An Online Australian Drug Discussion:

Illicit drug policy and the Australian Drug Discussion (AusDD) forum

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Abstract

This research project sought to answer two questions:

1. *How do participants on an online Australian forum supporting people who use illicit drugs discuss and represent drugs, drug use, and related policies?*
2. *What insights can this online forum and its participants offer to policy makers concerned with illicit drug harm reduction?*

The data corpus for this project consisted of content drawn from the Bluelight organisation's Australian Drug Discussion forum (AusDD). This data corpus was chosen because AusDD is the largest online drug discussion forum used by Australians. The method of data analysis relied upon was qualitative thematic analysis. In this thesis I also adopt the theory of reflexive policy design and focus on responsibilisation and discourse. This approach aims to subvert prejudice, marginalisation and stigmatisation, and is attentive to these processes within the context of policy. This thesis is some of the first sensitive and inclusive research of online forums explicitly concerned with drug policy.

The analysis is presented in five chapters. The first chapter reviews an analysis of specific lexical choices across the whole AusDD forum, which is followed by detailed analyses of four illicit drug policy topics in four separate chapters: 1) *Cannabis* policy; 2), new psychoactive substance policy; 3), natural high policy; and 4), the enabling environments policy design. This study found that participants understood drugs to be a flexible term whose identification depended on contexts that were prejudiced against people who use illicit drugs. Participants were observed creating alternative drug discourses that focused on collective, rather than individual, responsibilities for drug use. A key finding is that forum participants were dissasociated from formal Australian illicit drug policy. However, rules of collective self-governance were developed by AusDD participants which supported ethical and pleasurable illicit drug consumption. These vernacular AusDD policies demonstrate effective approaches to deliberative engagement and harm reduction, despite the limitations of prohibition. AusDD assisted in drug activism, support and advocacy, but the impact of these practices on non-digital contexts is open to question.

In this thesis I offer a key insight for illicit drug harm reduction policy makers: harm reduction policy perpetuates prejudice against people who use illicit drugs, but can also mediate pro and anti-drug ideologies. Awareness of this limitation and of the value that

deliberation and inclusion could pose to drug policy are some guiding design principles for harm reduction policy makers.

Certificate of authorship

Except where acknowledged otherwise, I certify that I am the sole author of the thesis submitted today entitled 'An Online Australian Drug Discussion: Drug policy and the AusDD forum.'

I further certify that to the best of my knowledge the thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis.

The material in the thesis has not been the basis of an award of any other degree or diploma except where due reference is made in the text of the thesis.

The thesis complies with University requirements for a thesis as set out in the Examination of Higher Degree by Research Theses Policy. Refer to http://www.canberra.edu.au/current-students/current-research-students/hdr-policy-and-procedures
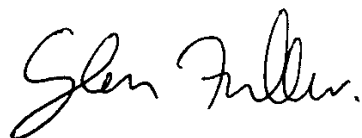
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Contents

Introduction

In this thesis I aim to understand how participants in the online Australian Drug Discussion forum (AusDD), represent and discuss illicit drugs and drug policy. AusDD is part of the online Bluelight platform which facilitates interactions between people who use illicit drugs (PWUD) for harm reduction purposes. This thesis seeks to connect PWUD to drug policy processes and investigates how PWUD are politicised. To do this, I used a policy-focused thematic analysis. I applied this method to a database of material that AusDD participants contributed to the forum, focusing on content pertaining to a diverse number of illicit drug policy topics. This thesis is the first sensitive and participant inclusive analysis of forums from the iconic Bluelight platform that is attentive to drug policy, addressing a distinct literature gap concerning drug policy research using online data.

There are two reasons why this research is important. First, current Australian illicit drug policy is changing and the relationship of this change with PWUD communities is not known. While researchers have given some consideration to the relationship between Australian illicit drug policy and PWUD in urban (Duff, 2005a; 2005b; 2009), injecting (Hughes, Ritter, Cowdery, et al., 2014), and youth contexts (Hughes and Lancaster, 2013), there has been very limited research concerning the relationship between Australian drug policy and online communities involving PWUD. Second, there is a disconnection between PWUD and drug policy on a global scale. Harm reduction is an increasingly prominent conceptual design drawn upon by drug policy makers, but the efficacy of this design is unclear and its functionality is often misconstrued (Duff, 2009; 2010; 2011; 2012). In Australia and abroad, PWUD themselves have had little opportunity to contribute to or shape drug policies.

I had several motivations for undertaking this study. My participatory experiences on Bluelight, AusDD and other online platforms supporting PWUD communities created a desire to use the associated discussion to expand knowledge of illicit drug policy design. In addition, my own relationship with health and drugs has produced an interest in altered consciousness and the associated politics. Finally, my past research has been attentive to policy design in unstable contexts and prejudice against social groups (Engel, 2014), and this research maintains this focus.

The next section of this introduction will provide definitions of some important terms relied

upon in this thesis. The following material will give an overview of the context of this study, including a brief outline of the contemporary character of Australian drug policy and characterisation of the Bluelight.org platform and the AusDD forum.

Definition of terms

There are a number of terms used throughout this thesis that are central to this study and are important to clarify:

AusDD. Bluelight.org's Australian drug discussion forum.

Drug. An illegal, consumable, consciousness altering product. In Australia and many other countries, some drugs are categorised as legal, and others as illicit. I focus on the latter category of drugs, and henceforth use the terms 'drug/s' as a shorthand for 'illicit drugs.'

PWUD. People who use drugs.

Policy. Rules and principles that structure social contexts. Policy can be both:

    a. formal; typically documented regulations enforced by government, such as legislation, strategies and standards.
    b. informal; often implicit and vernacular regulations and norms relating to specific communities.

Policy designs. Tools, mechanisms, processes and procedures used to produce and enact policy.

Harm reduction. A policy design encouraging strategies aiming to minimise injury to PWUD without relying on drug usage reduction.

Natural highs. A group of consumable, consciousness altering substances that require minimal or no preparation.

NPS. New psychoactive substances.

Discourse. How knowledges are articulated and constituted using language and imagery.

Responsibilisation. A process by which individuals are obliged to prevent particular, institutionally defined 'problems', through which social groups, behaviours and practices are

identified and represented as deviant and requiring social control, experiencing discipline, prejudice, disadvantage and disempowerment as a result.

Sensitivity. A social and affective resource that assists in the mediation between persons that are the target of prejudice and those with whom they are in conflict.

Reflexive policy design. Rules and regulations that are created with the intention of being capable of responding to unanticipated policy outcomes. Reflexive policy designs can be conceived of as processual or as a grassroots model.

While I use the term 'drug' I acknowledge that this is associated with prejudice. There are contestations in research literature and policy regarding the definitions of this term (Seddon, 2016). The policy focus of this project makes the term 'drug' inescapable, but I have attempted to remain mindful of and sensitive towards the associated responsibilisation throughout the research process. This is why I use the term 'people who use drugs' (PWUD) throughout this thesis, instead of the common term 'drug user'.

Drug policy and Australia

While debate about Australian drug policy is usually seen through a national frame, it occurs within a global context, particularly with regard to international treaties that involve Australia as a signatory. The international drug conventions incentivise Australia's prohibitive policies towards drug use, despite increasingly common challenges to drug prohibition policy design.. Within Australia, formal policy has issued a direct challenge to drug prohibition via changing *Cannabis* policy, while conversely, policy concerning new psychoactive substances (NPS) has reinforced the value of drug prohibition. While the impact of drug prohibition critique is growing, the extent to which prohibition policies are retracted and replaced, particularly beyond *Cannabis* contexts, is uncertain. There is a deficit in understandings of prohibition drug policy alternatives, and in Australia prohibition retains power as a cultural norm.

Global trends in prohibition can be traced to the first international treaty concerning drug policy, the International Opium Convention (1912). While the convention focused on prohibiting opium, the expansion of 'madak' (an opium/tobacco mixture) smoking, emergence of the 'addiction' concept, and an anti-drinking 'temperance movement' were key drivers of international trends in this early prohibition policy (Courtwright, 2012). International prohibition policy has since developed into three central documents to which

Australia is a signatory: the Single Convention on Narcotic Drugs of 1961 the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Drug prohibition is the most prolific drug policy design worldwide, existing in every country (Levine, 2002). Prohibition drug policy designs are undergoing expanding critique, particularly the international drug conventions. Some common themes in the critique are their empowerment of government and the status quo, as well as their inability to achieve their goal of drug reduction (Levine, 2003) alongside their concurrent incapacity to support alternative drug policies that may manage drugs more effectively (Bewley-Taylor, 2003). The international drug conventions tend to moralise drug use (Nadelmann, 1990) and have potential to undermine international law more broadly (Bewley-Taylor, 2003).

National challenges to international drug prohibition treaties are becoming increasingly common. For instance, Aboriginal and religious groups have successfully claimed they have a right to consume drugs in certain contexts (Pfeiffer, 2013; Tupper, 2008a); in Portugal, the decriminalisation of all drugs has reduced the frequency of drug-related deaths (Hughes and Stevens, 2012); in other coutnries, enforcement of prohibition has been accused of exacerbating drug-related violence (Jenner, 2011). Further, *Cannabis* has been decriminalised in the Netherlands and medicalised and recreationalised in parts of America, as well as in a number of other countries.

The liberalisation of *Cannabis* prohibition appears to be the most far reaching contemporary change in formal Australian drug policy, setting a precedent to challenge prohibition. The most significant recent change to Australian *Cannabis* policy was amendments to the Commonwealth Narcotic Drugs Act (1967) in 2016, which produced an increasingly broad framework for medical *Cannabis*. Since this time, various entities have received federal licenses permitting the cultivation and production of *Cannabis* for medical purposes, and it has become increasingly possible for general medical practitioners to prescribe *Cannabis* products. Despite this, many Australian people who use *Cannabis* are still unable to access *Cannabis* medications. The other primary area of formal drug policy change within Australia concerns the control of NPS, which has been increasingly restrictive (Barratt, Seear and Lancaster, 2017). The most significant policy change in this regard has been the Crimes Legislation Amendment (Psychoactive Substances and Other Measures) Bill 2014, which placed a blanket ban on the importation of unregulated psychoactive substances.

Tensions between increasing *Cannabis* policy liberalisation and new drug prohibition catalyse in the case of medical *Cannabis* products. Amendments to the Criminal Code in 2014 aimed to ban all new cannabinoids, yet amendments to the Narcotic Drugs Act in 2016 means that people who use *Cannabis* legally are unlikely to have access to the broad range of cannabinoids in the *Cannabis* plant, and are more likely to have access to new/analogous cannabinoids, such as contained in Dexanabinol or Nabilone, and/or synthetically produced cannabinoids, like those contained in Marinol. Formal NPS and *Cannabis* policies are contradicting one another. Furthermore, few new *Cannabis* therapies have emerged in the last century. The medicalisation of *Cannabis* is not being driven by increased use of *Cannabis* medicine, but by increased use of *Cannabis* in general (Pederson and Sandberg, 2012). While drug policy is changing, the extent to which prohibition will be challenged as a result remains to be seen.

In addition to *Cannabis* and NPS policy (the primary areas of contemporary Australian drug policy change) two alternative drug policy areas are also considered in this thesis: 'natural highs' and 'enabling environments'. 'Natural highs' is a unique drug group that has received minor attention in research and drug policy. 'Enabling environments' is the most prominent alternative drug policy design appearing in the drug policy research discourse. Attention to these unique drug framings provides diversity and enhances a critical approach towards understanding drugs and drug policy. Use of these diverse policy framings attempts to address a deficit in understandings of prohibition drug policy design alternatives.

Bluelight.org and The Australian Drug Discussion Forum

The trend in prohibitive formal drug policy is changing internationally and this is impacting upon Australian drug policy. Alongside PWUD, formal policy actors, the public and the media, there is a range of dominant stakeholders involved in Australian drug policy. They include PWUD advocacy organisations, such as the Australian Injecting and Illicit Drug Users League, Unharm, DanceWize, Students for Sensible Drug Policy Australia, Psychedelic Research in Science and Medicine, and the Australian Psychedelic Society. Anti-drug organisations are another type of prevalent stakeholder, and Drug Free Australia and the now defunct National Cannabis Prevention and Information Center stand as examples of such groups. Treatment services for PWUD also provide an important perspective on Australian drug policy, as do producers, manufacturers and sellers of drugs and drug related products. One of the aims of this thesis is to further understandings of PWUD to help with the demand

for new and alternative drug policy. Bluelight is an important space for PWUD, internationally, and AusDD is Australia's largest online public drug discussion. For these reasons, I chose AusDD as my source of data for investigating how PWUD understand drugs and drug policy.

Bluelight has been operating since 1997 and currently relies solely on donations for funding. Bluelight is composed of online discussion forums that concern many different topics related to drug use. The front page of the Bluelight website includes a news feed relating to Bluelight, links to Bluelight user blogs, a Bluelight wiki, an activity stream, a mission statement and associated research. There are also search and advanced search functions as well as links to the user's personal notifications, profile and website settings. On the 13 February 2018 (following completion of analysis), using a web analysis tool provided by similarweb.com, I found that Bluelight.org had received an average of a little under 1.5 million visitors per month over the previous six months. The same tool also showed that Bluelight.org had a traffic ranking of 71 in the category of 'chats and forums.'

The platform's information section overtly states the purpose of the discussion forums is to provide spaces for information sharing in pursuit of an open dialogue about drugs. The platform's guidelines accentuate that these communication spaces are important for promoting responsible use of drugs and for reducing harm. Bluelight.org can be described as both an advocacy platform for PWUD and a support resource for PWUD. The target audience for this platform is PWUD and other persons affected by drug use, internationally.

There are a number of other public, online discussions with a similarly general focus on drugs, such as those associated with The Lycaeum and Drugs-Forum. These discussion spaces are distinct from online forums that focus on specific categories of drugs, such as the DMT Nexus, which is primarily concerned with the substance n, n-dimethyltryptamine, and The Shroomery, where discussion centres on psychoactive mushrooms. Various subforums of Reddit, such as r/Psychonaut, r/Drugs, and r/Trees are popular spaces for similar discussions. Facebook groups, such as Australian Harm Reduction Discussion and Psilocybin Mushrooms Australia and New Zealand are responsible for hosting a significant portion of public, online drug discussion. Furthermore, there are many other websites supporting PWUD that do not host public discussions, such as Erowid, which hosts experience reports and other data libraries concerning the psychoactive effect of drugs.

There are as many as nine forums in each of Bluelight's eleven specific forum categories, with a total of more than fifty forums accessible via the Bluelight forum page. AusDD was in the 'regional drug discussion forum' category of the Bluelight platform. The forums were broken up into three broad geographic areas 1) Australia, New Zealand and Asia, 2) Europe and Africa, and 3) North and South America, which featured posts from PWUD in Australia, Europe and America.

Other Bluelight forums focused on specific drug use contexts, such as MDMA, performance enhancement, and vapourisation. There were forums concerning Bluelight community issues, such as history, feedback and best of, as well as forums focused on issues of drug recovery, such as sobriety and mental health. A number of additional forums hosted by Bluelight featured drugs to a lesser extent, such as those categories and associated forums concerning media, research, philosophy and spirituality.

Bluelight also hosted forums for discussion about two organisations with which Bluelight has partnerships: the Multidisciplinary Association for Psychedelic Studies (MAPS) and Pillreports. The former is an education and research organisation that aims to expand the benefits of psychedelic drugs, while the latter is a database of pills sold, such as ecstasy, composed of experience reports and chemical analyses. While Pillreports uses a message board format to structure the database and permit comments, MAPS' web design is closer to that of a traditional promotional/informational website. Like Bluelight, MAPS and Pillreports websites are considered advocacy platforms for PWUD as well as harm reduction and support resources for PWUD.

Thesis structure

The thesis is structured in the following way. Chapter 1 provides a literature review of research related to the topic in which my investigation is positioned: research focusing on the attitudes and experiences of PWUD related to drug use and drug policy, with an emphasis on the concept of responsibilisation. The review also draws attention to research that, like my own, obtains data from online contexts. Chapter 2 provides an outline of this project's research methodology and a discussion of the associated ethical considerations. Then follows the substantial analysis section comprising five chapters, each focusing on a specific drug policy context: AusDD lexical choices, *Cannabis*, NPS, natural highs and enabling environments. In each analysis chapter I consider an alternative drug policy framing with a different type of relevance to AusDD and to Australian drug policy. A discussion

summarising the findings of these chapters is then provided, followed by the conclusion.

Chapter 1: Literature review

In this chapter, I provide a literature review of research relevant to this thesis. I first label and outline the broad area of research concerning PWUD within which this project is located.. I show that participant inclusive methods and the internet present an underutilised opportunity for conducting research in this area. However, I also argue that this broad research area is dominated by quantitative research approaches that exclude and support the responsibilisation of PWUD. Second, I consider the role of discourse in dominant, negative understandings of drugs, emphasising the limitations of prohibition, medicine and neo-liberalism. Third, I discuss the role of responsibilisation in the critical politicisation of drugs and the potential opportunities deliberative engagement pose to these drug politics. Fourth, I review how online forums supporting PWUD have assisted research concerning PWUD in enhancing this possibility, contending that most research drawing on forums for PWUD have supported the responsibilisation of PWUD, rather than being sensitive towards them. Fifth, I discuss research that is sensitive towards and that does seem to undermine the responsibilisation of drug use, which I categorise as post-responsibilising research. Finally, the chapter will conclude with a summary of research concerning PWUD that draws on one of the most prominent forums supporting PWUD, Bluelight, for data. Most Bluelight research has perpetuated prejudice against PWUD and given little attention to Bluelight as a unique and distinct place. This thesis is also one of only a few studies that has used Bluelight content to investigate drug policy.

Research concerning PWUD

Drug research struggles to challenge prejudice against PWUD, a difficulty greatly enhanced by the prominence of drug prohibition policies. While participant inclusive methodologies are useful for researchers wishing to challenge this prejudice, policy change is necessary to assist researchers in navigating institutional and discursive stigma against PWUD. Harm reduction policies represent a potential improvement to prejudice, although not as effectively aspolicy designs that draw on the enabling environments model.

It should be noted that this thesis neglects a significant portion of medical research concerning drug use. This is a conscious choice intending to privilege the perspectives of PWUD and their counter discourses, which are often responsibilised by medical research. However, participant inclusive, activist and advocacy approaches to medical research are

given some emphasis. It is important for drug research to represent participants in ways that do not compound prejudice against them, which is a shortfall of the popular drug research topics of recovery and injection. Research focusing on drug normalisation and non-problematic drug use represents a challenge to drug responsibilisation, but it still has limitations. I encourage researchers to consider how drawing on participant observation methods can assist in making such a challenge.

Identification of 'drugs' requires reference to a legal-regulatory construct concerned with the prohibition of consciousness altering substances distinct from medicine, alcohol, tobacco and caffeine. The identification of drugs emerged at the end of the 19th century alongside the responsibilisation of opium consumption patterns and the beginnings of drug policy (Seddon, 2016). Tupper (2012) has identified three central meanings associated with the term 'drug'. The first meaning implies recognition of an illegal psychoactive substance; the second refers to psychoactive substances approved for medical use; and the third concerns legal psychoactive substances. Seddon (2016) has argued that discursive generalisations about different substances using the term 'drug' are a key barrier to drug policy change because origins of 'drugs' are inextricable from prohibitive values. Seddon (2016) suggested this nomenclature confusion might be resolved by politicising and distinguishing between different types of drugs, as an alternative to prohibiting all drugs. Comparable irony has been noted by Tyler (2013) with regards to class, Butler (1990) regarding feminism, and Keane (2002) concerning addiction. Distinctions between individuals based on sociocultural status, gender, philosophy or consumption practices can promote responsibilisation by compounding difference and isolation.

Questionnaires and surveys have been a popular methodology in research concerning PWUD, particularly within research encouraging the responsibilisation of PWUD (Grebley, Genoway, Raffa, et al., 2002). Interviews have also regularly been drawn upon, but to a slightly lesser extent (Hando, Top and Hall, 1997; McIntosh and McKeganey, 2000). A large portion of studies of PWUD rely upon the use of treatment services for the recruitment of research participants. This was the case for Cruz (2015), Dwyer and Moore (2013), Fry and Dwyer (2001), Grebley, Genoway, Raffa, et al. (2008), Hando, Topp and Hall (1997), Koester (1994), and McIntosh and McKeganey (2000). Relying on treatment services leaves some cause for concern because considering PWUD in treatment as representative of larger drug using populations emphasises the relationship between drug use and ill health and addiction. This approach may assist in reinforcing perceptions of drug use as problematic and

assumptions that PWUD require intervention. Monaghan (1999) noted the drastic difference in the number of participants obtained through participation in PWUD cultures (40 drug using respondents) to those obtained through a combination of advertisements in needle exchanges, a magazine, and a prison work out group (3 respondents). This might suggest that PWUD are more willing to participate in research when introduced to the research in a context that does not promote responsibilisation of PWUD, which medical contexts tend to do (Neale, Tompkins and Sheard, 2008; Wax, 2002). This suggestion is supported by Fry and Dwyer's (2001) recognition that PWUD participate to help find solutions to drug problems and to improve the sociocultural context of PWUD.

McIntosh and McKeganey's (2000) investigation of addicts' narratives of recovery from drug use does try to empower the perspectives of PWUD by relying on their self-identification as recovering addicts and permitting open-ended responses. However, their study adds support to the problematic assumption of a relationship between drug use and health treatments, and legitimates the concept of addiction, which drives perception of morality, the pathologisation of disease and restriction of subjectivity while being prejudiced against abnormal modes of consumption (Keane, 2002). Nonetheless, McIntosh and McKeganey are critical of PWUD treatments in their research findings. The authors distinguished between similarities in the accounts of recovery of PWUD and those offering drug treatments, and suggest that these accounts are more likely to have been drawn from the drug treatment industry than to be an intrinsic part of the recovery process.

