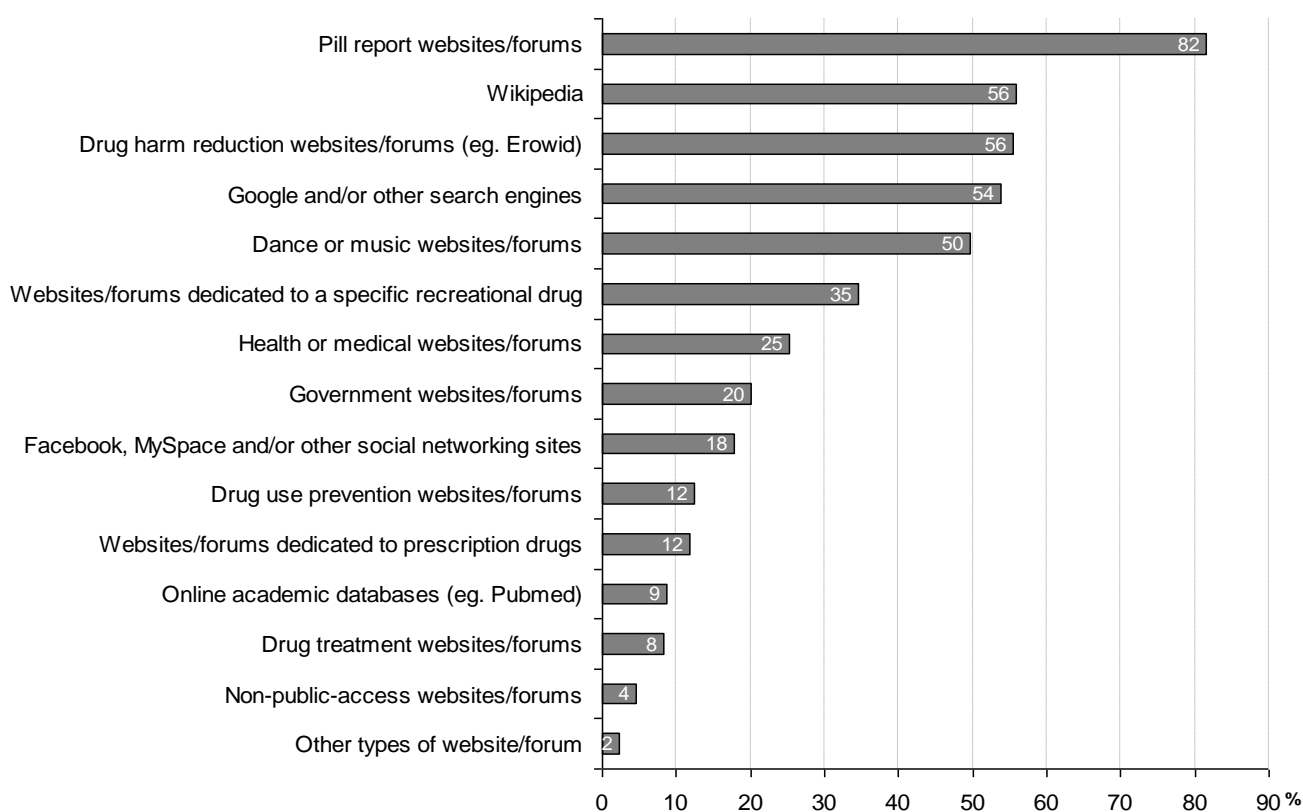
NDRI research into internet forums

Most evidence suggests that illicit drug use is increasingly occurring in an environment saturated with internet technologies. About 28% of Australian adults aged 20 to 29 years reported the use of any illicit drug in the past 12 months in the most recent National Drug Strategy Household Survey (2007), 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 [3]. 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) [4]. People who use drugs are also increasingly reporting the internet as an important source of drug-related information [5, 6] and users of ecstasy and related drugs consistently nominated drug websites as important drug information sources, alongside drug-using peers. A study of Australian ecstasy users concluded 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) [7].

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. Almost all (93%) chose at least one website type. As shown in Figure 1, 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 (e.g., Erowid) (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. NDRI's findings are consistent with Bleeker et al. [8]. The internet users among Bleeker's more mainstream group who were recruited at dance party events nominated similar websites: Pillreports, Google, and Erowid [8].

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

Website/forum	%
Pill report websites/forums	82
Wikipedia	56
Drug harm reduction websites/forums (eg. Erowid)	56
Google and/or other search engines	54
Dance or music websites/forums	50
Websites/forums dedicated to a specific recreational drug	35
Health or medical websites/forums	25
Government websites/forums	20
Facebook, MySpace and/or other social networking sites	18
Drug use prevention websites/forums	12
Websites/forums dedicated to prescription drugs	12
Online academic databases (eg. Pubmed)	9
Drug treatment websites/forums	8
Non-public-access websites/forums	4
Other types of website/forum	2

Source: 778 online survey respondents in 2007-08

How is drug-related online content used in Australia?

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, and

- 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 who seek to enhance their drug experiences.

We also conducted qualitative online interviews with 27 drug users who were involved in online drug discussion. We asked them in what circumstances they preferred to read about or discuss drug issues online and why, as well as to describe examples of times when they had used the internet to learn about drugs. 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 (e.g., 'Online you can talk to a diversity of people... offline you generally get to talk to some pretty ignorant people'). The importance of accessing other drug users was also mentioned (e.g., 'Here are people who have also been through what I have'). Accessing a wide variety of 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 and online forums for discussing drugs was perceived anonymity of accessing the information and/or 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 (e.g., one interviewee said he would be 'scared of people judging' if he were seen 'walking into' a 'centre in the street with all this info').

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 using online drug discussion forums and other related websites, (e.g., 'It's definitely taught me about some more obscure drugs which has led me to find them and try them'). 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. While as one interviewee noted, '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.

Recommendations and conclusion

Importantly for the purposes of this submission, the most popular drug websites were those that Lumby et al. [9] have shown are likely to be refused classification under the proposed internet filtering policy. Pillreports contains information about the content and purity of different kinds of pills sold as ecstasy, as well as stories from users about their experiences and interaction between users that could be classified as instructional or promotional. Drug harm reduction websites and forums, including Erowid and Bluelight, contain explicit instructional materials, including FAQs 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 (known as 'trip reports'). Wikipedia also contains detailed peer-written instructional material. Google offers gateways to websites based on global popularity, thereby reinforcing the most popular drug websites and forums to searchers. All of these sites are international and therefore 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, Pillreports, Bluelight and Erowid could be refused classification and 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 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. Blocking websites where people discuss drug use in detail will also hamper the efforts of health, social and law enforcement officers to monitor drug users and to produce interventions that are responsive to new drug trends. This action will also remove the possibility of engaging with the discussion and online community to produce better public health outcomes.

While we did find evidence that Australian drug users accessed information about drugs that would be of concern to the committee (such as finding out about new drugs), we also found that almost all respondents reported that they went online to find information on how to reduce the risks of drug use and prevent harmful outcomes. Importantly, many sought and found relevant information about reducing risks that was not available from government sites, pamphlets or other official sources. Simply refusing classification of sites which contain 'detailed instruction in drug use' will ignore the complexity of balancing the potential negative and positive consequences of such websites.

Our research suggests that banning drug websites will be likely to have a negative effect on the overall health of Australian drug users. We ask the committee to consider the definition of refused classification from a public health perspective, and specifically, to reconsider the rationale behind including 'detailed instruction in drug use' in the definition of refused classification. It would be unfortunate if well-intentioned policy changes inadvertently increased harm by decreasing access to websites that may assist in reducing harm for individuals and the whole community.

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