Research that encourages responsibilisation of drug use has also been preoccupied with those who inject drugs, neglecting other drug behaviours. Hando, Topp and Hall's (1997) analysis of the treatment preferences of people who use amphetamines is one example, while Fry and Dwyer's (2001) research into why those who inject drugs choose to participate in research, is another. In broad drug using populations, injection is not a particularly common drug consumption behaviour. The National Drug Strategy Household Survey 2016 (Australian Institute of Health and Welfare, 2017) found that 12.6% of participants had recently used some sort of illicit, non-pharmaceutical drug, while only 0.3% of participants had recently injected drugs. Though emphasis on those who inject drugs was an important response to increases in HIV/AIDS infection, the retention of this emphasis misrepresents populations of PWUD. While Koester's (1994) attention to injection contributes to the over-emphasis of injection by research concerning PWUD, his supplementation of interviews with observation of injecting locations and conversations with people who inject, produced a sensitive

understanding of drug use, in which the lived experiences of PWUD were identified and acknowledged. For example, Koester concludes from his findings that syringes are shared because they are scarce. This scarcity stems from the possession of syringes being illegal ithout justification, and as a result, he argues paraphernalia laws may no longer serve the public interest.

A study by Parker, Williams and Aldrige (2002) occupies an interesting position between responsibilising and sensitive approaches towards drug use. By emphasising the relationship between drug use and normality, Parker et al. imply a social obligation to be supportive of drug use. However, suggesting that normality is the reason that drug use should be supported risks ostracising those engaging in 'abnormal' drug behaviours, and PWUD deemed to deviate from the norm are likely the most in need of social support. Cruz's (2015) study occupies a similar position between responsibilisation and sensitivity to that of Parker et al. (2002), investigating the concept of non-problematic drug use from the perspective of PWUD. Cruz (2015) usefully draws attention to the existence of non-problematic drug use, but the identification of drug problems is central to this 'non-problematic' concept. This research approach may strengthen perceptions that drug use is commonly associated with problems, rather than being 'non-problematic'.

In this thesis, I am concerned with frameworks of knowledge that is inclusive of and sensitive towards the understandings of PWUD themselves. The dominant theoretical approach for sensitive research concerning PWUD has been from the field cultural studies (Race and Brown, 2016), and the dominant methodology used has been in-depth interviews (Cruz 2015; Koester, 1994; Green and Moore 2013; Monaghan 1999). Unlike research concerning PWUD that encourages responsibilisation, sensitive research concerning PWUD has supplemented interviews with forms of observation (Cruz 2015; Koester, 1994), and most productively, with forms of participant observation (Green and Moore 2013; Forsyth 1995; Monaghan 1999).

The use of participant observation is a strategy drawn upon by sensitive researchers concerned with PWUD to improve cohesion between researcher and participant understandings of drug related issues. Participant observation provides an opportunity to obtain study participants without relying on treatment or health services that responsibilise drug use, and helps researchers come closer to understanding every day drug use contexts (Forsyth, 1995; Green and Moore, 2013). Participant observation also provides an

opportunity to open up discussion concerning controversial topics by providing participants with a safe and familiar space. Green and Moore's (2013) investigation of the stigmatisation associated with methamphetamine use is one example of the advantages of participant observation for research concerning PWUD. Monaghan's (1999) use of participant observation to find participants willing to discuss personal details about their steroid use, such as doctor-patient encounters, is another.

Responsibilisation of discourses relating to PWUD

Discourse is concerned with language, but to recognise discourse also requires consideration of the political context in which language is embedded (Hall, 1997). Discourses are areas of knowledge that correspond with particular terminology and/or knowledge authorities, and discourses tend to function to permit their associated authorities to maintain power (Foucault, 1988a;1988b; 1990a;1990b). Researchers concerned with PWUD have discussed a range of different discourses pertaining to drug use. There are two primary negative discourses – prohibition discourse and medicalised discourse – and one primary (somewhat) positive discourse concerning drugs – harm reduction. Negative discourses construct PWUD as passive agents of social ills and/or pathologised addiction. Positive discourses construct PWUD as active agents in their consumption. There is a very limited and inaccessible range of such positive discourses, which include counterpublic health, paraphernalia provision, pleasure and glamour discourses. McGovern and McGovern (2011) have shown how problematic representations of PWUD can be confronted by identifying their specialist skills and expertise, which empower PWUD in negotiating their drug use and improve their risk management skills. Three research theories concerning PWUD have emerged alongside consumption and neoliberal discourses: cultural intoxication theory (Measham and Brain, 2005; Barratt, 2011); normalisation theory (Parker, Williams and Aldridge, 2002; Duff, 2003); and theorisations of PWUD identities (Imahori and Cupach, 2005; Green and Moore, 2013).

A focus on discourse inherently draws attention to what has been described as 'discursive politics', that being the attribution of meaning to specific terms and the implication of this meaning for sociocultural power structures (Lombardo, Meier and Verloo, 2010). Lombardo et al. define discursive politics as 'the intentional or unintentional engaging of policy actors in conceptual disputes that result in meanings attributed to the terms and concepts employed in specific contexts' (2010, p. 107). These authors investigated the discursive politics

associated with gender equality. They asserted that these politics can both expand and restrict understandings of terminology in accordance with the definition they provide. The case of gender equality is used to illustrate this, contending that understandings of gender equality can be limited by legal definitions of non-discrimination, and expanded with broader definitions of gender. Terminology can also be 'bent,' which refers to the meaning of a term becoming shaped by politics at the expense of the terms intended connotation. For example, bending the concept of equality to suit the 'dominant labour market agenda' (2010, p. 111).

Discursive politics are key to transforming categories responsibilised by governance because discursive politics are where prejudices are set (Lombardo, Meier and Verloo, 2010). Attention to discourse is important for research concerning PWUD and the research of responsibilised topics more broadly because the way in which they are discussed helps identify the factors that contribute to their disempowerment, which is crucial to countering responsibilisations. Lombardo, Meier and Verloo (2010) are advocating for discursive political processes that expand the meanings associated with terminology. They see processes that restrict or bend meanings as potentiating the problematic depoliticisation of an issue by disguising the term's capacity to challenge power structures.

Bright, Marsh, Smith, et al. (2008) distinguished political discourses as those associated with policy and governance. This is slightly different to the broad political perspective I draw upon in this thesis. I would characterise what they refer to as political discourse as formal political discourse and would consider including legal discourses within this same category. Nevertheless, their categorisation is useful. For them, political discourses concerning drugs subjectify politicians, experts, the community, people or constituents. Bright et al. argued that these political discourses encouraged the responsibilisation of abnormality, discouraged individual agency, and emphasised government agency by using an amalgamation of dominant, prohibitionist discourses about drugs.

Lancaster, Seear, Treloar, et al. (2018) focused on some specific sectors of political discourses concerning drug use, namely 'evidence-based policy' and 'consumer participation' discourses. The researchers found there were barriers to meaningful participation in these discourses, particularly within the evidenced-based policy discourse sector. This sector tended to subjugate the knowledges of consumers as non-experts, undermining their capacity to participate in drug policy processes.

Counter discourses are key to discursive politics. They seek to represent contexts differently, and inevitably couple other discourses. While counter discourses tend to aim to resist or critique the representations held by dominant discourses, they can also accommodate dominant discourse, often simultaneously alongside its resistance (Foucault, 1988b;1990a;1990b). Concerning a drug discursive context, research literature has addressed counter discourses pertaining to counter-public health, paraphernalia, pleasure and glamour.

Farrugia and Fraser's (2017) analysis of the views of men who were critical of school drug education found that these men used a counter-public health discourse. This discourse was capable of being inclusive of additional discourses that were otherwise exempt from those of public health, including pleasure and risk subjectivity. Farrugia and Fraser (2017) saw three themes in the in the development of scepticism regarding school drug education: 1) scepticism about drug hazard claims; 2) scepticism about representations of drug users; and 3) scepticism about motivation of health and drug policy. Lancaster, Seear and Treloar (2015) have also recognised a counter discourse that is supportive of drug use in the counter injection paraphernalia provision discourse. Using a case study of NSW policy concerning possession and distribution of injection equipment, the researchers found that these policies construct PWUD who distribute injecting equipment as irresponsible, untrustworthy and irrational. A counter discourse challenging this representation was distinguished, in which PWUD distributing injecting equipment were seen to hold a unique agency regarding blood-borne virus prevention.

A number of researchers have noted the absence of discourses of pleasure within discourses concerning drug use (Dwyer and Moore, 2013; Barratt, 2011; Lancaster, Seear and Ritter, 2017; Farrugia and Fraser, 2017) and discourses of pleasure can be understood as a kind of counter-discourse in its challenge to medical discourse's pathologisation of PWUD. Moore (2008) has suggested a number of factors that influence the absence of pleasure in drug discourses, including the greater professional safety experienced by researchers focusing on drug harms, harm reduction policy's lack of account for drug use pleasures or benefits, and perception of the association of drug use with pleasures as destructive or problematic. Four types of drug pleasure have been identified in drug research: carnal; disciplined; ascetic; and ecstatic (Bunton, 2011). While use has been seen to be limited to celebrities and fictional characters, Bright, Marsh, Smith and Bishop (2008) have also identified drug positivism in relation to a unique 'glamour' discourse. These researchers found that it was primarily within the glamour discourse that recreational psychoactive consumption could be justified.

Dominant prohibitionist discourse and methamphetamine

Prohibition discourse underscores dominant drug discourses, the drug discourses that are most commonly and easily accessible. Mass media is one of the primary means of accessing dominant drug discourses. These discourses tend to represent drugs in a drug/non-drug binary (Tupper, 2012). Fraser and Moore (2008) found that dominant discourses construct drugs as chaotic, distinguishing PWUD as different to normal, ordered and productive others who do not use drugs. Bright, Marsh, Bishop and Smith (2008) undertook an extensive review of the dominant discourses used to understand, discuss and politicise drugs. Their critical discourse analysis of news media characterised the dominant drug discourses as dependent on medicine, law, economics, morality, politics and glamour discourses.

Studies by Moore, Fraser, Törrönen, et al. (2015) and Lancaster Duke and Ritter (2015) contrasted Swedish and Australian national drug policy discourses. Social exclusion was found to be common in both these national drug policy discourses, but it has been argued that the Australian discourse portrayed people who use drugs as not belonging, while the Swedish counterpart tended to portray these people as in need of treatment. In the Australian context there was some opportunity for people who use drugs to belong, but only should they be capable of achieving abstinence (Moore, Fraser, Törrönen, et al., 2015). This focus on drug abstinence and drug prevention is characteristic of the way in which drugs are represented in Australian dominant drug discourses.

Drug prohibition discourses are profoundly prejudiced against drugs, and within an Australian context there is no drug represented more commonly as a problem than methamphetamine. Green and Moore (2013) found that negative discourses concerning methamphetamine permeates PWUD communities, resulting in PWUD discriminating against one another based due to different drug consumption choices. Yet Green and Moore (2013) also acknowledged that the discourses of people who use drugs are often in contradiction with dominant discourses concerning drugs. While some participants who use methamphetamine were found to agree with its negative representation, the predominant user perspective was that methamphetamine could be smoked without producing problematic behaviours. Discourses of pleasure and sociability (exempt from the public methamphetamine discourse) were drawn upon by participants to assert the acceptability of methamphetamine use. However, Matthews, Dwyer and Snoek (2017), as well as Bright, Kane, Bishop, et al. (2014) have noted the capacity for PWUD to internalise prejudicial drug discourses and produce self-stigma. Strategies for asserting the acceptability of drug use can

be hard to apply, particularly for drug use behaviours that are heavily prejudiced, such as in the case of methamphetamine and intravenous consumption.

Dwyer and Moore (2013) have also been attentive to distinctions between dominant and user methamphetamine discourses, namely understandings of the relationship between methamphetamine and psychosis. Dwyer and Moore saw dominant methamphetamine discourse to portray this relationship as definitive, implying that methamphetamine consumption was consistently linked to the experience of psychosis. This dominant discourse undermined recognition of the dependence of methamphetamine effects on context. Conversely, the discourses employed by people who used methamphetamine contended that the relationship between methamphetamine and psychosis was context dependent. The negative dominant discourse on methamphetamine promotes fearful and anxious methamphetamine experiences, inciting consumers to feel certain emotions as a component of methamphetamine experience by providing expectations. The dominant discourse also neglected dimensions of the methamphetamine experience including pleasure, lack of sleep and the relationship with polydrug use, which the other discourses drawn upon by people who used methamphetamine were capable of identifying.

Medical discourse and pathologisation

In drug use contexts, medical discourse has been characterised in reference to its utilisation of a disease theory of addiction and the pathologisation of PWUD. This discourse has framed drugs as inherently dangerous and permitted two primary subject positions – experts and the unwell. Australian harm reduction and harm minimisation concepts have been strongly associated with this discourse, which has been argued to ultimately reduce the agency of PWUD (Bright, Marsh, Smith, et al., 2008). Tupper (2008) has also argued that medical discourse emphasises health problems associated with drug use and encourages understandings of drug use as a disease in order to legitimate their coercion of PWUD into treatment.

Barratt (2011) found that pathology laid the foundation for Australia's dominant drug discourse. Pathology tends to portray illicit drug use as destructive and to see drug use to be the result of deficits in users' lives. Discourses of pathology advocate for restrictions upon, and reduction of, drug use and empower scientific and medical disciplines to determine appropriate contexts of drug use. Concern with pathology discourses has led researchers to pay great attention to factors predisposing people to drug use and has discouraged the

acknowledgement of non-problematic drug consumption behaviours. Barratt (2011) identifies three themes that are conspicuously lacking from the pathology discourse: agency, pleasure and context.

Tupper (2008) has asserted that medical discourses have also been shown to disrespect Aboriginal, spiritual and religious cultures. By classifying altered states of consciousness as hallucinogenic, these experiences are represented as illusory and false, and this undermines understandings that the value of these experiences within other cultural contexts. Tupper uses the example of Peruvian mestizo discourses to suggest that outside of drug education and medical discourses, hallucinogenic experiences can be considered educational.

Discourses of drug prevention have also been shown to be impactful upon drug education discourses (Tupper, 2008a). Drug education has been seen to rely on the drug prevention term 'abuse.' This has assisted in furthering a conceptual binary in which drug use is perceived as either good or bad. Such a conceptualisation limits recognition of the ambiguities and flexibilities in understandings of drug use. Legal discourses, however, have been seen to reduce this binary in an even more problematic way, implying that the consumption of any illicit drug is an instance of drug abuse.

Tupper's (2008) analysis found that drug education discourses themselves provided misinformation about drugs, and this produced a distrustful relationship with the intended subject of this education, youth. Tupper has acknowledged that this misinformation undermines the value of drug education. Youths have their own drug discourses, and the associated knowledge is likely to illustrate that misinformation is being perpetuated by education. For this reason, drug education tends to be foreign to the knowledges and experiences of young people.

Both Tupper (2008) and Bright et al., (2008) have given some consideration to discourses concerning addiction, but the most extensive review of this discourse was conducted by Keane (2002). The medical sector of addiction discourse has seen a move away from the concept of physical dependence, which required identification of withdrawal and increased tolerance, and a move towards the concept of dependence syndrome, which requires only identification of desire. The medical sector of addiction discourse encourages perception of universal, biological responses to drug consumption, and tends to ignore broader social contexts of drug use. Cultural assumptions regarding different consumption practices have an inevitable impact on the diagnosis of dependence syndrome. Conversely, the popular sector

of addiction discourse draws on many other discourses, such as new age spirituality, growth psychology and feminism. The concept of self-help is key to this popular addiction discourse, in which the self is an object to be rectified, and identification of denial becomes a means of preventing challenge to the addiction concept.

Keane (2002) identified recovery as an additional sector of the addiction discourse, promoting the optimistic pursuit of 'good health.' This discourse sector frames individuals as responsible for self-reformation, requiring distinction of the self from the 'other' by resolving deficits within the self. Keane has characterised this as a romanticised ideal of self-sufficiency and self-expression that rejects the notion of benign eccentricity. Lancaster, Duke and Ritter (2015) have also considered the recovery discourse, finding that the British drug policy sector of recovery discourse provided space for unproblematic PWUD discourse, while the Australia drug policy sector did not. Despite this, both contexts were seen to portray PWUD who were not in treatment to be less deserving of citizenship rights than people who did not use drugs.

Sznitman (2008) found that individual identity discourses' relationship with drug discourse relied upon the perceptions of drug abusing identities for the purposes of distinguishing selves as responsible, non-abusing PWUD. The author also found that Swedish national drug discourse de-emphasised free will, implying that unlike normal Swedish citizens, Swedish PWUD were not seen to be autonomous in their consumption choices. While some of Sznitman's participants could be seen to blame various psychological and sociocultural factors for problematic contexts of drug use, most responsibility was attributed to individual PWUD. A bias could be seen in the participant's representations of heroin. They saw heroin use as impossible to control, yet only two of the 44 participants had tried it, and both these participants had consumed heroin only once. This appears comparable to the case of Australian methamphetamine discourse (Green and Moore, 2013).

Harm reduction and negative representation

Harm reduction appears to be an increasingly prominent component of dominant discourses concerning drugs. Researchers concerned with drug use have also been attentive to national policy, medical, drug education, addiction, recovery, individual identity, legal, economic, consumer, political, counter and glamour discourses. The implications of these discourses within drug use contexts suggests that while controversial, these emergent discourses can be used to frame drug use in a positive manner.

The 'harm reduction' discourse was conceived in direct opposition to the pathology discourse within the context of HIV/AIDS and intravenous drug use. The pathology discourse was advocating for reducing drug injection behaviour. Harm reduction disagreed with this, instead advocating for sterile injecting equipment to support injection behaviours (Stimson and O'Hare, 2010). However, like pathology discourses, harm reduction discourses also neglect the benefits associated with drug use. Harm reduction discourses also have a comparable orientation in favour of health and risk aversion. Usage reduction is not a primary goal of harm reduction, and the associated strategies target drug use behaviours that are presumed to be ongoing (Lenton and Single, 1998).

A flexible definition of harm reduction depending on the ideological position from which harm is perceived has been acknowledged by Barratt (2011). In a formal Australian policy context, the definition of harm reduction is implicated in pursuing reductions in drug use due to its coupling with demand and supply reduction under the 'harm minimisation' paradigm of Australia's national drug strategies. However, use reduction is not a component of harm reduction as it was originally conceived. Defining harm reduction in accordance with Lenton and Single's (1998) definition, harm reduction can be seen to involve the acceptance of drug use because the desire to alter one's state of consciousness is understood as normal and because drug use, like all social contexts, consists of both benefits and harms.

There are two main critical concerns with harm reduction discourse, both of which encourage the negative representation of PWUD. Firstly, the harm reduction discourse has been seen to isolate many PWUD as harm reduction practices are typically aimed at PWUD perceived to be at greater threat of experiencing harm. This is similar to the preoccupation of research concerning PWUD with those in treatment discussed earlier. Secondly, PWUD who do not encounter notable harms are neglected by harm reduction discourse. While harm reduction represents one of the most liberalised discourses concerning PWUD, a pervasive neoliberal attitude can be seen permeating harm reduction, which places excessive responsibility on individual PWUD while ignoring responsibilities of society more broadly for managing the responsibilisation of drug use. This neoliberal attitude is also evident in legal, economic and consumer discourses.

Harm reduction remains a deficient model of drug use that fails to attend to benefit maximisation (Tupper, 2008b). The 'enabling environments' policy design aims to reduce the responsibilising tendencies of harm reduction by focusing on how specific drug environments

can produce empowerment through the provision of novel agencies (Duff, 2010). The concept of enabling environments is drawn on in this thesis to assist with a critical harm reduction approach, and this concept is not present within dominant drug discourses. Duff's (2010) clarification of the enabling environment policy design is a response to the design's conceptual association with harm reduction and its practical disassociation from Australian drug policy, despite use of the term 'harm reduction' within this formal policy context. Enabling environments are conceptualised as two components: 1) 'enabling resources' and their role in the ongoing production and reproduction of 2) 'enabling places' (Duff, 2010, p. 338). Enabling places are 'a social and relational production involving diverse material, social and affective elements. Places are 'made' in human interaction such that the material elements of place are constantly evolving in tandem with this activity' (p. 338). Enabling places are composed of enabling resources, which can be loosely understood in three categories: 1) social; 2) material; and 3) affective resources. Duff (2009; 2010; 2011; 2012) has discussed the importance of identifying social and affective resources, as opposed to just material resources, for producing spaces that promote care.

Economic and consumer discourses challenge legal discourses

There are various discourses from related fields that articulate PWUD as agents with varying degrees of passive and active capacities. Like harm reduction, legal, economic and consumer discourses provide PWUD with greater agency than medical discourses. Here again, as is the case with harm reduction, the agency provided by these discourses is limited. These discourses also have the neoliberal tendency of emphasising individual, rather than collective responsibility, and retain the responsibilisation of drugs and drug use contexts.

Legal discourse concerning PWUD has been seen to permit two main subject positions: law administrators and regulated citizens, who can either be law abiding or criminal, with preference given to the law abider. PWUD were provided with more agency in this discourse than medical discourse, in order for criminals to be held accountable. Despite this, medical and legal discourses were seen to complement each other, because medical conceptualisations of anti-sociality implied criminality could be treated and thus encouraged the maintenance of the legislative power structure (Bright, Marsh, Smith, et al., 2008). Tupper (2008) has also been attentive to legal discourses concerning PWUD and has argued that law is the most influential discourse upon drug education, and that law is ideologically invested in prohibition. According to Tupper (2008), legal discourses supress the potential for a critique of prohibition because the knowledge required for this critique is inaccessible. Similarly,

Bright et al. (2008) found that the discourse of morality also provided two subject positions, the deviant and the righteous. Like legal discourses, morality discourses were seen to give some agency to PWUD via personal responsibility, but unlike legal discourses, in morality discourses PWUD were not authorised to speak due to their deviant status (Bright, Marsh, Smith, et al., 2008).

An economic discourse regarding drug use has been seen to rely on a capitalist perspective in which psychoactive substances are understood as a commodity. However, typically only alcohol and tobacco can be framed legitimately in this discourse, not illicit drugs. The economic discourse is primarily concerned with fiscal issues and is seen to create potential for challenging the prohibition of any substance, and encouraging normalisation and minimal political interference with consumption practices (Bright, Marsh, Smith, et al., 2008).

Barratt (2011) has discussed a consumerism discourse concerning drugs, in which drugs are viewed as commodities consumed for the purpose of achieving a desirable state of consciousness. Self-gratification is the primary logic behind consumerism (Measham and Brain, 2005). In contrast to the neglect of the significance of pleasure to drug use by pathology and harm reduction discourses, a sector of the consumerism discourse acknowledges discourses of drug pleasures. While consumer discourses are typically restricted to legal substances, as people increasingly define their own subjectivity in accordance with their consumption patterns, drug use can be seen as an opportunity to portray oneself in accordance with an alternative identity. The popularisation of medical cannabis has also been found to assist in the identification of drug pleasures (Lancaster, Seear and Ritter, 2017). Unfortunately, the consumer discourse also fails to attribute broader social responsibilities regarding drug use, as is the case for medical cannabis, because of its relationship with prohibitionist ideology.

The application of voluntary risk-taking theory has resulted in utilisation of the concept of edgework within research concerning PWUD, but not the concept of action. Edgework is described as controversial and anarchic in character, with participants engaging in high risk activity for personal pleasure, while action is seen to be a more socially cohesive motivation for high risk activity, in which participants engage in high risk activity for the benefit of others (Lyng, 2014). McGovern and McGovern's (2011) focus on edgework and lack of attention to action within the context of cocaine use shows the difficulty researchers have had in understanding that drugs can be consumed for the benefit of others. The work of Shulgin

and Shulgin (1991; 1997) is perhaps the best example of drug consumption risk being encountered for the purpose of 'action.' The Shulgins' experiments with hundreds of unresearched tryptamines and phenethylamines likely constitutes the most extensive data in drug pharmacology research. The stigma surrounding drugs tends to result in the identification of such altruistic and responsible drug use being repressed.

Normalisation and individual discourses create static neoliberal agency

Consumer discourses come closer to accentuating a multiplicity and contingency of drug effects that Dywer and Moore (2013) consider to be important for research concerning PWUD. Sznitman (2005) also hinted at the value that identifying user discourses can have for challenging the responsibilisation of drug use. However, there is a clear need for discourses that are not prejudiced against drugs that also accentuate broader social responsibilities for drug problems. The counter-public health discourse identified by Farrugia and Fraser (2017), and the counter-injection paraphernalia provision discourse identified by Lancaster, Seear and Treloar (2015) hints at the possibility of such discourses that provide more support for drug use. A theory that is less dependent on health and medical disciplines and has also been applied in research concerning PWUD (Barratt, 2011). It was developed by Measham and Brain (2005) within the context of cultures of binge drinking and British alcohol policy and is known as 'cultural intoxication theory'. This theory claims that young people pursue intoxication through a practice of 'calculated hedonism' which involves a balance between the pursuit of a pleasurable state of intoxication and the avoidance of unwanted intoxicated states. It has been argued that such a theory has advantages over PWUD theories that take a medical perspective because it provides a space for individual differences and permits recognition of pleasurable dimensions of drug use via the consumption discourse (Barratt, 2011).

Another theory known as the normalisation of drug use (Parker, Williams and Aldridge, 2002; Ekendahl, 2014; Duff 2003; 2005b; Sznitman, 2008) has also drawn upon this consumption discourse, recognising drugs as pleasurable commodities. Identifying drug use normalisation involves perception of drug use as an everyday practice. Parker, Williams and Aldrige (2002) have suggested that factors such as increased access, use, social tolerance, as well as expanding media and policy support can provide evidence of this normalisation process. Parker, Williams and Aldridge (2002) also concluded that sensible, recreational drug use is an increasingly normal component of the lives of young British adults. Duff (2003; 2005b) has applied this same concept of 'normalisation' to Australian adolescent and

recreational drug use, while Ekendahl (2014) employs it in relation to a Swedish online forum supporting PWUD. As these researchers argue, in the context of drug use, normalisation is a process by which drug consumption becomes perceived as less unusual. While Parker (2002) and Duff's (2003; 2005b) works have emphasised the expansion of drug consumption trends, Ekendahl (2014) shows that forums supporting PWUD are an important place for developing discourses sensitive to the responsibilisation of PWUD. Knowledge of instances in which drug use is both unproblematic and rational makes it easier to discuss drug use in a non-discriminatory fashion.

Discourses relating to normalisation have been drawn upon in a somewhat effective strategy for advocating for equal rights of PWUD and other 'normal' persons. However, Sznitman (2008) has found that some PWUD prefer to challenge the definition and context of normality than to represent their own drug behaviours as normal. Much of the initial application of the normalisation concept concerned broad social contexts and neglected attention to 'micro-politics that drug users might have been engaged in when trying to challenge the stigma attached to them' (Snitzman, 2008, pp. 456-457). Theorisations of PWUD identities by research have also aimed to improve upon the limitations of macro application of normalisation theory (Parker, Williams and Aldridge, 2002). Green and Moore's (2013) consideration of identity within contexts of methamphetamine smoking assisted in improving understandings about how these participants managed prejudice. They argue that mainstream society's capacity to value drug use is undermined by stereotypes of 'addicts' and 'junkies', and this threatens the identity of PWUD. They found that this threat was managed by participants using two strategies: 1) distancing the self from problematic representations by rationalising consumption as social; and 2) preferring to smoke methamphetamine in private peer groups to avoid scrutiny and stigma by non-users.

Identity theory empowers PWUD by respecting and recognising a plurality of individual difference. Yet, there are also limitations of identity theories. Green and Moore (2013) have noted the importance of neoliberal values, class and social status for protecting the identities of PWUD. As neoliberalism de-emphasises social responsibility in favour of individual responsibility, some potential problems can be seen with using theorisations of identity to improve the responsibilisation of drug use. Furthermore, there is no common positively affirming discourse for PWUD. This is why Sznitman has described the identity of PWUD as 'weak' (2005, p. 344), because these identities tend to be defined 'in relation to negative values defining what they are 'not'' (Green and Moore, 2013, pp. 719).

Other theories employed in research concerning PWUD have directly tried to combat problematic representations of drug consumption behaviours, such as through theorisations of 'controlled' (Harling, 2007) and 'nonproblematic' (Cruz, 2015) drug use. Harling defines controlled drug use as the capacity to moderate drug consumption for the purposes of maintaining patterns of interaction with social institutions. Cruz's definition of non-problematic drug use is quite similar, considering nonproblematic drug use to be the use of any illicit drug alongside a capacity to maintain a conventional lifestyle and does not result in serious dysfunction. Unfortunately, both of these consumption theorisation strategy position alternative drug consumption behaviours as uncontrolled and problematic.

Cruz's (2015) study considered differences in the patterns of drug use between non-problematic, ex-problematic and problematic PWUD. The study focused on Portuguese PWUD. Portugal is a unique drug policy context in which prohibition has undergone some liberalisation. In Portugal, the use of all drugs has been decriminalised. Cruz's project found that participants kept their drug use non-problematic through ongoing self-regulation including the continual application of cost benefit analyses alongside drug consumption management strategies. Personal traits were important for this management, and Cruz notes the importance of characteristics of self-control, drug preferences, and fear, in addition to environmental context. Cruz also identified patterns shared by nonproblematic consumers such as their drugs of choice, preferred consumption settings and their consumption patterns.

Tupper (2008), as well as Dwyer and Moore (2013), found that representations of drug effects were inaccurate, and that these representations further compounded the responsibilisation of PWUD. Such representations are also likely implicated in the neglect of pleasure in dominant drug discourses and the difficulties experienced in speaking positively about drugs in general. Dominant drug discourses are not taking responsibility for their effect on drug consumption outcomes.

Responsibilisation, policy, drugs and online environments

Users of the term responsibilisation are often making a particular criticism of contemporary governance, often labelling such governance as 'neoliberal'. Neoliberal responsibilisation "involves 'offering' individuals and collectivities active involvement in action to resolve the kind of issues hitherto held to be the responsibility of authorised governmental agencies. However, the price of this involvement is that they must assume active responsibility for

these activities, both for carrying them out and, of course, for their outcomes, and in so doing they are required to conduct themselves in accordance with the appropriate (or approved) model of action" (Burchell, 1993, p. 276). Neoliberal responsibilisation is a process through which certain behaviours are controlled and disciplined in accordance with institutional values and enforced both by institutional actors, and by social actors broadly. The control and discipline of drug behaviours in accordance with prohibitory norms is an example of such a process.

Scholars also discuss a more positive form of responsibilisation that can be characterised as reflexive. Reflexive responsibilisation involves individual acceptance of responsibility in self-determined contexts, and a paradoxical, reciprocal commitment to both responsibilisation and individual autonomy in a process of negotiated self-governance. Moore and Hirai (2014) considered responsibilisation within the context of people who used drugs and their dealings with justice systems. They noted three 'characters' observed in criminal justice and rehabilitation contexts; outcasts, performers and true believers. True believers completely accepted neoliberal responsibilisation of their drug behaviours. For true believers, responsibilisation produced obedience, rather than self-generated decisions. Outcasts, who rejected or were rejected by responsibilisation, had their social exclusion further compounded. Performers, uniquely and pragmatically chose between the obligations of responsibilisation and their personal desires and beliefs, demonstrating reflexive responsibilisation.

It is neoliberal, rather than reflexive, responsibilisation with which this thesis is primarily concerned. Further reference to responsibilisation throughout this thesis, unless stated otherwise, exclusively refers to neoliberal responsibilisation. van Houdt and Schinkel (2014) have further characterised neoliberal responsibilisation in reference to two types, repressive responsibilisation and facilitative responsibilisation. Facilitative responsibilisation "assumes a pre-existing autonomous citizen, a citizen already properly socialized, only to be mobilized and called into active service" (p. 61), while repressive responsibilization involves transforming the 'low-risk citizen' into the 'autonomous citizen' that can be targeted by facilitative responsibilisation. Van Houdt and Schinkel (2014) also acknowledge that 'the high-risk citizen' are not targeted by responsibilisation efforts and experience social exclusion. PWUD are likely to fall in the latter category.

The concept of responsibilisation has received significant attention within policy research, particularly within policy research concerning health, environment and the internet. The responsibilisation of individuals and their communities is a prominent trend in health policy (Hallgrímsdóttir et al., 2008), and is accompanied by the de-emphasis of government and broader socio-political obligations concerning health (McGowan, 2014). Counterintuitively, responsibilisation has been argued to undermine the capacity of people to be autonomous in their management of health care conditions (Brown, 2019).

The development of environmental politics has increasingly responsibilised business and civil society, resistance of which has produced a new discourse concerned with a politics of responsibility. This has enabled some critical discussion of individuals' environmental obligations (Thörn and Svenberg, 2016). Such a politics enables criticism of responsibilisation strategies, as in the case of fishing policies, which have been argued to place undue responsibilities on people fishing recreationally, and too few responsibilities on commercial fishing operations (Gregory, 2018). Environmental responsibilisation tends to presume policy goals are appropriate, and the strategies for achieving them are known, despite this not always being the case (Ilcan and Phillips, 2010).

The responsibilisation of internet stakeholders has primarily targeted users and service providers. Service providers have been included in law enforcement and surveillance activities and empowered as copyright enforcers (Zajko, 2016), while victims of online sex shaming are attributed blame for this shaming, due to perceived obligation for particular online behaviours (Brand, 2009). This responsibilisation of the internet has been critiqued as both unreasonable and injudicious (Renaud, et al., 2018), and may be particularly harmful of young women and other people occupying stigmatised intersections (Brand, 2009).

Concerning use of the responsibilisation concept in drug research, it has been suggested that highly responsibilising messages should be excluded from communications about drugs to undermine stigma and poor health outcomes (Fraser, 2004). Drug responsibilisation seems to stem from the fears of people who do not use drugs while disregarding the fear and risk to PWUD, compounding social exclusion of PWUD as high-risk citizens (Van Houdt and Schinkel, 2014). Research concerning drugs has emphasised the responsibilisation of PWUD through the analysis of drug education and support resources, highlighting that drug responsibilisation limit and moralise drug behaviours. These resources responsibilise PWUD to hide not only their drug use, but also their ideas and values. Many PWUD perform peer

educator roles, taking charge of information provision and care within their communities, which conflicts with these responsibilisation messages. The responsibilisation of individual PWUD disregards that these people take on responsibilities concerning others besides themselves in their drug use behaviours. PWUD can resist their responsibilisation by these resources by contending the validity of individualised blame and identifying associated stigma (Fraser, 2004), in their own politics of responsibility (Thörn and Svenberg, 2016). PWUD have also been found to resist other forms of responsibilisation, such as drug testing (Moore and Haggerty, 2001).

Deliberative engagement

Deliberative engagement is a conceptual policy framework designed to assist with involving all stakeholders in the development of policy and involves a set of practical concepts derived from political communications. Deliberative engagement as a practical approach privileges participatory involvement over strategic positioning or 'victory'. John Dryzek argues that deliberative engagement is "a particular kind of communication that emphasizes mutual understanding rather than the pursuit of strategic advantage, the justification of positions taken in terms that are something more than material self-interest, attempts to reach those who do not share the frame of reference of the speaker, and careful listening" (Dryzek, 2015, p. 750). In the context of the present project, it is useful to use as an analytical lens when approaching policy insights from stakeholders who do not have specialist or professional training in the development of policy. Whilst deliberative engagement can help connect affected communities with the policies that impact them, it is difficult to ensure that the outcome of these deliberations influence policy decisions, and to organise discussion in a way that emphasises the interests of deliberators over those of formal governance (Dryzek and Tucker, 2008; Boswell et al. 2013).

Reciprocal communication and bridging arguments, in which reasoning targets points of agreement with whom the reasoner disagrees, are important characteristics of deliberation, helping deliberators find common ground (Lo, et al., 2013; Dryzek and Lo, 2013). This approach seeks to connect participants with conflicting partisan views, which is more difficult than connecting participants with non-partisan views with partisan arguments. These characteristics are particularly important for deliberation on issues that produce strong divides between participants (Dryzek and Lo, 2013). Involving diverse stakeholders aligns with how Dryzek (2015) suggests practices of deliberative engagement can be assessed

through attention to three characteristics: authenticity, inclusion and consequentiality. Authenticity relies on connecting deliberation outcomes with the broader public while inclusion relies on deliberation representing diverse, affected stakeholders and relevant discourses. Consequentiality concerns the impact of deliberation on collective decisions and can be measured by determining if deliberation increases inclusion and authenticity in the future.

Deliberative engagement has been used often to engage people in discussion concerning environmental policy issues such as climate change and biodiversity (Rask et al. 2012), although there are calls for increased utilisation of deliberation for other global governance issues, such as labour standards (Fung, 2003) and health (Rogers, et al. 2009). Deliberative processes are not identical and vary between people and organisations. Two renowned and distinct deliberative processes accompany The World Wide Views (WWV) initiative and the National Issues Forums (NIF).

The process of the WWV project involves stakeholders organising meetings composed of citizens that represent national demographics. Prior to the meeting, attendees are provided expert-produced information reviewing the issue of concern, which is broken up into themes. The meeting is broken up into sessions, structured according to these themes. Each session involves discussion of the theme with a neutral facilitator. Participants then vote on the problems associated with the theme. The results of the vote are then posted online (Worthington, et al. 2012).

NIF pre-determine deliberation issues for each year. These issues are listed online alongside relevant information materials. Forums are held for each issue. At each forum, a neutral moderator presents the issue and its accompanying information materials, encouraging each participant to discuss the advantages and disadvantages of potential approaches to this problem. Following discussion, the moderator asks participants to vote on these potential approaches (National Issues Forum Institute, 2014).

The WWV and NIF are typical of deliberative forums in their closed ended discussion structure. Deliberative engagement is generally restricted to deliberative forums designed in accordance with the desires of policy actors (Dryzek, 2015). This thesis is unique because it considers an existing forum in terms of development of relevant policy insights using deliberative engagement as the analytical framing. As AusDD is native and every-day for PWUD, there is a greater capacity for their corresponding deliberation to be critical of the

responsibilisation of drugs and the people who use them. This focus on deliberation within the affected community, rather than within a representative sample of a general population, is more like the NIF approach than the WWV approach.

Australia has drawn on deliberative policy engagement to a lesser degree than other countries. As of December 2006, only 78 instances of formal policy deliberation had been observed, with over half of these occurring in a single state due to unique relationship between academics and government (Carson, 2007). Australian politicians have been criticised for establishing deliberative forums as a means of circumventing policy commitments (Boswell et al. 2013). While this suggests some recognition by politicians of the value placed on deliberation, means of improving utilisation of deliberative processes by the Australian government is an important area for future research (Carson, 2007).

Janeczko (2011) has suggested that deliberative engagement may be of particular value to drug policy and the politicisation of other responsibilised groups due to the capacity of deliberation to address uncertain and complex policy issues in a process that is flexible and adaptive. While the utilisation of deliberative engagement has been identified as crucial to good governance in Australian illicit drug policy (Hughes, Lodge and Ritter, 2010), deliberative engagement has rarely been applied in this context. One rationale for the lack of deliberative engagement in Australian drug policy is a prioritisation with an evidence-based policy paradigm. While there is potential for alignment between evidence-based policy and deliberative engagement, in an Australian drug policy context, evidence based drug policy privileges particular experts and scientific evidence, which often exempts PWUD and other affected publics (Ritter, Lancaster and Diprose, 2018). Surely, prohibition policy and negative dominant drug discourses are implicated in this disconnect between evidence-based policies and deliberative engagement in Australian drug policy. Divided opinions on drug policy, in contrast to environmental policies over which opinions appear to have greater consensus (Dryzek, 2015), are likely contributors to the reduced utilisation of deliberative engagement in this context, despite deliberation being of specific value to such divides (Dryzek and Lo, 2013).

The internet represents an opportunity to expand deliberative engagement across broader groups and geographies (Dahlberg, 2007). Online deliberation does not completely resolve discursive struggle and conflict, but it does permit people who experience prejudice with an opportunity to express identity, challenge dominant discourses and contest boundaries of

mainstream public sphere deliberation. These people and their counter discourses have been argued as crucial to the global and digital evolution of democracy (Dahlberg, 2007).

In spaces supporting such counter discourses, Dumoulin (2003) found personal attacks and moralising opinions to be of increased presence. This increase was attributed to the concern of the forum topic (gay rights) with personal values of participants. This same forum was also seen to have a greater diversity of perspectives represented than in discussion on more generic forums concerning similar topics. Deliberation in online forums is distinct from deliberation in offline forums because online anonymity reduces accountability and reputability (Loveland and Popescu, 2011). Unfortunately, this anonymity is necessary in illicit drug contexts for the sake of protecting participants from law enforcement.

Online deliberation is more effective in asynchronous forums, because participant deliberation is not as restricted by time. Online deliberation can also be enhanced by moderators protecting participants' freedom of expression. Participant belief in the potential of forum discussion to achieve action or impact also improves the quality of online deliberations (Janssen and Kies, 2005).

Using online forums in research concerning PWUD

New and alternative discourses that challenge dominant drug discourses are becoming apparent. There has been a move away from a 'top-down, professionalised discourse of harm reduction' towards a drug discourse that is 'peer-generated and user-led' (Bilgrei, 2017, p. 4). The internet is assisting in the development of such discourses and the challenging of drug discourses that encourage understanding drug and drug use hegemony (Bilgrei, 2017). Forums for PWUD may be providing the building blocks for a less prejudicial drug discourse. Much research concerning PWUD uses online resources to locate or interview and survey participants (Barratt, 2012). The use of search engine results is another general approach in harnessing the internet to gather data concerning PWUD (Dwyer and Moore 2013). Attention to specific online resources as data is a less common approach. Of the studies concerning PWUD that do this, many draw upon online forums. Forums are the most common form of social media discussed in such research, although Twitter (Dwyer and Fraser, 2016; Hanson, Burton, Giraud-Carrier, et al., 2013; Hanson, Cannon, Burton, et al., 2013) and Facebook (Schwinn, Schinke, Hopkins, et al., 2013) have also been researched.

By focusing on social media, identities of PWUD can be understood in new and distinct ways. Many studies of forums supporting PWUD have not acknowledged the responsibilisation of PWUD, and even fewer of these studies have had a policy focus. Methodological approaches concerned with health and medicine have often supported the responsibilisation of PWUD, and these ideologies have permeated associated research of their associated online discussion forums (Deluca, Davey, Corazza, et al., 2012). Cryptomarkets are becoming an increasingly common focus of research concerning PWUD (European Monitoring Centre for Drugs and Drug Addiction, 2016; Barratt and Aldridge, 2016; Barratt and Maddox, 2016; Barratt, Ferris and Winstock, 2014; Maddox, Barratt, Lenton, et al., 2016; Barratt, Lenton, Maddox, et al., 2016). This type of research has also given attention to other online platforms of organisations that support PWUD, such as Erowid (Wightman, Perrone, Erowid, et al., 2017; Witte, 2015).

Sensitive research concerned with PWUD aims to support and understand PWUD on their own terms. Two studies (Móró and Rácz, 2013; Brown and Altice, 2014) have pursued a balance between criticism of the responsibilisation of PWUD and medical ideology by drawing on forum content to inform health oriented discussions. Other sensitive approaches to researching forums supporting PWUD have tended to avoid reliance on health and medical theory. Examples include investigations of the relationship between drug use and the internet (Barratt, 2011), learning (Rosino, 2013), narrative (Ekendahl, 2014), policy (Månsson 2014), discourse (Bilgrei, 2016), and harm reduction (Boothroyd and Lewis, 2016).

Online research methodologies

Studies of prejudice drawing upon online sources of data have used participant inclusive, action, and emancipatory methodologies (Boylorn, 2013; Mehra, 2004). Such studies have also commonly used internet forums as a source of data. Social media can assist in making prejudiced contexts productive by enhancing solidarity and cultural citizenship (Johns and McCosker, 2014a; Johns and McCosker, 2014b). Internet forums are an important site for prejudice as they can promote cultural empowerment by allowing prejudice to be re-imagined (Bosch, 2008). Internet forums have also been seen to assist in the development of 'intermediaries' - peer mentors that help bridge the gap between prejudiced persons and institutional authorities (McCosker, 2017; McCosker and Hartup, 2018). These intermediaries take on responsibilities supporting others, promote empathy and assist in the re-framing of negative or prejudiced representations concerning members (McCosker, 2017; McCosker and Hartup, 2018). In terms of the relationship between digital technologies and research

concerned with prejudice, examples of participant inclusive methods include: the maintenance of a blog by a self labelled 'black-feminist', consisting of a significant portion of autoethnographic material and involving engagement with the blogging community (Boylorn, 2013); the analysis of women experiencing disability using forum archives and a community produced participant reflection narrative, which includes two community members as co-authors of the final research paper (Cole, Nolan and Seko, 2011); and the training of African-American women to use digital technologies, in order to empower them as online information disseminators and technology trainers (Mehra, 2004). There are three main concerns for adapting ethnographic methodologies for action and emancipatory research in online contexts. The first concern is the accessibility of data on groups experiencing prejudice. While this accessibility can seem beneficial, it presents complications with regards to intersections. The second regards belonging and identity. There is specificity in using discussion forums as fieldwork sites and complex boundary work at a sociocultural level. The third concern has a more technological focus - how far does a networked discussion extend across platforms?

Mehra (2004) has argued that internet contexts can be an important source of data for understanding prejudice, because online contexts assist some disadvantaged persons with expressing identity and constructing community with other marginalised members. Mehra (2004) identified the enabling characteristics that the internet provided to low income families, sexual minorities and African-American women. McDermott and Roen (2012) have also suggested that the internet is an important tool for managing the stress associated with identifying with a prejudiced identity. Online contexts can provide an opportunity for the study of some groups on which it has been hard to gather data using more traditional research approaches. However, online anonymity has been a significant component of the internet for such groups, and the rise of platforms such as Facebook that encourage participant identification may undermine the value of social media for those who experience prejudice (McCosker, 2017).

Yet, while research of prejudice within an online context can assist in reducing disparities in technology access for socioeconomically disadvantaged groups in ways that are supportive of the needs of those experiencing prejudice (Mehra, 2004), it can also reinforce stigma and marginalisation. The voices of people from socioeconomically disadvantaged backgrounds are still under represented on the internet (McDermott and Roen, 2012).

Much research concerned with prejudice that uses online research methodologies has been concerned with responsibilised identities and their relationship with health. There have been numerous online studies of anorexia (Brotsky and Giles, 2007; Gavin, Rodham and Poyer, 2008), people who self-harm (McCosker and Hartup, 2018; Smithson, Sharkey, Jones, et al., 2011) and PWUD (Deluca, Davey, Corazza, et al., 2012). Other health concerns, such as HIV/AIDS (Gillet, 2003) and autism (Benford, 2008) have also been addressed. Much, but not all such research, has been participant exclusive. Ethical concerns about harvesting data without consent often seem to be quashed in favour of public health (Deluca, Davey, Corazza, et al., 2012). Youth has also been a common theme in research concerned with responsibilised identities that uses online research methodologies (Blanchard, Mecalf, Degney, et al., 2008; Burns, Durkin and Nicholas, 2009; Dehaan, Kuper, Magee, et al., 2013).

The boundaries of online environments are continually redefined in social exchanges, providing fluidity to researcher and subject identities, as well as making distinctions between physical and virtual realities less clear. My participatory experiences within online drug forums were important in this regard. These experiences enhanced my communication with participants and my understanding and attentiveness to the networks and boundaries relevant to PWUD on social media. This is important, because conceptualising relationships between different responsibilised groups can be difficult (McDermott and Roen, 2012). Such situations are complicated by 'information poverty' in which responsibilised groups have limited information resources representing their world view, are suspicious of outsider information, and engage in deception to maintain sense of control (Lingel and Boyd, 2013). Information poverty institutionalises stigma and marginalisation by undermining communication and mediation between responsibilised communities and society, but does not necessarily imply deficits in access to information unrelated to the responsibilised behaviour (Lingel and Boyd, 2013). The same occurs when distinguishing between responsibilised groups. Ashford (2009) makes an important point by emphasising the central role of research in transforming theory, including transformation of the accompanying responsibilisation. To be inclusive of responsibilised persons within a research project, the research approach cannot be fixed. The approach must be fluid and subject to ongoing reconfiguration to ensure that participants retain power (Cole, Nolan and Seko, 2011). This is why I engaged with AusDD participants' in the project thread and took on their suggestion that I promote the study on Facebook. Participants acknowledged their affiliation with the Australian Harm Reduction Facebook page and move between AusDD and the Facebook platform. Before

understanding this, I had restricted my engagement to AusDD, because I wanted to connect with participants in their own space, but this changed as I responded to AusDD participants' understandings of their boundaries.

Online data sources have been seen to provide two central advantages, which are somewhat in opposition to one another. First, researchers tend not to engage in participation as a methodology when the object of research experiences prejudice, because participation may result in prejudice against the researcher. The anonymity of the internet provides an opportunity for researchers to observe or participate in responsibilised communities without being recognised, participation that communities may not permit if they were aware of the researcher's status (Ashford, 2009). Second, while the researcher self is traditionally absent from scholarship, the self (should it not be de-identified) tends to be more recognisable within social media. Participation in social media provides an opportunity to incorporate and mediate researcher identity alongside the project participants, while enhancing the visibility of responsibilised groups and combatting their exclusion from research product benefits. Participation in online communities makes advocacy and activism easier than within the context of academia, although social media and autoethnography do share characteristics of subjectivity, emotionality and reflexivity, which are essential to ethical representations of prejudice (Boylorn, 2013).

Research concerning responsibilised participants should provide participants with control over the research approach and its products, but such an approach is rare. Online research of behaviours against which health is prejudiced tends to exclude participants from the research process. A researcher taking advantage of internet anonymity to misrepresent themselves and investigate a responsibilised group without the involvement of this group poses an ethical concern, but in health contexts such concerns can be neglected. Brotsky and Giles' (2007) support for responsibilisation of anorexia functioned as an excuse for their intentional self-misrepresentation as researchers and for their gathering of data without consent. Their exclusion of the affected responsibilised group from the research process should inspire concern, as it encourages the further marginalisation of their research subjects.

Ethnographic methods of responsibilisation

To subversively impact on prejudice, concerned researchers should recognise that responsibilised groups are not powerless victims of mainstream society. Young members of minority races and cultures have been identified as a source of empowerment for these groups

due to their capacity to connect dominant and minority discourses (Ormond, 2008). Non-participant researchers have connected with participants by producing shared empathy, developing cross cultural trust and rapport (Bhopal, 2010). Research of race and culture has emphasised the difficulty of investigating the lives of 'the other' as researchers are often not members of the racial or cultural group attended to. This understanding has encouraged researchers to negotiate how the research process is undertaken with research participants (Agyeman, 2008). Similar to Agyeman's (2008) critique of the research of racial and cultural groups, Dowse (2009) has signified the importance of merging the roles of researcher and participant in disability research in order to undermine prejudicial assumptions and improve participant outcomes.

Variations of ethnographic fieldwork are a strong methodological trend in research projects concerning responsibilised groups. Ethnography is a useful tool in the research of these groups and variations of ethnography have been seen to assist in changing prejudicial contexts (Price and Hawkins 2002). Ethnography involves the use of one or more methodologies – such as researcher participation and interviews – in addition to participant observation. First, researcher participation develops relationships between researchers and research participants, providing opportunities to negotiate and challenge researchers' subjective assumptions about their research (Goodley, 1998). Participation in the culture being researched provides a way of connecting with research participants' subjectivities, and this enhances reflexivity. Second, formal interviews are frequently used as an additional methodology in ethnography alongside participant observation. Participation means data collection may be unstructured, occurring alongside an everyday conversation, for example (Cloke, Cooke, Cursons, et al., 2010). Surveys are another popular ethnographic tool, while less common methodological techniques used in ethnographic studies include additional dimensions such as photo editing, mind maps or narrative (Price and Hawkins, 2002; Goodley, 1998) in data collection activities.

For the study of responsibilisation, ethnography has the advantage of connecting understandings of researchers and participants. The positioning of an ethnographer as a participant in the culture being studied typically involves participation beginning with and for the purpose of the research project (Cloke, Cooke, Cursons, et al., 2010). The participation component of ethnography gives centrality to researcher subjectivity (Goodley, 1998), which can complicate the relationship between researchers, research participants and research objectivity (Cloke, Cooke, Cursons, et al., 2010). Researchers can criticise responsibilisations

by drawing on a reflexive account of the conditions of experience and its structural dimensions.

While peer ethnography has involved recruiting existing cultural participants and training them to collect data for the research project (Price and Hawkins, 2002), autoethnography focuses on the subjective experience of the researcher. Autoethnography generally requires the researcher themselves to be an experienced participant in the subject of research prior to initiating the research project, although this is not strictly the case, as the process of becoming a participant can be a valuable focus of autoethnography (Lally, 2015). This participation allows autoethnography to position researchers as subjects in their research and allows researcher experience to become data. Furthermore, another advantage of autoethnography is that the researcher experiences the subjectivity belonging to the cultural group being researched, rather than simply observing it. Yet autoethnography has been drawn on to a lesser extent than ethnography to investigate responsibilised identities. This is likely due to the dangers of associating oneself with such responsibilisations. For the researcher, associating the self with deviant practices can threaten their right to label themselves a scholar (Meyer, 2005).

Autoethnographies that acknowledge a researcher's consumption of a substance conforming to the definition of 'drugs' used by this thesis are rare. I have only seen products of two instances of such research. Harris (2015) has acknowledged that her experience as a PWUD improved her capacity to communicate with interviewees, while Wakeman's (2014) saw his history as a PWUD as providing a unique researcher position as an insider and outsider, generating important cultural knowledge and assisting questioning. However, both Harris (2015) and Wakeman (2014) identify as former rather than continuing PWUD, and thus present their positions at some distance from their drug using experiences.

I am yet to encounter an autoethnography undertaken by a researcher identifying as person who currently uses drugs. It seems likely that this lack stems from the responsibilisastion of PWUD almost universally. For obvious reasons relating to prejudice, legal and employment repercussions, researchers tend to be unwilling to reveal details of their own illegal activities. Discussing the illegal activities of others poses less threat than discussing the illegal activities of the self, and for this reason autoethnographies of others' drug use are more common than autoethnographies considering personal drug use (Ettorre, 2013; Roushanzamir, 2009). Self-preservation is at play here. Tupper and Labate (2014) have suggested the value that drug

experiences may pose to drug researchers, and while there are undoubtedly many researchers who use drugs, the controversial character of this behaviour means that researchers are unlikely to acknowledge it as it could result in criminalisation, employment termination or other social problems. Blackman (2007) has touched upon this issue in discussion of 'hidden ethnography,' acknowledging a trend in which researchers withhold contentious empirical data from publication.

Action research is a less common but notable research methodology in research of responsibilised groups. Action research is inextricable from concepts of advocacy and activism, promoting action regarding a specific issue. Action research attempts to have an influence on culture at individual, institutional and social levels, and have sought 'equitability' in critical response to exploitative and voyeuristic research approaches (Hodgetts, Stolte and Groot, 2014). Like action research, participant action research is also concerned with the promotion of action in response to a problem, but includes the additional dimension of including people influenced by the problem as researchers. Participant action research validates the knowledge of responsibilised research participants and provides them with the same power as researchers to avoid reiterating their responsibilisation (Rodriguez and Brown, 2009). Participatory action research provides a means of critically analysing dominant approaches to research (Rodriguez and Brown, 2009), and is in this way aligned with critical social research. Both of these research styles have been sources of empowerment for responsibilised groups and have been attributed responsibility for the emergence of an additional approach, emancipatory research (Barnes, 2003).

Emancipatory research is concerned with empowerment, enablement and inclusion of responsibilised identities within society and aims to ensure the significance of the research outputs to the research participants. In this research approach, participatory research is a prerequisite (Barnes, 2003). Emancipatory research is reliant on the 'social model' which is wary of the context of prejudice, such as the theorisation of disability as social oppression. This approach aims to combat the symptoms of responsibilisation, contending that these contexts are best understood by the people with experiences of the accompanying responsibilisations. It has been suggested that emancipatory research can be undertaken by people who do not belong to responsibilised groups, but that emancipatory researchers must put themselves at responsibilised groups' disposal and involve research participants at all levels of the research project (Barnes, 2003).

In this thesis, I identify as a member of the responsibilised group being studied, but do not draw upon descriptions of experiences in online PWUD communities as a researcher might when employing another methodological approach, such as autoethnography. Instead, I use my own experiences to enhance reflection upon discourse in a way that promotes cohesion between policy and PWUD. This involved participation in AusDD and other social media supporting drug use before and during the undertaking of this project. In this way, my methodological approach draws upon action, emancipatory and critical social research. This thesis critiques the responsibilisation of drugs using a reflexive approach in which I acknowledge the online, experiential context of drugs, while considering the AusDD forum as a specific research object.

Responsibilising research concerning online drug discussion forums

Studies of PWUDs' contributions to social media have rarely acknowledged the responsibilisation of PWUD and are most frequently undertaken from a public health or medicine perspective. These same perspectives are often in a state of conflict with PWUD ideologies. The Psychonaut Mapping Project (PMP) and Recreational Drugs European Network (Rednet) projects are perhaps the strongest examples of this. These projects both analysed PWUD on a variety of social media in order to identify NPS for the purposes of producing an early warning system consisting of information on little known substances. A prevention agenda permeates much research concerning PWUD, and often stems from organisations funding research. The National Institute on Drug Abuse (NIDA) for example, has supported a number of research projects concerning PWUD (Murguía and Lessem, 2007; Tackett-Gibson, 2008). A prevention agenda can often be seen to permeate these associated projects as they encourage the framing of drugs problematically through attention to abuse and harm. Like the PMP and Rednet projects, projects undertaken alongside NIDA have a health and medical orientation that undermines the authority of drug using participants.

The PMP was the most comprehensive study of online forums that support PWUD to date, consisting of an almost two-year-long project funded by the European Commission from January 2008 to December 2009. The PMP intended to create an early warning system for identifying and categorising emerging novel psychoactive substances (NPS) and drug use trends. Exploratory searches for generic search terms concerning novel psychoactive substances (NPS) (i.e. 'legal highs,' 'herbal highs,' 'smart drugs,' 'research chemicals') were conducted in eight languages by eight international research centres between one and five times a week. Two hundred and three (203) websites were identified and searched for

information regarding use, sale and availability of novel psychoactive substances. Of these websites, 21 were monitored daily, 32 weekly and 53 monthly for the project duration. The most popular web content was also copied to a dedicated server. Each research centre then created a descriptive outline of each NPS identified, which were consolidated in a single online database. It was suggested that this was the first-time limitations in scientific, peer-reviewed literature concerning pharmacological compounds had been complemented by forum content (Deluca, Davey, Corazza, et al., 2012).

Numerous papers were produced as part of the PMP, focusing on available information concerning emerging consumption trends (Siemann, Specka, Schifano, et al., 2006), giving attention to a variety of substances including synthetic cannabinoids (Schifano, Corazza, Deluca, et al., 2009). In comparison to the attention paid to drug objects, the PMP paid only minor attention to the cultural dimensions of communities associated with forums supporting PWUD (Davey, Schifano, Corazza, et al., 2012; Littlejohn, Baldacchino, Schifano, et al., 2005).

The PMP has been a powerful influence upon research of forums supporting PWUD. The Recreational Drugs European Network (Rednet) is a continuation of the PMP also drawing upon the early warning system approach. Rednet is also funded by the European Commission, and like the PMP is concerned with disseminating information regarding the risks and effects associated with NPS. Rednet differs from the PMP in its focus on testing of the content of allegedly psychoactive products for comparison to label claim, in addition to producing content drawn from the regular monitoring of web resources. Rednet also drew upon a reviews of drug prevention literature, an international survey of young people and health professionals and aimed to disseminate these project products online (Corazza, Assi, Simonato, at al., 2013).

The PMP and Rednet projects were extensive and utilised many researchers to review a huge quantity of online resources relevant to NPS. However, while the results certainly help fill a knowledge gap for health professionals with patients needing treatment for NPS, the projects do not give consideration to the systemic causes of the responsibilisation of PWUD. The prominence of terminology such as 'misuse' and 'addiction' in these projects' publications, and the relationship of these projects with groups concerned with reducing rather than supporting drug use are just two examples of the way that research concerning PWUD premised on health disciplines marginalise PWUD and perpetuate their responsibilisation.

Sensitive research concerning online drug discussion forums

The research of Kjellgren and Soussan (2014a; 2014b; 2015) highlights the development of a critical research methodology that works to avoid reliance on a pathologising drug discourse. Kjellgren has undergone extensive research of drug forums by researching the reporting of drug experiences. While this research has avoided a prevention agenda, it still relies on health ideology. Focusing on the substance 4-HO-MET, Kjellgren and Soussan (2009) searched Google and a range of drug forums to find experience reports, choosing to focus on the Swedish accounts because this data was more than ten times greater than that of English reports. The author then analysed reports using Karlsson's (1993) Empirical Phenomenological Psychological (EPP) method. Alongside Jonnson, Kjellgren (2013) has used this same method to investigate methoxetamine experiences, and synthetic cannabinoids alongside Henningson and Soussan (2013). Unfortunately, focusing on drug effects promotes responsibilisation via pharmacological determinism (Race, 2011). Undertaking research concerned with PWUD from within the discipline of psychology, without including PWUD in the research design has potential to perpetuate medical authority and to compound the disempowerment of PWUD.

More recently Kjellgren has moved away from the EPP method to a more simplified approach of thematic analysis, which is used to identify recurrent patterns of experience and more similar to the approach of this project. Alongside Soussan, Kjellgren has used this thematic analysis approach for researching the adverse effects of synthetic cannabinoids (2014a), ethylphenidate experiences (2015) and discussions of NPS on international forums supporting PWUD (2014b). The shift of focus of Kjellgren and Soussan away from pharmacological effects and health and towards community dynamics moves closer to understanding drug discussion forums in accordance with the perspectives of PWUD. Thematic analysis brought Kjellgren's attention to the support and safety mechanisms associated with drug forums for the first time in her research.

Similarly, Móró and Rácz (2013) have used an ethnographic approach that brings them closer to a non-stigmatising representation of PWUD. Móró and Rácz have investigated a single forum supporting PWUD in their review of the Hungarian website 'Daath' (2013). Based on ten years of participant observation, this project summarises Daath's history, community roles, policies, relationships with different drugs, online and offline activities, external relationships and future. While Móró and Rácz (2013) draw upon the problematic harm

reduction design, they acknowledge its limitations arguing that, 'in parallel with harm reduction, a comprehensive model of drug use outcome modulation should also accept the – sometimes hardly distinguishable – concept of 'benefit maximisation'' (p. 8). Sensitive drug policy research should consider these limitations (Race, 2009).

Móró and Rácz's (2013) study acknowledges distinctions between drug forums by contrasting party drug, psychedelic drug and comprehensive drug discussions. They claim that a perspective in favour of psychedelic drugs and against other drugs can discourage drug use that is seen to be more hazardous. However, by relating exacerbated harms to other types of drugs, consumers of these other drugs retain their problematic framing. On the other hand, Brown and Altice's (2014) analysis of the relationship between preference for buprenorphine and naloxone formulations and consumer self-management used data obtained from forums supporting PWUD and occupies a comparable position between medical/health science emphasis and PWUD advocacy to Móró and Rácz (2013). In Móró and Rácz's research, following a Google search for discussion boards using the terms 'buprenorphine,' 'naloxone,' 'Suboxone,' 'sublingual,' 'strip,' 'film,' 'pill,' 'tab,' and 'tablet', 13 forums were chosen for inclusion in analysis. From these forums, 121 threads active over the past two years were selected, each containing comparisons between buprenorphine tablet and film formulations. A grounded theory approach was then used 'to understand how the preference of drug formulation is mediated by one's desire to self-manage treatment' (p. 1019).

In their investigation Brown and Altice (2014) found that many participants sought to be independent managers of their own consumption habits. Participants were seen to try and avoid providing authority over their consumption patterns to medical professionals. The authors suggest the strategy of initiating the anonymous participation of such professionals within forums supporting PWUD in order to assist persons unwilling to be identified by their health carers as PWUD. Like Móró and Rácz (2013), Brown and Altice also draw upon forums supporting PWUD in a way that is critical of dominant health practices.

There has been a clear trend in a relationship between participatory research and sensitive/anti-responsibilising approaches towards research concerning PWUD. Móró (2013) underwent many years of participation in Daath before engaging in research. Barratt (2011; 2014) has been was inclusive of research participants from forums supporting PWUD and participated extensively on these forums herself.

Post-responsibilising research of online drug discussion forums

There is limited research that explores online drug discussion forums explicitly from the perspective of a post-responsibilising research design. Such a perspective is necessary for the inclusion and support of PWUD within research and broader sociocultural contexts. The work of Rosino (2013), Barratt (2011), Bilgrei (2016), Ekendahl (2014) and Månsson (2014) demonstrates such a strand of research, which critiques the responsibilisation of drug use. The discursive focus of Bilgrei and Ekendahl are perhaps the most illustrative in this regard, because they focus on the unique forms of knowledges expressed by PWUD, and how these knowledges are constructed. However, Månsson has laid valuable groundwork for connecting the content of forums supporting PWUD to debates concerning drug policy while acknowledging the context of PWUD perspectives.

Barratt (2011) considered a variety of forums supporting PWUD in her investigation of how the internet shapes drug practices of Australians who participate in public internet forums. Her project draws from both multi-sited and virtual ethnography, using three data components: participant observation, a survey and in-depth interviews. It involved the participant observation of 40 online field sites based around Australian drug discussion, the survey and/or interview of moderators and administrators from 22 forums, and the participation in project-promoting threads on 26 forums. Survey respondents were chosen through observation, and interviewees were identified through surveys. After data collection was complete, Barratt volunteered as a moderator on the Bluelight forum and began posting drug related articles on another platform. This approach to researching forums supporting PWUD is unique because it conceptualises their online context as concurrently a tool, a place, and an integrated component of everyday life.

Barratt has been a key advocate of including PWUD in research processes, and alongside Maddox (2016) has advocated for the use of online resources to research PWUD and responsibilised groups more broadly. These authors have argued that active engagement in stigmatised communities via digital ethnography can significantly improve research. It was also suggested that the pseudo anonymity of online forums can accentuate participants' capacities to engage in activism, because it reduces the likelihood of their identification as or association with PWUD. The primary activism tactic Barratt identified was the signification of substances that had tested positive for potentially hazardous ingredients, and the distribution of this information to PWUD. Like Barratt, Rosino (2013) has also studied

forums supporting PWUD without relying on a prevention agenda, by considering how PWUD are educated in drug use. Unfortunately, there was minimal participant inclusion in this project. Rosino (2013) analysed the forum 'DMT Nexus,' focusing on three subforums concerned with experience reports, drawing a randomised sample of 201 threads from these subforums. Rosino (2013) developed a unique methodology for analysing online communities that relies upon: 1) interpretive research, in which codes are developed in accordance with conceptualisation of a learning process; 2) conversational analysis, emphasising linguistics in the structure of thread discussions; and 3) grounded theory, in which Rosino produces a social learning model to explain how DMT-Nexus participants learned to access and consume drugs, recognise and experience drug-induced states, interpret drug-induced experiences, and to communicate knowledge and describe experiences.

Like Kjellgren (2009; 2013b; 2014a), Ekendahl (2014) and Månsson (2014) have also conducted studies of the popular Swedish forum 'Flashback.' Ekendahl's study is concerned with the discussion of heroin use and its relationship with discourses of normalisation and demonisation. Conducting an internal search of the forum, Ekendahl searches for 'reason heroin' (in Swedish). Choosing a single popular thread composed of 531 posts, the author codes this data thematically whilst drawing on narrative analysis. The posts in the thread are then structured as an overarching narrative, situated either at beginning, the middle, or end of a narrative about transforming from a recreational to a pathological person who uses opiates. Ekendahl is also attentive to how this narrative structure was supported or challenged within the thread. Ekendahl's (2014) study can be commended for its lack of reliance on medical and health ideologies. The author found that discussion perpetuated the responsibilisation of people who use heroin, claiming 'the construction of heroin as a 'death drug' will almost certainly endure in the neoliberal debate climate of many online message boards' (2014, p. 723). Ekendahl also found that heroin use was more likely to be portrayed as a process of pain minimisation than pleasure maximisation and saw a consensus among participants that heroin use could be unproblematic and irrational at the same time.

Månsson (2014), also focusing on Flashback, considers discussions of alternative *Cannabis* policy using discourse theory. Månsson (2014) claimed that the participants in his study could be characterised as primarily neoliberal, favouring minimal government controls and the empowerment of individuals. This contrasted to minority participant support for welfarism, which favours governmental responsibility and support of vulnerable groups. Dwyer and Moore (2010) have emphasised that concern with neoclassical economics is

limiting researchers' capacities to understand drug markets, calling for researchers to move beyond criminological understandings of PWUD. This is similar to Ekendahl's (2014) and Månsson's (2014) identification of the relationship between neoliberalism and drug prejudice. Both neoliberalism and neoclassical economics represent static, moralising discourses that undermine capacities to understand and support social relations and processes pertaining to PWUD by inherently responsibilising drug related behaviour.

The terms 'legalisation' 'decriminalisation' and 'liberalisation' were identified by Månsson (2014) as empty signifiers, while *Cannabis* is recognised as a floating signifier. Participants were not able to identify the functional differences between these policy designs, and they were seen to be empty signifiers because reference to these designs had little meaning besides implying the rejection of prohibition. A floating signifier is a term that has conflicting meanings attributed to it depending on the subjectivity identifying the meaning. Månsson saw the meaning of *Cannabis* to be highly flexible as participants were seen to define *Cannabis* in accordance with either pro or anti-drug ideologies, depending on their subjectivity. Månsson (2014) concludes by emphasising participant ignorance of alternative policy designs to prohibition. There is a clear deficit of discussion of alternative drug policy design within the research literature.

Månsson (2014) is the only other researcher that has been attentive to drug policy discussion on online forums, yet Månsson has focused on the broad public forum Flashback rather than a forum with an explicit drug focus. Ekendahl's study of heroin discussions (2014) within Flashback found that participants were highly critical of people who use heroin. In contrast, Månsson found extensive support for liberalising *Cannabis* policy. Interestingly, Flashback participants appeared more supportive of people who use *Cannabis* than people who use heroin, and this parallels stigma between different groups of PWUD based on drugs of choice as well as contemporary trends in liberalising drug policy. It appears easier for members of the general public to support *Cannabis* use than for them to support heroin use.

Bilgrei's (2016) investigation of changes in understandings of synthetic *Cannabis* also avoids the use of medical and health ideologies. Following six months of passive observation on a single forum containing the largest amounts of posts related to drug use in Norway (260 000 posts), threads emphasising synthetic cannabinoids as the main discussion topic were chosen for analysis following internal searches for 'synthetic cannabinoids' 'JWH' and 'spice.' Interviews of fourteen people who used synthetic cannabinoids were recruited from the forum

were also drawn upon. This resulted in the identification of three discursive phases relating to synthetic cannabinoid use: 1) enthusiasm; 2), scepticism; and 3), rejection. Despite the sensitivity towards PWUD implied be the research method, research publications still frame synthetic cannabinoids in a way that is ultimately problematic. Synthetic cannabinoids are certainly one of the most stigmatised NPS, and these substances were portrayed by Bilgrei's study as closer to Ekendahl's (2014) representation of heroin than Månsson's (2014) representation of *Cannabis*.

As Barratt (2011) has found, forums supporting PWUD and the internet more broadly can be understood as integrated components of everyday life. Gatson (2007) has argued that there is no real 'virtual world.' Besides the reliance on technology, what Gatson saw as unique about these online spaces was their capacity to make it safe to express things that were not safe to express in other contexts. Gatson (2007) has suggested that online contexts are valuable deliberative spaces for the discussion of issues perceived as risky because these contexts are easier, cheaper and more sustainable than deliberative spaces in offline contexts. Online PWUD contexts offer a wealth of data on the informal policies of PWUD communities that is particularly hard to access offline.

Barratt's (2011; 2017; Barratt and Maddox; 2016) extensive work as and advocacy for participant researchers within the context of online drug forums led me to apply my research skills to a drug forum in which I participate. Both Ekendahl (2014) and Bilgrei (2016) avoid reliance upon health and medical theory, instead focusing on how forum participants understand their drug topics of concern. Both of their studies identify and analyse popular threads relevant to their topics, and I have drawn on these approaches in the methodological design pertaining to this thesis. Gatson (2007) has acknowledged the importance of online spaces for deliberation concerning responsibilised identities and Månsson (2014) has observed deficits in understandings of alternative drug policy designs. These studies encouraged me to analyse the AusDD forum to learn how PWUD understand drug policy, in hope that these understandings might help compensate for such a deficit.

Bluelight: an iconic drug discussion forum

The internet forum Bluelight.org was a source of data in the PMP's investigation of emerging NPS. The PMP described Bluelight as a leading edge, internationally oriented drug discussion forum with open access (Deluca, Davey, Corazza, et al., 2012). Bluelight has also

been a focus of the project replacing the PMP, the Rednet Project (Corazza, Assi, Simonato, et al., 2013). These two projects represent the most comprehensive study of forums supporting PWUD, yet neither have produced a focused analysis of Bluelight content, and publications by researchers from these projects suggest no real concern with or attempt to mediate the problematic context of the PWUD they are researching. The PMP and its continuation as the Rednet project are concerned with understanding broadly defined PWUD groups, focusing in particular on drugs of choice (Siemann, Specka, Schifano, et al., 2006) and give comparably only minimal attention to other PWUD discussion (Davey, Schifano, Corazza, et al., 2012).

Brown and Altice (2014) have used Bluelight to understand PWUD's consumption preferences, while Kjellgren and Soussan (2015) have used Bluelight as a valuable resource for collecting experience reports. Brown and Altice consider Bluelight as one of thirteen sources of data concerning buprenorphine/naxolone film and tablet formulations, and Kjellgren and Soussan consider Bluelight as one of eight sources of ethylphenidate experience reports. As is the case for the PMP and Rednet, these two studies are concerned with drawing broad conclusions from forums that support PWUD and do not illuminate the unique contexts of individual forums. The same is the case for Kjellgren and Soussan's (2014b) investigation of discussions about NPS on international internet forums. They analyse Bluelight alongside two other forums, making little differentiation between the three.

Monica Barratt has been responsible for giving scholarly emphasis to the character of the Bluelight forum as an online community supporting PWUD. Barratt has spent many years as a participant and administrator on Bluelight. Her PhD thesis (2011) drew upon these activities, in addition to online interviews and an online survey. Barratt, Allen, and Lenton (2014) have discussed Bluelight within the context of a media event, and Barratt (2017) has also commented on its support of public health research in response to the responsibilisation of Bluelight by other research. Her ongoing Bluelight participation experience enhances her attention to digital contexts concerning PWUD in her research of PWUD and online communities.

A study by Månsson (2014) is the only research project I have seen that directly connects PWUD discussion on a forum to drug policy. This project provides a unique methodological approach for investigating PWUD and drug policy within the context of AusDD that could prove useful in this emerging field of online drug policy research and perhaps the research of

responsibilised subjects more generally. Inspired by deficits in the PMP and Rednet projects', this thesis aims to compensate for a neglect of sensitivity and participant inclusion within research concerning PWUD. The thesis also seeks to address a research gap concerning the qualitative analysis of a specific, individual drug forum. Most research of drug forums draws on a variety of forums without emphasising their distinct characters (Brown and Altice, 2014; Kjellgren and Soussan, 2015). There have been few studies relying primarily on Bluelight content for data (Barratt, Allen and Lenton, 2014; Barratt, 2017), and even fewer studies directly connecting drug forum discussion to drug policy (Månsson, 2014). This is the first study to consider the relationship between a Bluelight forum and drug policy, and the first to consider the relationship between any drug forum and Australian drug policy.

Chapter summary

Participant inclusion with the intent of sensitivity and participant empowerment is important in the research of prejudice. Responsibilised research participants should have at least equal, but preferably, greater control over research than non-participant researchers. The same goes for the politicisation of people experiencing prejudice. Through the lens of participant inclusion, these people should have greater influence over the policies affecting them than formal policy makers. Action, emancipatory, and critical research methodologies are crucial to such approaches, as are variations of ethnography. Participant inclusive methods enhance reflexivity, encourage innovative strategies for collecting and interpreting data and challenge dominant approaches towards the production of knowledge. The types of participative method able to be employed in responsibilisation research are influenced by the specific responsibilisation in question.

The internet is valuable for the research of responsibilised subjects because it can provide a wealth of data concerning responsibilised groups that can be otherwise hard to access. Digital technologies can also help ensure responsibilised research participants retain power over the research project. However, relying on the internet as a source of data produces new problems and ethical concerns. Unfortunately, participant inclusive methods have been uncommon in online research of responsibilised subjects.

I have suggested that deliberative engagement and a reflexive approach to designing and undertaking research and policy concerning PWUD are strategies for pursuing a post-responsibilising context for PWUD. I suggest that policy designs focused on providing highly

specific resources to highly specific groups and on treating the symptoms of responsibilisation are unlikely to undermine responsibilisation. More promising for responsibilisation are policy designs that are diverse and flexible in the type of resources they provide and to whom they provide them. Such policies should acknowledge the changing nature of prejudice and be attentive to the problems caused by the policy design itself.

Research sensitive to the responsibilisation of PWUD is limited. Research concerning PWUD tends to responsibilise drugs and exclude participants from research processes. This tendency is likely encouraged by the lack of positive drug discourses, although the counter discourses produced by drug communities and other publicly inaccessible discourses can help compensate for this shortfall. The most substantial research projects concerning PWUD that investigate online forums have been grounded in drug prevention agendas. This same problem is observable in most instances of using online data to research PWUD. Health and medicine are the predominant theoretical framings of drug use, and these framings have emphasised issues such as addiction, injection, HIV and hepatitis and have typically been accompanied with negative understandings of drug use. Public health drug education has also contributed to the institutionalisation of PWUDs' responsibilisation. Social media, particularly online forums, have helped develop research concerning PWUD in ways that challenge traditional understandings of medicine and health. There has been a shift towards participant understandings of drug use, and it has been shown that a medical/health framing can be developed using forums supporting PWUD without responsibilising PWUD.

The next chapter concerns methodology. It covers three participant inclusion strategies that were relied upon in the production of this thesis: researcher participation; the maintenance of an online presence; and the inclusion of Bluelight's director of research in an advisory capacity. I discuss my critical approach for identifying drugs, which aims to move beyond pharmacological and policy-based definitions. Then, I outline the thematic analysis methodology, before providing descriptions of how this methodology was applied to the different drug policy topics considered by this thesis. Finally, I discuss the ethical considerations that have been relevant to this study.

Chapter 2: Methodology

In Chapter 1, I reviewed research concerned with PWUD. I gave special attention to research that emphasised responsibilisation, discourse, online forums and policy design. I concluded by reviewing research that relied upon the Bluelight forums for data, articulating the unique context for this thesis, which is the first project to consider Bluelight in relation to drug responsibilisation and policy.

In this chapter I begin by outlining the relation between PWUD, responsibilisation, policy and the methodological design used in this research project. I then continue this outline in relation to participant inclusive research and describe the three participant inclusion strategies I used in the production of this thesis. I go on to discuss thematic analysis and provide a detailed review of this methodology as it was applied to each policy issue, before explaining the relevant ethical considerations.

Methodological design in previous research

As I showed in the previous chapter, theoretical underpinnings of research concerning PWUD have tended to be framed via medical discourse, which has encouraged understandings of PWUD as problematic. Research concerning PWUD undertaken with medical and health disciplines have emphasised PWUD that inject, are experiencing illness and that are using drug treatment services. In this thesis I aim to move beyond framing drug use as hazardous and PWUD as deviant. While medical research has been important for managing the rapid spread of health problems, the neglect of healthy people who use drugs by such research encourages problematic perceptions of these people.

In this thesis, I further develop the relationship between Australian drug policy and online contexts that Hughes and Lancaster (2013) have touched upon, inspired by Duff's (2012) application of more qualitative methods to PWUD and drug policy research. The methodological approach I use emphasises participant inclusion and uses a critical approach to define drugs, taking shape as a version of qualitative thematic analysis. Many studies focusing on the relationship between PWUD and drug policy have relied upon interviews and surveys. Duff (2005a; 2005b; 2006; 2009) connected the results of surveys and interviews of PWUD within urban contexts of Melbourne to discussion of harm reduction policy. Hughes, Ritter, Cowdery, et al. (2014) used findings from a study involving a subsample drawn from the 2012 Illicit Drug Reporting System with a discussion of drug trafficking and personal use

policies. Hughes and Lancaster (2013) have also connected the results of an online survey of youth regarding attitudes concerning drugs to contemporary drug policy strategies. Drawing on Graham's (2008) techniques for identifying political discussion, I expand perception of drug policy to include PWUDs' informal policies. Graham's (2008) technique has two steps. The first involves the identification of statements connecting topics to broader social concerns, while the second involves the response of other participants to these statements. Drawing on Duff (2009), Hughes and Lancaster (2013) and Graham (2008), I identified policy discussion using three types of keywords, those related to political processes and products, policy designs and sociocultural groupings.

Hughes and Lancaster's (2013) work with young PWUD has given the most substantial attention to the relationship between internet drug use contexts and Australian drug policy. In this study, the authors highlighted the lack of participant concern with drug law enforcement, in contrast to concern with the impact of drugs upon income and work participation. Hughes and Lancaster suggest that drug policy parallel these participant concerns. However, the focus on quantitative results fails to capture some of the more unique dimensions of informal drug policy, and thus misses some of the important lessons that drug using communities can offer to formal Australian drug policy. Hughes, Ritter, Cowdery, et al.'s (2014) investigation of the extent to which participants understood drug trafficking policies inevitably highlighted knowledge gaps about legal threshold quantities in different groups of PWUD. Without allowing participants who use drugs to provide researchers with more qualitative responses regarding their own opinions on policy, studies of the relationship between PWUD and drug policy will inevitably highlight deficits in PWUD knowledge of drug policy. This was not the case for Duff (2009), whose more qualitative approach allowed for the identification of unique practices of care emerging from the informal policies of drug using communities. Duff argues that these informal policies are allowing access to existing, 'natural' resources that should be drawn upon to enhance harm reduction practice and improve the efficacy of policy.

Of the research literature that was reviewed in Chapter 1, the approaches of Barratt (2011), and Móró and Rácz (2013) have been particularly influential in the design of this project. Firstly, these researchers are highly critical of the responsibilisation of PWUD. Secondly, these researchers underwent periods of unstructured participation in the online drug forums being investigated prior to initiating their research projects. A comparable approach has been used in this project. I have had a Bluelight account since 2010. I also participate in and

monitor a variety of other online communities supporting PWUD and have been an Erowid volunteer since 2015. These participatory experiences assist criticising PWUD responsibilisation.

Bilgrei's (2016) analysis of discourses concerning synthetic cannabinoids on an undisclosed Norwegian forum has also been a source of inspiration for my work in this thesis. As Bilgrei has selected the forum with the most detailed discussion relating to drug use in Norway, the focus of this project, the Australian Drug Discussion forum of Bluelight.org (AusDD), is the most detailed discussion site relating to drug use in Australia. Selection of AusDD for analysis also bears some similarity to the approach of Green and Moore (2013) and Dwyer and Moore's (2013) attention to dominant discourse. AusDD is the most prolific, accessible online space permitting the self-expression of Australian PWUD and can be considered one of the most significant, dominant discourses relating to Australian PWUD online.

Tupper's (2008) critical discourse analysis of a high school drug education text also contributed to the methodological design of this project. I have applied his strategy of identifying and analysing specific lexical choices significant to discourses concerning drugs to consider how these discourses function in contexts more relevant to PWUD. The focus on discourse relevant to PWUD in this project, as well as the emphasis of policy designs, can also be compared to Månsson's research approach (2014). In Månsson's study, discussion of policy designs was limited due to a lack of understanding of policy design alternatives to prohibition. The method employed in this project identified policy discussion more broadly through attention to political processes and products, broad sociocultural groupings, and specific formal Australian policy events, in addition to existing and conceptual policy designs. There is trouble in applying conceptual policy designs to specific contexts due to their utility as interrogatory approaches rather than totalising frameworks. In this thesis I show that deliberative engagement and enabling environment designs can be useful for conceiving of new policy designs and processes for managing responsibilisation.

Participant inclusion

I positioned this thesis within the field of research sensitive towards the responsibilisation of drugs. The literature review emphasised the contribution of participant inclusive methods (such as ethnographic, action and emancipatory approach variations) to responsibilisation research. Participant inclusion is important when researching responsibilised identities and

contexts in order to have a positive impact on and to avoid compounding sociocultural disadvantage.

Monica Barratt's (2011) doctoral thesis identified the primary limitation of online research concerning PWUD as the conceptualisation of online resources relevant to drug uses as tools, rather than as places or as a dimension of day to day life. Research that draws upon forums supporting PWUD as resources to supplement the knowledge of health professionals is important for the improvement of health services, but ultimately it both responsibilises PWUD and limits conceptualisation of forums supporting PWUD to information sources.

Conceptualisation of forums supporting PWUD as spaces, or as components of day to day life requires an understanding of how participants interact with forums supporting PWUD. Trying to research forums in such a way depends on an extent of participant inclusion, because this is the only way that their interaction can be understood. Treating forums as informational tools or archives downplays the greater context of which their content is part. Whilst my thematic analysis can be criticised in this way, its grounding in participatory experience and engagement assists in the acknowledgement of the political context in which the analysis is embedded.

Maddox, Barratt, Lenton, et al. (2016) have argued the importance of researchers maintaining active digital engagement by participating in online communities pertaining to stigmatised and criminalised people. One advantage of this engagement is that it provides an opportunity to trace the way participants move through digital environments. Researchers that analyse web content as if it were an archive are unable to understand how participants interact with this content. In Maddox, Barrat, Lenton, et al.'s (2016) study of the crypto market, Silk Road, the mapping of these movements, or 'flows,' illustrated the volatility and dynamism of the darknet.

While the analysis of data in this research project is certainly more akin to archival research than Barratt and Maddox's (2016) ethnography, my participation experience in online drug environments allows me to understand the positioning of Bluelight in relation to other sites relevant to PWUD. This was influential upon the selection of AusDD as the site of analysis. Participation in online drug environments allowed me to identify AusDD as the most substantial, online Australian drug discussion. The identification and selection were the result of mapping public online drug using communities.

Barratt and Maddox (2016) also saw active engagement as providing researchers with a unique opportunity to gain feedback from participants during the development of a research project by presenting some findings to them. This proved difficult in my project because much of my participation occurred prior to the commencement of research. Some feedback about my study was sought via the project thread, but the research material I collected for analysis was so voluminous that it did not seem appropriate to try to summarise it on the forum. Furthermore, the public character of the forum discouraged me from posting of preliminary findings there. In hindsight, this project certainly could have benefitted from Barratt and Maddox's (2016) strategy of attending participant meetings for the purpose of discussing the project's early findings with participants. Unfortunately, as far as I was aware, no meet-ups for AusDD were organised during the undertaking of this project.

Active engagement was seen to help Barratt and Maddox (2016) understand acceptable norms, namely the matching of technical protocols with those favoured by the Silk Road community. Knowledge of norms is important because it can help achieve more intimate relationships with the research subject. My interaction with participants as a researcher was minimal, but my previous engagement activities were of great value to my efforts to identify different drug issues. This encouraged my attention to the term 'addict' because I have frequently seen conflicting discussion concerning this term between PWUD on social media. It also resulted in attention to natural highs in order to encapsulate an emerging trend in drug use throughout the internet. My participation experiences also helped me understand discursive norms and construct the extensive search term lists pertaining to *Cannabis*, NPS and natural highs.

Active participation has also been seen to empower hidden and stigmatised populations while reducing the power of the researcher (Barratt and Maddox, 2016). This is the most important dimension of participant inclusive research within the context of researching responsibilisation. This dimension relates to the problem I have discussed regarding the framing of research concerning PWUD in accordance with disciplines of health and prohibition. One solution to this problem is framing research concerning PWUD in accordance with PWUD ideologies, and the best way to achieve this is through participant inclusion. Barratt (2011), Móró (2013) and I have each become researchers and used this position to investigate social media supporting PWUD with which we were already familiar. But all three of us are in privileged positions as researchers, and some of our education has occurred outside of PWUD ideologies in academic disciplines that typically responsibilise

drug use. This may be one reason why researchers identifying with communities of PWUD appear to be so underrepresented in research concerning PWUD. Surely there are numerous researchers with experience in these communities, but disciplinary training and associations generally do not permit researchers to be 'out' about their drug use.

Barratt (2011) and Móró's (2013) respective projects and the project presented here can be considered to perpetuate the responsibilisation of PWUD in a limited way due to our affiliation with institutions that further anti-drug ideologies, but some change must be pursued from inside the institutions in which change is sought. Even in the comparatively liberal spaces of universities and research organisations, studies of PWUD often struggle to get ethics approval, and drug use by employees can be considered grounds for expulsion or termination of employment. While a time in which such attitude changes occur may be approaching, engaging in research concerned with PWUD as a self-identified PWUD is difficult. This contrasts with studies of other responsibilised groups, where there is more acceptance that researchers with experience of their topic can be more equipped than others to engage in serious research studies, including research pertaining to race and gender (Boylorn, 2013). Drug use is one of the most responsibilised behaviours in contemporary western societies like Australia.

A potential solution to this problem, besides changing the policies that enforce the responsibilisation of drugs, is the training of participants as co-researchers. Peer ethnography achieves this to a degree, although participants are trained solely to collect data, rather than to assist in its interpretation (Price and Hawkins, 2002). There are two examples of alternative methods that have provided responsibilised participants with an equal, if not greater status than non-participant researchers by utilising the internet. The first is the 'Afya' participatory action research project (Bishop, Mehra, Bazzell, and Smith, 2000), which pursued the empowerment of black women by assisting with the integration of internet use into their lives. Participants defined their own intended outcome of their research participation in accordance with personal views on wellbeing. This had a positive impact on responsibilising sociocultural dynamics and undermined the influence of the stereotyping and marginalisation forces upon participants. The second is Cole, Nolan and Seko's (2011) reflective narrative enquiry into an online community composed of women with disabilities. This project also empowered people experiencing responsibilisation through their inclusion in research as researchers. It resulted in a community produced participant reflection narrative, as well as the inclusion of two community members as co-authors of the final research paper. This is an

important area for future research concerning PWUD. The PMP (Deluca, Davey, Corazza, et al., 2012) and Rednet projects (Corazza, Assi, Simonato, et al., 2013) have illustrated the immense breadth of the knowledge held by PWUD and shared on online forums and have shown that this breadth even outstrips knowledge in scholarly contexts. Empowering forum participants with the resources required to conduct research is likely to improve knowledge about drug use in ways that scholarly disciplines have failed, because the capacity of these disciplines to understand, interact and experience drug use is fundamentally limited.

The internet provides a unique opportunity for research because social media enhances access to communities associated with responsibilisation (McDermott and Roen, 2012). Perhaps the expansion of internet use has been accompanied with the expansion of such communities because it allows participation to be undertaken more privately. Alternatively, perhaps the expansion of the internet has simply resulted in these communities becoming more apparent to researchers. The internet certainly provides a unique opportunity to study groups for which it has been difficult to gather data using other approaches. Unfortunately, despite this emergent opportunity, there has been minimal use of participant inclusive methods in research of responsibilised subjects, particularly within research concerning PWUD. My thesis aimed to compensate for this deficit, and in doing so drew upon three participant inclusion strategies: 1) my own extensive participation in the research context prior to commencing this thesis; 2) maintaining my online presence for the project, including developing a project thread, blog and Facebook pages seeking feedback and aiming to connect the project to research participants; and 3) the appointment of Monica Barratt, an active participant and Bluelight's director of research, to the supervisory panel of this doctoral research project in a research advisory capacity.

Researcher participation
While the forum administrators in Tackett-Gibson's (2008) project discouraged researcher participation in forum supporting PWUD because they believed it could develop participant distrust, my experience in this project suggested that opposite of these administrators' claims was true. The more I participated in AusDD as a researcher in order to discuss my research, the more participants responded in kind and shared their opinions on the project. Every post I made in the project thread received numerous responses, and it seemed that my participation here improved the trust between participants and I.

I identify as a member of online PWUD communities, but this participation was not drawn upon as analytical data for this project. This participation is important because it has helped

construct a unique perspective that aims to counter the responsibilisation of PWUD in order to provide support for these people – it has produced an approach of criticising responsibilisation of drugs. Any researcher comes to their topic with perspectives shaped by their life experiences. I acknowledge that my experiences participating in AusDD, the Bluelight forums more broadly and other online communities with PWUD participants have had a definite impact on the way in which this project was carried out, particularly upon the representation and interpretation of drugs and drug policy. There is a distinctive anti-prohibition position permeating this thesis and this is likely to have contributed to the emphasis of problems associated with prohibition policy throughout. An elevated prominence of prohibition critique seems to be a perspective shared by many AusDD participants, and perhaps participation in this space has helped develop this position.

My participation experiences also led to attention to the drug group of natural highs. Discussion of psychoactive substances obtained from plants, fungus and animals makes up a notable portion of discussion throughout online PWUD communities. Besides the term 'entheogen,' which is coupled with more complex philosophical connotations (Elcock, 2013; Tupper, 2002), there are few framings of drugs that do not rely on chemical, medical or psychological theories or paradigms. The concept of natural highs is important because it permits the concept of 'drug' to be understood outside of frameworks that typically condemn drug consumption. The identification of natural highs is also supportive of an anti-prohibition perspective because these substances have greater accessibility than other drugs within this context. This access also puts PWUD in a better position to understand the composition of natural high products than other drugs obtained on a black market.

My previous participation in forums supporting PWUD has also had a direct impact on the methodological approach I use in this thesis. The influence of this participation can be further expressed through a comparison to the research of Kjellgren (2014b), who draws upon a similar methodological approach without the accompaniment of participatory experience. On numerous occasions Kjellgren has analysed experience reports to furnish understandings of the effects of different NPS, including 4-HO-MET (2009), methoxetamine (2013a), synthetic cannabinoids (2013b; 2014a) and ethylphenidate (2015). Over time, she has moved away from her original approach to analysing these experience reports, which used the Empirical Phenomenological Psychological (EPP) method (Karlsson, 1993; Kjellgren, 2009; 2013a; 2013b), and towards experience report analyses relying on inductive thematic analysis

(Kjellgren, 2014a; 2014b; 2015), although has only considered forum content that was not experience reports in one instance (Kjellgren, 2014a).

The transition in Kjellgren's methodological approach supports the value of PWUD ideologies because thematic analysis attempts to interpret data in accordance with its own context, the context of the forum. In this way, data interpretation becomes far more relevant to PWUD than those interpretations that require psychological frameworks. I have discussed the expanding criticism of medicine produced via empowerment of PWUD ideologies (Monaghan, 1999), and Kjellgren's work must be commended for becoming increasingly cohesive with PWUD, despite having origins in a discipline that is typically receptive of such criticism. My approach differs somewhat from Kjellgren because of my focus on the political contexts of drugs and relies strongly on my participatory experiences.

Online presence

My maintenance of an online presence for this project improved my connection with research participants, but not to a huge extent. Unfortunately, neither the blog nor the Facebook page resulted in much feedback on the project from AusDD participants. The project thread was the most effective dimension of this online presence and consisted of 24 posts. Four of these posts were my own, and the remaining 20 were published by six participants, three of whom held administrative positions in the forum. It was disappointing that only three non-administrator participants commented in the project thread, and that one of these comments was a request to have personal data removed from the study. I had already noticed reductions in AusDD posts over the past few years before conducting my research. Prompted by my questioning, the project thread itself contains some interesting discussion concerning why this decrease might have occurred. Participants in AusDD suggested that participants have moved to other more popular social media platforms such as Facebook and Reddit, and more private social media platforms, such as those accessible via the dark web. Participants also saw correlation between participation reduction and restrictions on social posts, as well as the restrictive geopolitical context of Australia in contrast to other nationalities. The public character of the project's online presence discouraged the sharing of research products with participants as they were being developed. In future projects, when I am intending to include research participants in the research process, I will consider establishing a private database to provide participants with access to research materials and products as they evolve.

Monica Barratt

Participant inclusion was enhanced as Monica Barratt received regular updates on the progression of the project and this permitted participant inclusion to a degree. This also resulted in the reception of some valuable feedback regarding the use of appropriate terminology, social dynamics of AusDD and the identification of additional research material concerning Bluelight and research concerning PWUD.

Barratt's involvement had the additional advantage of being able to prompt Bluelight staff and participants to provide feedback and other communications when necessary, which was particularly useful in stimulating the project thread. An important lesson was learned immediately after my original post in the thread. Shortly after making the post, a participant responded asking if the project had been approved by the forum moderators. In the same post, this participant also requested to have their data omitted from the study. Fortunately, Barratt was able to quickly resolve this issue. She responded:

> *'Yes, Liam sought approval from myself and then in discussion with AusDD mods spacejunk and drug_mentor[moderators], all agreed that the study was worthwhile and should go ahead. I have also been added to Liam's supervisor team (as an advisor on community matters).*
>
> *While many research projects occur using Bluelight data without any attempt to gain consent from individual contributors, Liam wishes to engage with the community, provide an option for people not to participate, as well as a space for people to provide feedback on this ideas. It's the way I would hope that more of the research community would seek to engage online communities in future'.*

Barratt also edited my original post, so that it now begins with:

> *'[Tronica's edit: Please note that Liam sought and obtained approval for his study from Bluelight admins and AusDD moderators: myself, spacejunk & drug_mentor]'.*

Unfortunately, this did not revert the decision of the participant choosing to opt-out of the study. While Barratt's edit of my original post may have helped assure other prospective participants, if I had anticipated the importance of emphasising the extent of participant inclusion in the project, perhaps there would have been a greater number of participants.

Critically defining drugs

There are two main strategies for understanding the key concept of 'drugs' in research projects involving PWUD. The first is exemplified by Tackett-Gibson's (2008) investigation of a single unspecified forum supporting PWUD. Tackett-Gibson considers the relationship

between ketamine experiences and risk society theory, and her specific focus on a single drug forum is comparable to this thesis' focus on AusDD. Tackett-Gibson (2008) discusses 'ketamine' as if it denotes a clear and stable meaning. Within PWUD communities, ketamine is not understood so simply. There are numerous types of ketamine products available, including different ketamine isomers, racemic and enantiomers, and this is disregarding various analogues, admixtures and substances misidentified as ketamine. Furthermore, the effects of ketamine vary greatly depending on individual biochemistry and the environment in which the substance is consumed. Seddon (2016) has suggested that misunderstandings about drugs can be undermined by avoiding discursive generalisations about different substances and focusing on their chemical composition. This would imply that Tackett-Gibson's (2008) representation of ketamine could be remedied through distinction between experiences of ketamine isomer, enantiomer, analogue and racemic products. But this would neglect the factors of individual biochemistry and consumption environment. It also relies upon understanding drugs in accordance with the perspectives of science, which, like medicine and health, is often prejudiced against drug use.

The alternative strategy to represent drugs that I employed in this thesis was critical and relied upon consideration of responsibilisation. It comes closer to recognising the diverse meanings associated with the term as recognised by Tupper (2012), although I do not limit meanings to those appearing in his stereotypology. The meaning of drugs is always contingent but never static. My intention was not to attempt to provide an accurate representation of any one drug but to frame 'drugs' in ways that illuminated the difficulty representing them in any definitive or stable manner. This strategy is similar to Dwyer and Moore's (2013) attempts to illustrate and explore the multiplicity of the characterisation of drugs and their effects. Barratt, Seear and Lancaster (2017) have argued that representation of drugs as stable disadvantages PWUD. I was therefore interested in identifying how the participants on AusDD described and interpreted 'drugs', and in how these understandings responsibilised drugs as they were represented by policy.

The way in which drugs are understood and interpreted requires the acknowledgement of policy contexts that responsibilise consumers, and identification of specific chemicals requires the knowledge of scientific disciplines that incur this same responsibilisation. If the goal is to reduce this responsibilising trend, it is of increased importance to identify ways of understanding drugs that do not responsibilise consumers. Identifying specific drugs or chemicals is not a neglected dimension of drug research but recognising the many factors of

the complex circumstances in which drugs are implicated will certainly benefit from further research.

Firstly, the classical method of identifying a drug in accordance with its labelling as such by dominant discourse was employed. This resulted in attention to *Cannabis*. Next, another prominent contemporary method of identifying drugs was employed, in which drugs were identified in accordance with present drug policy concerns. This resulted in attention to NPS. The final approach to critically identifying drugs I used in this thesis was through the attention to natural highs. This term is important for illustrating the breadth of that which is considered drugs. Using the natural high term aims to support PWUD by emphasising the impossibility of prohibiting drugs that are produced without requiring human intervention, and for showing that PWUD can be interested in drugs for purposes other than consumption. It also illustrates that PWUD strive to keep their behaviours as legal as possible. By identifying a singular drug type (*Cannabis*), a prominent drug group (NPS), and an innovative drug group (natural highs), this research encourages people to reconsider that which they believe to be a drug.

Thematic analysis

I analysed the participants' posts using a version of thematic analysis (TA). TA is a typically qualitative method involving the identification of patterns in language-based data and the development of themes to organise, present and contextualise data in relation to a specific research question. Discussion of this methodology by Braun and Clarke (2006) has been highly influential due to their provision of a specific process for performing TA. This process involves six phases: 1) familiarisation with data; 2) coding; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) writing up.

There are many different types of TA, the choice of which largely depends on the epistemological position of the researcher. The version of TA applied in this thesis can be described as a constructionist or critical approach, due to my contention that the responsibilisation of drugs is a socially constructed phenomenon (Farvid and Braun, 2006). For the most part, my analysis also takes an inductive approach to identifying data patterns, relying primarily on emergent themes and codes, rather than identifying these patterns in relation to specific theory. However, my use of specific search terms and time frames to delimit data for analysis is more theoretical than inductive, although coding within

theoretically driven data sets was inductive, and data delimitation strategies did rely on my familiarity and experience with AusDD and similar contexts. A theoretical emphasis is also particularly strong within the AusDD and enabling environments analysis chapters, which rely on past research and theory in pattern identification significantly more than the other analysis chapters. In this thesis I am also generally more concerned with semantic, rather than latent patterns because I am specifically concerned with how participants understand drugs, use and policy, rather than with how these understandings are constructed.

While experiential research using TA intends to analyse language as a way to understand participant thoughts and emotions, critical psychological research using TA emphasises that language is constitutive of these individual states, rather than a reflection of them. This critical research capacity of TA is important for this project, particularly the capacity to identify responsibilisation of drugs supported by medical, health and other research approaches. Braun and Clarke's (2006) TA has also been effectively applied to an online context concerning responsibilised health behaviours, as seen in Rodham, Gavin, Lewis, et al.'s (2013) use of the method to analyse a website used by people communicating about non-suicidal self-injury (NSSI). For them, TA enabled a more balanced approach towards understanding how participants engaged with NSSI, whose online communications challenge offline expectations that such people keep their NSSI private. For communication between PWUD there is also an offline and political expectation that drug behaviour will be kept hidden, which is challenged by online communication. In addition to critical approaches towards health and policy, TA also has potential to offer significant contributions to research of responsibilised subjects. Farvid and Braun's (2006) feminist post-structuralist TA considered the implications of magazine representations of sexuality for women and offers a strong example of this potential.

The flexibility of TA is also useful for permitting experimentation and innovation with the methods design. TA often bears resemblance to the method of discourse analysis (Braun and Clarke, 2006), and past instances of discourse analysis have been influential on my performance of TA in this thesis. In this project I have applied Tupper's (2008) discourse analysis strategy of investigating specific lexical choices relevant to drugs in my analysis, which was particularly important in the AusDD and NPS analyses. As well as Tupper, Lupton's (1992; 1993) application of discourse analysis has been influential on my research design, as both these authors illustrate the value of using dense quotations in the presentation of analyses.

Description of methodological approach

There are five areas of Australian policy that I attend to in my analysis of AusDD and address within this thesis: 1) defining drugs; 2) *Cannabis*; 3) NPS; 4) natural highs; and 5) enabling environments.

The strategy I employed for analysing posts made within the AusDD forum in relation to each policy topic can be summarised as follows. First, I sought to delimit the data corpus using generic drug search terms targeting drug in question (i.e. for NPS terms included 'research chemical,' 'benzofuran,' etc.). This reduced data set helped identify posts generally relevant to the topic, and was further refined to a policy focused data set by using generic policy search terms relevant to political processes (i.e. vote, elect, debate, etc.), policy designs (democracy, socialism, welfare, etc.) and broad sociocultural groupings (we, us, them, etc.). In some cases, this data was also reduced using time frames and search terms dependent on formal Australian drug policy timelines, such as in the *Cannabis* and NPS policy analyses, which were dependent on formal drug policy timelines outlining changes in state and federal Australian drug policy as constructed using the works of Barratt, Seear and Lancaster (2017), Hughes (2015) and the National Cannabis Prevention and Information Centre (2016). Following the delimitation of data, I reviewed the entirety of each data set and removed irrelevant and duplicate posts, attributing each remaining post with a code. Each of these codes was then reviewed for cohesion before developing these codes into themes. In most analyses I also reviewed terminology, or 'lexical choices,' most relevant to each data set.

	Generic drug terms	Generic policy terms	Policy timelines	Lexical choices	Engagement metrics	Saturation	Theory based terms
AusDD				X			X
Cannabis policy	X	X	X				
NPS policy	X		X	X			
Natural high policy	X	X		X	X		
Enabling environments				X		X	X

Figure 1. Data delimitation framework

However, this data delimitation strategy was not uniformly applied to every area of analysis because it was not always suitable, rather it acted as a basic framework that could be changed as needed. Additional strategies were occasionally included, such as theory-based search terms, engagement metrics and saturation. A breakdown of this data delimitation framework and its application to each drug policy area of concern can be observed in Figure 1. In the AusDD policy analysis I did not want to reduce the data corpus to a specific issue, seeking to represent the forum as a whole in order to provide a broader context against which to contrast the other analyses. For this reason, this initial area of analysis focuses solely on lexical choices important to drug and drug policy discourses. In the *Cannabis* policy analysis, the number of posts following generic drug and generic policy search term reduction was still too dense, so only the threads in which each of the posts identified as relevant to the *Cannabis* policy timeline were analysed. The NPS policy analysis used a similar approach to the *Cannabis* policy analysis, although minimal relevant NPS policy data meant that generic policy search terms were not applied. The natural highs analysis encountered the problem of data excess but was not attended to by policy timelines. Without timelines to reduce data, the most popular, unique threads containing natural high search terms were selected for analysis. Generic policy search terms were used to reduce this data set further. The enabling environments policy analysis required a significantly different approach. This began with the creation of two data sets in accordance with a policy design. Both sets were produced using lists of search terms, one aiming to identify places, and the other aiming to identify resources. Posts in each data set were ordered by engagement with (replies to) the associated thread and labelled thematically. Each post in the thread was given a code until the list of codes became saturated, then review would move to the next thread. When the list including codes of posts from all threads became saturated, the associated posts were compiled. The resources data set was then divided into social, material and affective categories, depending on their relevance to people, objects or emotion. While thematic analysis can reduce perception of complexity and diversity, this simplification was necessary to aid search for consensus amongst AusDD participants and was central to considering forum discussion as deliberative engagement. This can produce an effect of smoothing over differences in opinion.While it was beyond the scope of this project, enabling participants to vote on themes and associated action plans would be a useful strategy for understanding consensus and disagreement in more nuanced detail.

AusDD data delimitation and method

The data corpus retrieved from Bluelight's Australian Drug Discussion forum consisted of 262,395 posts, published between 23 October 1999 and 13 October 2016. The data corpus included posts from AusDD and the two subforums Australian Pill Info Requests and Archive- Australian Drug Discussion. The data corpus was provided directly from the Bluelight administrative team with full agreement regarding its intended use in this research project.

Analyses of the data corpus consisted of the review of the use of four different words, or 'lexical choices' (Tupper, 2008a). Two of these words, 'drug' and 'abuse' were selected for analyses in order to allow comparison with Tupper's work, one of the only critical analyses of drug discourse, which analysed the drug education text, Making Decisions. 'Addict' is a popular term throughout other online drug forums, as well as within media, health and research, and due to its prevalence, this lexical choice was also selected. There were almost 55,000 posts using the word drug in the AusDD data set, but only about 4,000 posts using the word abuse. The word 'addict' appeared more than twice as frequently as abuse, with just under 10,000 posts using this term. Finally, the term 'harm reduction' was selected due to its unique relationship with both Bluelight and contemporary drug policy. 'Harm reduction' was used in over 2,500 posts in the AusDD data set, more than any other policy design searched for. The posts associated with each of these four terms ('drug,' 'addict,' 'abuse,' and 'harm reduction') were reviewed and quotes containing any of these lexical choices whilst exemplifying a unique code were noted. These codes were then reviewed, edited and grouped according to broader themes.

Cannabis **policy data delimitation and method**

The data corpus was reduced to ~50,000 posts using an extensive list of generic drug search terms designed to determine posts relevant to *Cannabis*. Using search terms relevant to three other broad policy areas (political processes/products, policy designs and sociocultural groupings) to further reduce these *Cannabis* relevant posts made for excessively dense data sets, resulting in over 20,000 posts containing relevant search terms for each policy area. In contrast, when subjected to search terms designed to identify posts discussing changes occurring on the *Cannabis* policy timeline, limited to a time frame of within one month of the policy change, only 46 posts relevant to the *Cannabis* policy timeline were identified. This *Cannabis* policy timeline focused on the time period encompassing the most frequent Australian *Cannabis* policy changes in an Australian *Cannabis* policy timeline produced

using timelines composed by Hughes (2016) and the National Cannabis Prevention and Information Centre (2016), in which there was approximately 50 *Cannabis* policy changes identified.

To ensure the final data set was manageable within the confines of this project, it was decided that only the *Cannabis* relevant posts in the threads in which each of the 46 posts relevant to the *Cannabis* policy timeline were published would be considered in the analysis. These threads were titled:

- Australian centric 'Pro drug law reform' thread - how to do your bit
- Changing the attitudes of the wider public
- LSD + Cannabis fuelled weekend
- Marijuana Australiana Documentary
- News: Bad 'speed' in the A.C.T.
- NEWS: Coalition pledges bong ban
- Stupid News Story
- The banning of drug paraphernalia - harm minimisation or maximisation?
- The Cannabis Discussion Thread
- The Cigarette Thread
- Tony Abbott backs legalisation of medical cannabis
- What would happen if drugs were legalised Part 3. Marijuana

These 12 threads contained ~2,500 posts containing a relevant policy area keyword. The search terms relevant to the three broad policy areas (political processes/products, policy designs and sociocultural groupings) could then be applied to posts within the *Cannabis* relevant data set that also belonged to one of the 12 threads. 20 posts were found to be relevant to policy designs, 187 posts were relevant to political processes/products and 236 posts were relevant to sociocultural groupings. These 443 posts were read alongside duplicate and irrelevant posts, which were removed, while codes were given to those posts identified as relevant to Australian *Cannabis* policy. This resulted in 242 *Cannabis* policy relevant posts, including the 46 posts relevant to the Australian *Cannabis* policy timeline. Following this, codes and posts were reviewed and edited for cohesion and grouped according to themes.

NPS policy data delimitation and method

Similar to the *Cannabis* policy analysis, for the NPS policy analysis, the data corpus was reduced by delimiting posts to those published in the time period between 2010 and 2015. This period encompassed the most frequent Australian NPS policy changes in an Australian NPS policy timeline produced using the Australian (illicit) drug policy timeline composed by Hughes (2016), and a timeline of Australian Commonwealth legislative responses NPS composed by Barratt, Seear and Lancaster (2017). There were ~2,000 posts using generic NPS terms within the 2010-2015 timeframe. These NPS relevant posts were then subject to search terms designed to identify any post specifically discussing changes occurring in the NPS policy timeline. This resulted in 19 posts relevant to the NPS timeline.

A similar strategy to that used in the *Cannabis* policy data set was applied to further refine the NPS policy data set. The posts in the 8 threads in which each of the 19 NPS policy timeline relevant posts occurred, that also contained an NPS relevant search term, were retained to compose the NPS policy data set. These 8 threads were titled:

- New street drug claims life in SA (MDPV)
- LSD Discussion Thread (Australian Centric) Mach III
- MDPV to become a Schedule 9 substance effective May 1, 2012
- Media Release: Radical Overhaul to Ban Synthetic Drugs
- News: Synthetic drugs banned ahead of schoolies
- NSW to slap temporary ban on synthetic drugs after Kwan death
- South Australia imposes synthetic drugs ban
- Synthetic Cannabinoids Thread

These ~140 posts were reduced by removing duplicates, media articles and posts with no policy discussion, leaving 47 posts in the final NPS policy data set. As this data set was already quite small, generic policy search terms were not applied as they were in the *Cannabis* policy method. There was a notably greater concentration of media articles in the preliminary NPS policy data set than the preliminary *Cannabis* policy data set. After removing these, codes were attributed to the remaining posts, reviewed, edited and grouped according to the identification of broader themes.

Natural high policy data delimitation and method

Earlier analysis had drawn on a strategy to identify posts as drug policy discussion by attention to post references to events in drug policy timelines. The relevancy of threads to

policy discussion could then be determined and selected for policy analysis. Important changes in natural high policy have occurred throughout Australia over the past decade. The proposed federal ban on plants containing DMT in 2011 sparked broad discussion across a number of forums supporting PWUD, particularly in regard to *Acacia* species, which is one example of changing natural high policy. However, a natural high policy timeline was not constructed because there was no published literature from which such a timeline could be drawn. While this might be a useful object for future research, the *Cannabis* and NPS policy analyses showed that the content of such policy timelines only account for a small portion of the topics covered within AusDD drug policy discussion. For this reason, posts were selected for the natural high policy data set without the use of a natural high policy timeline. Instead, a list of common terms for popular natural highs was used to locate preliminary natural high data within the original data corpus.

Threads were then reviewed in order of the greatest post frequency within the preliminary natural high data set. Of the 28 threads containing over 50 posts, 10 threads concerned *Psilocybe* mushrooms, four concerned police drug prosecutions, five concerned *Papaver* seed tea, three concerned *Cannabis* and two concerned n,n-dimethyltryptamine. The final four threads concerned the drugs people were scared to try, legal substances, synthetic cannabinoids and a media article concerning Monica Barratt's research of deep web marketplaces.

The thread with the most posts from each of the topics consisting of multiple threads (mushrooms, *Papaver* seed tea, drug busts, DMT) were included, and the *Cannabis* threads were omitted. The other singular threads were included, besides the synthetic cannabinoid thread, which was discarded, because NPS have been covered in previous analyses and natural highs are generally seen as distinct from NPS. This resulted in the posts in seven threads being selected for the final natural highs data set, which were titled:

- Mushroom Season 2011
- Opium Poppy (Papaver somniferum) cultivation
- The Australian/NZ Drug Busts Mega-Thread Part Deux
- The DMT discussion thread
- What drug/s are you scared to try?
- Legal Party/Fun Drugs
- The Drug's in the Mail - The Silk Road and our very own Tronica!

These seven threads contained ~14,000 posts which were reduced through the application of search terms concerning the three discursive areas of policy (political processes/products, policy designs and sociocultural groupings). This resulted in~400 posts containing a term relevant to broad sociocultural groupings, ~60 relevant to designs and ~460 relevant to political processes/products. The compilation of these posts and the removal of duplicates resulted in a preliminary natural high policy data set consisting of ~650 posts.

This preliminary natural high policy data set was further refined by reading each post individually, removing posts considered irrelevant to policy discussion while attributing pilot codes to retained posts. The posts from 'The Australian/NZ Drug Busts Mega-Thread Part Deux' thread were removed because they consisted almost entirely of copied media articles, while posts in 'The Drug's in the Mail - The Silk Road and our very own Tronica!' thread were removed because there was minimal discussion of natural highs. This resulted in a final natural high policy data set consisting of 257 posts. Codes were reviewed, edited and grouped according to the identification of broader themes.

Enabling environments policy data delimitation and method

Enabling environments is a conceptual policy design intended for the management of PWUD and other responsibilised groups. It has been noted that enabling environments is the logical policy outcome of harm reduction, and that the achievement of this goal has been undermined by misunderstandings about the harm reduction concept (Duff, 2010). The functionality of harm reduction has been undermined by policy interpretations, particularly within an Australian context due to the association between harm reduction and supply reduction in National Drug Strategies. The conceptual policy framework of enabling environments consists of two primary components. For conceptualisation of the first component, 'resources,' Duff (2009; 2010; 2011; 2012) suggests dividing between social, material and affective resources. Through the combination of these resources, the second component of the enabling environments conceptual framework is produced; 'enabling places.' By thinking about policy in this way, it becomes possible to consider how novel agencies can be cultivated for members of responsibilised groups in order to combat their responsibilised status and the symptoms of this. This exploration of the enabling environments concept pursues similar aims to Duff (2009; 2010; 2011; 2012) as it intends to expand the minimal research and theoretical attention that has been provided to this concept.

To apply the enabling environments concept to analysis, I began with the production of two data sets in a strongly theoretical approach to analysis, unlike the more (but not entirely) inductively driven approach relied upon in the other analysis chapters. Both data sets were produced using broad lists of search terms, with one list aiming to identify 'places' and the other aiming to identify 'resources.' This resulted in two excessively large data sets consisting of over 20,000 posts. To reduce these data sets, posts were ordered by the number of replies to the associated thread. For the resources and the places data sets, posts in each thread were reviewed and their associated resource/place noted as a code until the code list became saturated. At this point, review would move onto the next thread. When the list compiling codes from posts from all threads became saturated, the associated posts were compiled. The place data set consisted of 98 posts and the resources data set consisted of 250 posts. Codes were then reviewed and edited for cohesion, broader themes were identified and posts in each data set were ranked in order of the commonality of their associated resource/place.

For authenticity, none of the posts quoted in the thesis have been corrected for spelling or other grammatical errors. All typographical errors in the text appeared in the original post.

Ethical considerations

The potential harms associated with my project stem from the certainty that participants discuss personal relationships with illicit drug consumption. There are also ethical complications associated with analysing the content of a public internet forum, regarding how to gain participant consent, how to inform participants about the research and its products, and anonymity. The potential benefits of this study are associated with influencing policy discussion to support of the needs of PWUD.

Many researchers who have conducted studies of Bluelight do not appear to have obtained consent from either research participants or forum administrators. Brown and Altice (2014) argued their analysis did not require consent because the information was publicly available. The two Bluelight studies undertaken by Kjellgren and Soussan (2014b; 2015) also did not seek consent as they considered their analysis to be an observation of public behaviour. To enhance the anonymity of participants, these three studies removed forum usernames and URLs, paraphrased forum content published while working to reduce search engine visibility of forum content. Neither of these studies appears to have engaged with the forums they

investigate.

The debate concerning which public online discussions constitute data that can be drawn upon without requiring author consent, and how these authors can be treated as research subjects is unresolved. This is a problem for internet researchers broadly but is exacerbated for participants in forums supporting PWUD, as individuals potentially experience exacerbated threat from law and illness. Tackett-Gibson (2008), Móró and Rácz (2013) and Barratt (2011) are some of the few researchers who have used data from forums supporting PWUD that was complemented by participation in the studied forums as a component of their research. Barratt has argued for participant engagement over the passive harvesting of data as an ethical solution to incorporating forum content in research, and for the enabling of research participants to respond to the research in which they are involved (Barratt and Lenton, 2010). To encourage this engagement, Barratt (2011) composed a website on which to publish emerging data from her research project. Barratt promoted this website and research by establishing and participating in threads on the forums being analysed.

The public focus and huge span of this project made it impossible to contact all research participants individually. While I did not seek one-on-one consent from each research participant in this project, participants were provided with opportunities to discuss their inclusion in research by engaging in a project thread on the forum or making contact through the project website or Facebook page. The fact that forum participation provides a background to this research project should enhance the engagement with and representation of the AusDD forum context.

This project received ethics approval from the University of Canberra Human Research Ethics Committee and was given the project number 16-146. Consent for my undertaking of this project was provided by the Bluelight administration team. Bluelight.org holds licensing rights concerning its content, and initiation of this research required their approval. Bluelight has supported and continues to support several PWUD related research projects, and the Bluelight administrative team has been helpful with and supportive of my production of this thesis.

After analysis and prior to publication, in order to minimise the potential hazards associated with this project, the following steps were taken: 1) data were password protected and stored on my personal computer; 2) published forum content was made unsearchable by Google and Bluelight search engines; 3) any content that could be used to identify a particular user's

profile, particularly usernames and quotations, were coded to ensure the participant remained anonymous (besides media and public official quotations, and the posts made by Barratt and I); 4) a website and Facebook page associated with the research project were created and linked to in discussion threads posted within the AusDD forum in order to inform research participants about the study; and 5) despite the de-identification of data, all direct quotations aimed to include as much of the original content, spelling, punctuation and grammar as possible.

This chapter has reviewed methodological designs as applied in similar research. I have acknowledged my intent to move beyond prohibitionist, medical, health and other negative conceptualisations of drugs and drug policy. I have also outlined my strategy for expanding perception of drug policy to include the informal policies drawn upon by PWUD. I reviewed my participant inclusion strategies, consisting of unstructured site participation prior to research initiation, the maintenance of an online presence, and the appointment of Bluelight's director of research as a researcher advisor. I explained my critical and reflexive definition of drugs, which aims to acknowledge the social construction of this term and to account for changes in this construction. This led to focus on a singular drug category (*Cannabis*), a prominent drug category (NPS), and an innovative drug category (natural highs). I outlined the TA method and provided detailed description of how this method was applied to consider different drug policy topics in relation to the AusDD forum. Finally, I reviewed the ethical considerations associated with this project, including the potential criminalisation of participants, difficulties in gaining participant consent, informing participants about research products and ensuring anonymity. The next chapter was produced from the broad AusDD analysis and consists primarily of a review of lexical choices. The following chapters will outline each of the other drug policy analysis topics (*Cannabis*, NPS, natural highs and enabling environments).

Chapter 3: Analysis of AusDD discussion

In this chapter I will discuss the meaning of the AusDD forum to its participants, before documenting my analysis of four different terms: 'drug'; 'abuse'; 'addict'; and 'harm reduction', as they were used throughout the forum. Most striking is the flexibility associated with each term and the cohesion of the forum community despite conflicting opinions and responsibilisation. My analysis found that terminology was frequently rejected, criticised and re-defined by some participants, while others concurrently saw value in using this same language rejected by others. The complex relationship between drugs, individuals and environments requires a more diverse and flexible policy approach than prohibition. The use of harm reduction policy by AusDD enhances support for this neglected complexity whilst being cohesive with prohibitive policy, providing sensitivity through information sharing.

Meaning of AusDD to participants

Communication of personal experience and opinion is the dominant type of Bluelight content, although this content draws heavily on a broad range of other material including outputs from health, education, government, other media and popular culture. Bluelight provides a space for the expression of all perspectives concerning drugs. In this sense, the forums offer a unique form of support for PWUD whose expression of opinion would be criticised in other contexts.

The following statement of an AusDD participant is useful for illustrating the character of Bluelight discussion:

> 'this is a place for debate, where all opinions should be heard without opinionated criticism of other opinions, so that people wanting info can get all sides of the subject even if some of us feel that opinion is inappropriate. Otherwise Bluelight would be just like Erowid, only giving info about drugs, just text, no personal input'.

[There has been no editing of the AusDD quotations that appear throughout this thesis for grammar or spelling. The minor changes that have been made were changed solely for the purpose of de-identifying participants].

This AusDD participant quotation helps explain the importance of such spaces for PWUD:

> 'This thread is really important to me. Its one of the few lifejackets that kept me thinking it was possible to be normal again. It was also the only outlet I had. Thanks heaps to everyone who replied... I used to read this thread over and over'.

There is a culture of secrecy relating to drug use that is strongly associated with the responsibilisation of PWUD. The unfortunate outcome is that this secrecy results in access to resources for PWUD being limited. The AusDD thread is 'one of the few lifejackets' because the forum is a rare space in which PWUD can access and participate in an honest, open and supportive dialogue about drug use. Participants engage in the forum for the purpose of both accessing and sharing supportive resources.

In late 2016, the time of data collection, AusDD consisted of approximately 263 000 posts. AusDD was comprised of the primary AusDD forum, as well as two subforums 1) Australian Pill Info Requests and 2) Archive- Australian Drug Discussion. The former contained discussion of the experience and testing of drugs within Australia, while the latter contained archived posts from AusDD's history. Two forum members were listed as moderators for this forum.

Also notable were six posts positioned at the top of AusDD for ease of access, which new members were directed to read before posting on the forum: 'Australian Opiate Withdrawal Maintenance Medication Prescribers'; 'Harm Reduction Contacts'; 'Needle Service Provider Locations by State and Territory'; 'The Australian Drug Discussion Guidelines 2014'; 'Support Bluelight! Donations Portal information'; and, 'Australian Drug Discussion Introduction and Directory'.

Administration make it clear on the AusDD landing page that the use of the forums as an illicit drug market is not permitted. Discussion of illicit drug sources, pricing, production and related practices could make Bluelight and its participants a target of law enforcement, and for this reason were heavily discouraged by the administrative team. While AusDD was comparable to Bluelight more broadly in terms of its social media genre and drug advocacy/drug harm reduction resource subgenre, AusDD was distinct in its targeting of PWUD and persons affected by drug use within Australia, New Zealand and Asia. However, participants from Australia appeared to be the most highly represented of these geographic contexts.

Participants discussed stylistic preferences for sentences to be broken into paragraphs and encouraged the referencing of information resources. Direct quotations were frequent, and it was common to post new comments, rather than editing a previous post. Many posters also emphasised that their comments were grounded in personal experiences. Usage of the acronyms IMO (in my opinion) and IME (in my experience) were common for this. While

some individual participants maintained their personal posting style, many did not, and a plurality of stylistic approaches gave AusDD an informal, conversational atmosphere.

'Drug'

AusDD posters did not often give particular emphasis to recreational/medical/legal drug distinctions outside of the discussion of the legal implications of drug activities. As one AusDD participant commented:

> *'There are no good or bad drugs. They're chemicals. They have neither positive or negative intentions or qualities. You're personifying an inanimate object'.*

My analysis showed that AusDD participants acknowledged the flexibility of definition of that which is considered a 'drug.' Posters understood that the different characteristics of individuals and their contexts resulted in diverse effects and meanings being attributed to drugs. It appeared common for participants to identify prohibition policy as restricting the meaning of drugs. The following quotation suggests there were several influences upon the restriction of the meaning of drugs, including groups promoting anti-drug ideologies such as the media and the government, as well as broader trends of prejudice against PWUD:

> *'Most people only know what biased media or government organisations tell them, or rumours and 'facts' they've heard from friends. With a lack of knowledge about illegal drugs, and the added social stigma of 'Drugs are bad', it's not hard to see why some people look down on those who take drugs'.*

Use of the term 'drug' was frequently coupled with the identification of drug use as problematic. My analysis highlighted that typical discussion between participants tended to reference a substance specifically, rather than generalise about groups of substances using the 'drug' term. In instances in which the term appeared, introduction tended to be the result of participants referencing media, formal policy and policy actors, as well as the opinions of people who were not PWUD. In this example, the term 'drug' was introduced into discussion in response to policy and media references to roadside drug testing:

> *'If this is implemented, all it means is that designated drivers will be 'forced' to use drugs the test doesn't pick up'.*

However, there were some notable instances in which the word 'drug' was introduced by participants without drawing on anti-drug discourses, although in these instances the word was still generally attached to the identification of problematic consumption practices. This could be seen in the use of 'drug' to refer to poly and unknown substance consumption. Both

types of consumption tended to be represented negatively in AusDD as they were seen to increase the likelihood of unanticipated and thus potentially problematic consumption outcomes. These issues were notably prominent in discussions concerning pill consumption, which highlighted an exacerbated uncertainty of pill content, in contrast to understandings of other substance formulations. For example:

> '*i used to be a rave medic and my friend is a paramedic at one of sydneys best nightclubs and heaps of times we've found pills on someone totally fucked up n wished we knew what was in em because drug differences are a huge factor in how we treat cases and many people have died because we can't treat them like a mdma overdose or a bad reaction to k we have to just treat them as an unknown drug overdose*'.

My analysis saw AusDD as providing a unique context in which responsibilisation of drugs and PWUD can be challenged. Within this context, participants sometimes re-appropriated the word 'drug' as a symbol of solidarity. Within AusDD, participants who consumed drugs or were supportive of drug consumers were able to make a critical challenge to the popular trend of their responsibilisation. This participant used language with spiritual and religious connotations to make this critical challenge:

> '*Do not think of it simply as sharing a drug. Look at it like sharing a sacrament, a piece of the divine, with a person you love and care about*'.

'Abuse'

My study showed that participants recognised the influence of prohibition on the identification of abuse, and went to efforts to clarify and critique this terminology:

> '*All use, no matter how small or infrequent, of an illegal or illicit drug is considered drug abuse. Drug abuse is any substance use that is outside of cultural or societal norms*'.

> '*Drug ABUSER really frustrates me! Drug taker, drug user, drug purveyor if you want to be highbrow. Abuse implies negligent or ignorant consumption. The term itself and those who use it should be abused*'.

The predominance of anti-drug sociocultural contexts, compounded by prohibition policy, mean a harm/benefit scale is still comparable to the use/abuse binary. Perceiving illicit substance use as beneficial is just as difficult as perceiving acceptable use of illicit substances, that which is illegal is hard to frame as acceptable of beneficial.

In my analysis, I saw AusDD participants acknowledging the diversity of definitions of 'abuse,' and enhanced acceptability of illicit substance use within anti-drug sociocultural

contexts. AusDD appeared to be a space where the meaning of abuse was continually debated. For example, the following participant noted that:

> *'There isn't some perfect definition of 'drug abuse'.' There are many definitions of including definitions that are extremely conservative to extremely liberal'.*

Despite some participants' insistence that there should be greater flexibility of definition, within AusDD discussion of 'abuse' is still generally associated with perceptions of self-harm. 'Abuse' seemed more likely to be used by participants to criticise others' drug consumption, rather than their own. Participants commonly accentuated why their drug consumption did not constitute abuse and provided strategies for avoiding this label and managing this type of behaviour. However, if a poster is using the term in reference to themselves, it typically regards past, changed consumption practices. Participants were more likely to represent themselves as a past, rather than current 'abuser.' Abuse can often be seen to reference the reformation of consumption practices:

> *'My choice of drug was alcohol, and I abused it far too frequently'.*

The word abuse often was often introduced through the quoting of media and research articles, experiences with medical practitioners and policy discussion. Conversely, posters also challenged perceptions of drug abuse and self-harm by drawing on medical terminology. Assertions such as *'drug abuse is a health issue and not a criminal issue'* were frequently made. This is often tied to discussions of drug policy in Portugal and the Netherlands:

> *'in the netherlands, marijuana consumption rates have stayed at the same levels they were prior to legalization'.*

> *'drug use in Portugal was decriminalised and drug use and drug problems have declined'.*

The ongoing debate over the meaning of the term 'abuse' in relation to drug consumption apparent in the analysis showed that no single definition could satisfy the varied understandings held by participants. A perceived benefit in one context could be perceived as harm in another. The same was the case for perceptions of use and abuse.

While attention to 'abuse' complicates linear, static understandings of discourse, it also highlights AusDD's capacity to support participants with wide ranging and contradictory beliefs despite associated prejudice. By providing space for self-expression and open discussion, persons experiencing responsibilisation can challenge their institutionalisation by discourse.

'Addict'

In addition to considering use of the term addict, I also considered the use of other terms of which addict is the root, such as the noun 'addiction' and the adjective 'addictive'. 'Addiction' was the most common prejudice associated with drug use discussed within AusDD. Similar to the terms 'drug' and 'abuse', 'addict' did not denote a clear and stable meaning. It was mostly associated with rearticulating PWUD in medical discourse. Many posters noted the breadth of the term due to its encompassing of behaviour concerning things other than drugs. One example is the following:

> 'Anything that hits your sensory receptors can be labelled as 'addictive'. Including psychotropic drugs, food, television, people, etcetera'.

Despite this diversity of definition, while many different behaviours could be referenced using the 'addict' term, posters acknowledged that this term tended to be reserved for drug discussion. As the term 'addict' has negative connotations, the word was typically reserved for responsibilised behaviours. Drugs, sex and video game consumption, were seen to be more likely to be labelled as addictive behaviours than those behaviours with a more positive sociocultural bias, such as exercise, eating or sleeping.

Some posters discussed the possibility of using alternative terms in place of 'addict' in order to avoid the same responsibilising connotations. The concepts of substance dependence and withdrawal were frequently drawn upon in this context but the meanings of these two terms were seen to be equally unstable. Although it did not receive broad discussion, a useful term mentioned by some participants as an alternative descriptor for 'addict' behaviour was 'biopsychosocial relationship.' Broad reference to individuals and their human and non-human environments avoids the presumption of a problematic relationship that is caused by use of the term 'addict.' As this participant explained:

> 'all people will have a subjective experience of 'addiction' and a different physiological reaction when ceasing taking a substance. so really there is no single accurate descriptor to use other than; a biopsychosocial relationship between a person and a substance'.

This is comparable to the way in which posters drew upon discourses of health and medicine to challenge the problematic connotations of 'abuse.' Yet, these same medical discourses were criticised for their lack of support for and recognition of the pleasure associated with substance consumption. This issue of health terminology was well accentuated by this poster:

> *'drugs and other things seen as immoral has been a cornerstone of these substances being understood as they currently are. within the whole addiction and mental health fields most of the drug terminilogy refers to a moral position'.*

'Drug addict' was a generalisation more prominent in the quotation of media articles than 'X substance addict' which was more common within AusDD, where there was greater attention to drug specifics. Like 'abuse,' discussion of 'addict' was frequently incited by usage of the term in media, research and policy outputs. Medical discourses did not appear to promote 'addict' terminology to the same extent as 'abuse', but it still had a clear impact, with my analysis identifying numerous participants discussing their labelling by medical practitioners as a known drug abuser (KDA).

> *'If you tell a doctor you use drugs, non-threaputically, the doctor will write KDA (known drug abuser) on your chart'.*

While I found that participants frequently considered behaviours associated with addiction to need management, there was no clear consensus in the way in which this management should be undertaken. While numerous participants valued their abstinence from particular substances, there were many arguments criticising abstinence as a consumption management strategy. In this context, Alcoholics Anonymous and similar programs, particularly those relying on the 12-step model, were seen to cause similar problems to prohibition by refusing to assist drug consumers in integrating their behaviours into society.

Less socially acceptable substance consumers, particularly intravenous drug consumers, were more likely to be considered 'addicts.' Heroin and methamphetamine were the drugs most associated with 'addict' terminology by AusDD posters. Opiates and amphetamines were the drug groups most associated, while smoking and intravenous were the most associated consumption practices. Tobacco, alcohol, alprazolam, temazepam and diazepam were the legal substances most discussed in such contexts, with benzodiazapenes being the most represented legal substance. Exercise and television were the non-substance related behaviours most commonly related to 'addiction.' Numerous people suggested substituting drug addiction for exercise addiction as a behaviour management strategy.

It was common for posters to identify lysergic acid diethylamide, psilocybin and psilocin as non-addictive, whereas in the context of *Cannabis* the meaning of 'addict' was the most debated. However, there were instances for almost every substance in which characterization as 'addictive' polarizes argument as people discussed different personal experiences.

Posters covered strategies to avoid the 'addict' label. Approaches included the avoidance of reliance on the behaviour and caution with consumption practices that have a rapid onset of effect. There was also suggestion of an innovative, controversial approach for managing drug use harms whilst retaining the 'addict' label, polydrug use:

> 'I moderate drug use through poly addiction. I wouldnt spend weeks just smoking meth, id balance it out by using weed, rohypnol or a small dose of g, and do that in a cycle til I add another drug to the mix'.

Discussion of substance distinctions in different 'addiction' contexts were seen to frequently divide opinions of some AusDD participants:

> 'I've seen opiate users portray their addiction as worse than others, and contrast to more psychological addictions, in particular stimulants. On bluelight I've noticed opiate addict elites who seem to believe they have the worst addiction, implying that methamphetamine addiction is much weaker, easier, or just the outcome of a lack of strong will'.

Yet, there appeared to be some consensus on the futility of these distinctions. The differences in 'addict' experience was generally seen to be a result of individual biochemistry and environment. The accessibility and acceptability of a substance were commonly emphasised as important factors, and some posters discussed the way in which this could make 'addiction' more difficult to avoid for legal substances, particularly alcohol and tobacco.

I identified frequent discussion of the distinction between mental and physical addiction. A smaller number of participants acknowledged that such definitions of addiction relied upon perceptions of mind-body dualism and thus rejected this terminology. The distinction between addicts and recreational consumers also received attention and some participants challenged this as a similarly problematic binary that limits understandings of drug use.

Stories of experiencing 'addiction' typically aimed to function as a drug use deterrent. Posts such as these emphasised the detrimental impacts of personal drug consumption experiences and often offered cautions regarding their substance of choice or consumption method. 'Addict' labelling was closely connected with the institutionalisation of prejudice. The 'addiction' term was seen to be dependent on prohibitionist contexts that inherently responsibilised drug use. Posters noted that people experiencing this label often do so because of social isolation, and that their labelling as such results in the compounding of their exclusion. This issue was seen to be present even within drug using communities, where use of the word addict was seen to be *'taboo'*.

The functionality of 'addict' terminology was critiqued by posters, who asserted that 'addict' labelling does not help resolve problems associated with drug use or assist treatment within a medical framework. There were frequent attempts by participants to challenge the negative connotations of addiction. Some tried to represent addiction as a normal component of human life. Others tried to frame addiction in a positive light, such as through the emphasis of unique qualities of people with addiction susceptibility:

> *'The drug addiction topic goes straight into the very heart of society. I think people who become addicted to drugs are more spiritually aware then your average person, even though they may not acknowledge it'.*

As well as through the emphasis of the importance of addiction for human biochemistry:

> *'I believe all people have the thought processes related to addiction. For most its a small part of their brain that is in general helpful to their lives helping motivation, routine behaviour etc but for some this way of thinking is overwhelming and becomes their entire life. Some drugs can trigger this happening due to the reward pathways in the brain. Very little effort for ALOT of gain'.*

There was some discussion suggesting that contemporary environments, societies and cultures are a context of exacerbated 'addiction.' Posters argued over who was responsible for addiction, and the onus of PWUD and society in this determination. Explanations of 'addiction' drawing on biochemistry terminology were typically used to de-emphasise individual choice and control while emphasising social responsibility. Yet, valuation of individual choice and control has been central to arguments concerning liberalising drug policy and the critique of prohibition. While they can be useful for the reframing prejudicial concepts by emphasising social responsibility, as has been seen here in the case of 'addict' and earlier in the case of 'abuse,' discourses of medicine, health, biochemistry and the sciences more broadly are likely to perpetuate the responsibilisation of PWUD should they be used as the foundations of drug policy. In the case of 'addict' and AusDD, this issue is connected to their discursive neglect of drug related pleasure and the tendency of these discourses to monopolise and moralise knowledge.

While there were observable instances of participants trying to destigmatise the term addict and associated labels, there appeared minimal occurrence of this stigma being subverted for the purpose of pride. While PWUD have been observed using the addict term as a source of pride (Alexander, 2008), in AusDD such subversion was more common with other terms, such as 'junkie'. Resistance of medical discourses, which is associated with the 'addict' concept, likely plays a role in this. New discourses capable of promoting individual choice

and control, such as the discourse of AusDD itself, will surely be vital to the production of future, alternative drug policies intending to support PWUD. AusDD provides a rare space in which to challenge the dominant, responsibilising discourse concerning drug use, giving participants an opportunity to re-define the terms used in such discussion.

'Harm reduction'

Posters articulated different and often conflicting understandings of 'harm reduction.' These included understandings that harm reduction was responsible use, recreational use, a drug use deterrent, and a risk management tool. Posters acknowledged the significance of harm reduction within an Australian political context, claiming that the use of the term 'harm reduction' and 'harm minimisation' in this context contradicted the terms theoretical purpose:

> *'The Australian government talks about minimising drug harm to families, individuals, quality of life, society, the economy, etc. But how are they talking about minimising it? Primarily 'supply reduction' and 'demand reduction'. More dumb campaigns to convince kids that drugs are bad and more police making it hard for manufacturers and suppliers, in turn pushing them toward unsafe practices… If the government could just accept that drugs are used regardless of their legality, they could work with users to reduce harm instead of working against them'.*

Such definitions were seen to complicate understandings of the harm reduction concept through the creation of 'harm minimisation' policy that groups supply and demand reduction with harm reduction. My study found that many participants saw the relationship between harm reduction and prohibition as a site of irresolvable conflict.

Formal Australian drug policy was seen to enforce a particular understanding of harm reduction through the 'harm minimisation' approach. I found that most participants disagreed with the understanding that harm reduction functions to deter and prevent drug use. Participants often portrayed Australian drug policy as contradicting the aims of the harm reduction concept as deterrent and prevention strategies incur harm upon PWUD. These harms were often seen to stem from the limitation of substances consumers were dependent on:

> *'Most government resources are focused on supply reduction. But supply reduction policies often undermine harm reduction work. With less of a particular drug available, users may substitute another drug, causing damage to their health. As the price is driven up, crime increases as users look for a way to obtain the money needed to purchase the amount of the drug that their body has become used to'.*

Lack of government support for harm reduction activities was a common discussion point, as was the contemplation of innovative harm reduction activities that would not rely on government support. The internet and AusDD in this case provided such a resource, and its informational rather than material character allowed greater cohesion with a prohibition context.

Australian drug policy was seen to undermine the efficacy of organisations trying to reduce drug related harm. The difficulty of accessing and legally providing substance testing technologies was a commonly used example of the limitations Australian drug policy placed on harm reduction.

Most participants were seen to be in favour of harm reduction, that is, seen to be in favour of harm reduction theory as distinct from its interpretation within Australian drug policy. However, throughout the many years of AusDD discussion a smaller group of participants maintained a critique of harm reduction and advocated for the abandonment of this concept and term because 'harm reduction' was seen to be inextricable from the responsibilisation of PWUD due to a focus on harm and a neglect of the benefits associated with drug use.

The unique character of harm reduction can be seen in the way in which it divides critics, advocates, as well as PWUD and people who don't. Despite the prominence of harm reduction support and advocacy by AusDD participants, participants were also often seen discussing the commonality of PWUD prejudice towards harm reduction services. While the non-using public typically appears to be in favour of Australian prohibition policy and its interpretation of harm reduction, there are many people who consider even needle and syringe programs to be a challenging idea. This diversity of opinion implies the importance of 'harm reduction' as a tool for mediating PWUD and anti-drug culture. The framing of harm reduction, despite the neglect of benefits associated with drugs, was argued by some as necessary to integrate drug use into society. A number of posters claimed that drug use advocacy could not be cohesive with contemporary society:

> *'To sway the media, we need well presented people with respected social status backing HARM REDUCTION, not PRO-DRUG or pleasure ideologies'.*

Some participants claimed that harm reduction was too closely associated with a perspective in favour of drug use, which was seen to undermine its political influence. An innovative parallel was drawn to abortion politics, participants suggested to change drug policy advocacy should not be 'pro-drug' but should instead be 'pro-choice.' AusDD was also seen

to restrict the provision of particular harm reduction resources because of the difficult legal position in which such provision would place the Bluelight organisation. These include restrictions on information within AusDD concerning:

- Sourcing. Besides a few exemptions, such as in the case of scales, disclosing of product sources, both licit and illicit, is not permitted.

- Synthesis. While components of synthesis discussion have been permitted, such as in the case of solvent discussion, most drug production discussion is prohibited.

- Rehashing discussion. Participants are encouraged to use the search function before making a new post that may re-iterate a question that has already been answered.

However, while this reduced harm in the sense of the reputation of Bluelight and Bluelight participants, these restrictions have been met with some criticism from AusDD posters. These restrictions were seen to decrease AusDD's capacity to offer resources that could reduce harm. Harm reduction can thus be seen as a flexible concept that can be interpreted in accordance with the values (or perceived harms) of parties despite conflicting ideologies. AusDD uses the harm reduction concept to negotiate a prohibitive drug context, whilst remaining supportive of PWUD.

The fluidity of harm identification was most clear in the advocacy of synthesis discussion for harm reduction. Synthesis discussion contained important information for reducing harm to consumers, but posters were concerned this could increase drug access by giving consumers production skills:

> '*I don't think we should permit synthesis conversation to teach people how to do it, or to improve production processes. But I do believe it's important to highlight dangers present throughout the chain; from manufacturers to consumers*'.

Synthesis discussion was not permitted due to a desire to maintain a policy abiding image for the Bluelight organisation. 'Harm' was thus defined for prohibition policy purposes, but it was recognised that it can also be defined for the purposes of PWUD. This moderator comment helps explain the situation:

> '*The original approach we took regarding synthesis conversation was to exclude it altogether. Reasons for this included numerous aspects of supply discussion, and wanting to avoid the grey areas which are mostly created from the following viewpoint: prohibition tends to view the main part of drug harm minimisation as supply reduction… Field testing technology and education promotion, moderation*

and communication were the keystones of Bluelight's fight against that viewpoint. I'm not sure that this has necessarily changed, but there is a difference between 'if you're going to do it, do it safely' and 'if you're going to cook it, cook it safely'. I agree that both points of view in the long term could have beneficial consequences, but short of a drug revolution, I felt the former was more amenable as a public face for a Bluelight that supported harm reduction for users'.

This fluidity was also made clear in assertions that social discussion is in itself a harm reduction resource, and is thus an important component of AusDD:

'What is the harm reduction benefit to regional forums if it can't produce a sense of community and permit some banter?'

Interestingly, there appears to be less challenge (and less flexibility) of AusDD's no sourcing policy. There are also examples of posters restricting informational resources without being obliged to by forum policy, most clearly in the discussion of:

- Research chemicals

'the notion that we shouldn't expose new substances for a fear these will become illegal, or scheduled faster shows an unwillingness to support the fundamental principles of harm reduction'.

- And poppy seed tea

'everything there is to know about poppy seed tea is already in this thread and forum. when this thread gets used without searching for the knowledge first, poppy seed tea becomes more obvious and more likely to be prohibited'.

While AusDD's restriction of particular information resources can be attributed to a general fear of criminalising Bluelight and its participants, participants' restriction of information centered on concerns of reducing and criminalising access to legal substances. Bluelight and AusDD are clearly flexible in their application of harm reduction as they use the concept to mediate the requirements of their participants and the unavoidable contexts of prohibition policy.

Findings summary

My analysis in this chapter has shown that in the AusDD forum posts I examined, the term 'drug' was seen to have responsibilising connotations within many sociocultural contexts including media, policy, education and personal relationships. However, within the context of AusDD the word drug has also been re-appropriated as a symbol of solidarity amongst PWUD in face of their responsibilisation.

Past research has noted similar problematic connotations of the term 'abuse' due to its association with PWUD responsibilisation. It was made clear in AusDD posts that no single term is a comprehensive way of explaining drug use. A perceived use in one context will be perceived as abuse in another. Within AusDD meaning of abuse was continually debated and supported rather than demonised. This support provides care for ranging and contradictory beliefs despite associated prejudice. By providing space for self-expression that was free from judgement, my analysis showed that AusDD assisted participants in challenging the compounding of their responsibilisation via discourse.

Within AusDD the term 'addict' also did not denote a clear and stable meaning, yet there were trends in the association and disassociation between particular substances and 'addiction.' I identified AusDD participants recognising prejudice associated with the 'addict' term and emphasising the relationship between addiction and prohibition. There were also clear efforts to subvert the negative connotations of this term as well as efforts to discourage its use entirely.

The framing of harm reduction, despite its implicit negative connotations about drugs, was argued by some participants as necessary to integrate drug use into society. AusDD used the harm reduction concept to negotiate prohibitive drug contexts, whilst remaining supportive of PWUD. The way in which the meaning of 'harm reduction' was open to challenge was comparable to all the lexical choices analysed in AusDD. The terms 'drug,' 'abuse' and 'addict' were used alongside discussion of their potential to carry problematic connotations. Participants were found to be aware of these connotations and were supportive of a diversity of conflicting meanings. While it was clearly difficult to talk about the consumption of psychoactive substances without negative connotations, there was still a need for participants to use responsibilising lexical choices in order to seek a resolution to their responsibilisation. This appeared to be a common goal of Bluelight participants, and sensitivity towards difference played an important role in this pursuit.

In the coming chapter, I outline my analysis of AusDD in relation to *Cannabis* policy. Chapters produced from my NPS policy, natural high policy and enabling environment analyses are provided next, which are followed by discussion and conclusion chapters.

Chapter 4: Analysis of *Cannabis* policy discussion

In this chapter, I present the findings of my analysis of *Cannabis* policy, drawing on relevant posts within AusDD. First, I review the relationship between relevant posts and a timeline of *Cannabis* policy change within Australia, before presentation of the central theme of '*Cannabis* policy uncertainty' and the thematic areas of 'problems associated with *Cannabis*' and 'support for *Cannabis*.' Finally, results of the application of the concept of risk in this analysis will be outlined, highlighting the benefits and harms associated with the two policy designs emphasised most within the data set, *Cannabis* prohibition and *Cannabis* liberalisation.

Cannabis policy history

Throughout the world, societies and cultures are increasingly accepting of cannabis use, and there is a decreased focus on Cannabis harms. This drop in harm perceptions is inextricably linked to the liberalisation of Cannabis prohibition policy throughout the world (Weiss, Howlett and Baler, 2017). While the Cannabis policy design relied upon varies from country to country, alternatives to Cannabis prohibition are increasingly drawn upon. Medical Cannabis policy is perhaps the most common alternative, which is observable even in countries with more restrictive drug policy approaches, such as Australia and South Korea. However, recreational and decriminalised Cannabis policy is also increasingly common and can be seen in other countries such as the Netherlands, Canada, Spain and the United States. It is likely this liberalisation of Cannabis prohibition policy is influencing the liberalisation of other drug prohibition policies (Hughes, Wiessing, Jarlais and Griffiths, 2018).

The *Cannabis* policy timeline

Victoria was the most frequently referenced geopolitical context in this data set, followed by New South Wales. There was less of a clear, direct relationship with *Cannabis* policy and the Australian *Cannabis* policy timeline than expected. The most prominent discussion of a formal policy issue concerned the banning water pipes in Victoria throughout 2010, 2011 and 2012. This resulted in two threads, one related to a media article outlining the proposed 'bong ban,' the other focused on the banning of drug paraphernalia and its relationship with harm minimisation and benefit maximisation. The proposed 'bong ban' policy was also discussed in several other threads concerned with diverse topics. The following post is exemplary of the

way that participants discussed the proposed policy. Many participants seemed to hold the view that prohibition policy impacted negatively not only the health of PWUD, but also upon PWUD cultures and knowledges about drug use:

> *'where out-dated laws exist, cannabis culture is prevented. people smoke using plastic bottles with hosepipe stems and coke-can bongs because there is no interaction or meaningful information shared between smokers'.*

There were approximately 50 posts in the *Cannabis* policy data set pertaining to this issue of *Cannabis*/drug paraphernalia, contrasting with other formal policy discussion which tended to occur a significant amount of time after the policy change in question has been made, if the change was even discussed at all. Recent changes in medical *Cannabis* policy represent Australia's most substantial *Cannabis* policy liberalisation, yet these policy changes are barely discussed specifically. Two likely factors influencing the prominence of discussion of the proposed bong ban are 1) the relevance of *Cannabis* paraphernalia policy to other drug, particularly smoking, paraphernalia policy and 2) higher AusDD participation rates at the time of this formal policy issue. The disconnection between AusDD posts and formal *Cannabis* policy was further emphasised by the most common theme in the *Cannabis* policy data set '*Cannabis* policy uncertainty', as well as the dominant thematic area 'problems associated with *Cannabis*.'

Cannabis policy uncertainty

The most common theme in the *Cannabis* policy data set was the expression of uncertainty concerning the political context of personal *Cannabis* related activity, and this theme has become increasingly common over time. 'Policy uncertainty' refers to discussion seeking to clarify political (primarily legal, but also social) support and opposition for behaviours such as *Cannabis* consumption, possession, cultivation, driving while under the influence of *Cannabis* and the sale of associated paraphernalia. There was a focus on legal contexts in which the term 'personal use' was prevalent. Many participants posed questions concerned with learning how to represent themselves as personal, non-producing and non-distributing PWUD, with the intention of reducing the threat of criminal prosecution. For example:

> *'How many plants can you grow in Victoria before it's no longer considered 'personal use' in court?'*

The high frequency with which these kinds of questions were posed showed that participants were very interested in understanding the *Cannabis* policy relevant to their own behaviours.

Yet, the commonality of incorrect or unclear descriptions of *Cannabis* policy that are typically provided in response to such questions suggests that *Cannabis* policies and its changes are isolated from people who use *Cannabis*. Asking *Cannabis* policy questions on AusDD rarely resulted in a clear and definitive answer. Such *Cannabis* policy misinformation should not be solely blamed upon the ignorance of people who use *Cannabis*. In addition to problems with information access, drug policy misinformation could also be seen to be perpetuated by policy actors. This comment made by Tony Abbott as prime minister received much attention on AusDD:

> *'I was under the impression that the personal use of cannabis was no longer an offence in NSW'.*

This quote led to much policy uncertainty amongst posters and potentially encouraged illegal behaviours. For example, one participant responded:

> *'Is he talking about the personal use for everyone? Am I allowed to use weed for my personal use now? So I don't need to worry about being busted? Or is he talking about for the sick and dying?'*

However, personal use of *Cannabis* was and remains an offence in NSW. Tony Abbott's comment only served to confuse understandings of *Cannabis* policy.

Another factor contributing to the difficulty for people who use *Cannabis* to understand *Cannabis* policy was criminalisation. Prohibitive policy meant that participants were discouraged from discussing *Cannabis* behaviours. For example, posters were afraid of asking police and other persons providing drug tests how the tests worked and how recently *Cannabis* can have been consumed without testing positive, yet discussion showed participants were interested in learning this information.

Whilst attention to personal usage contexts can reduce the hazards associated with *Cannabis* criminalisation, *Cannabis* policy uncertainty means that even knowledgeable and experienced people who use *Cannabis* can misunderstand *Cannabis* policy.

> *'Knowing who to and who not to smoke in front of is normally pretty easy to judge...however i did seriously misjudge that in a festival crowd before bob dylan to come onstage earlier this year... old people in every direction muttering about the terrible druggies smoking an illegal bad person cigarette'.*

This post shows that informal policy is just as uncertain as formal policy. There was a perception of some cultural affiliation between Bob Dylan, music festivals and *Cannabis* use, and presumably this is why the poster judged smoking *Cannabis* to be acceptable in this

context. As this judgement is 'normally very easy,' the misidentification of acceptability further illustrates the unpredictable political implications of *Cannabis* consumption.

Problems associated with *Cannabis*

Uncertainty of the political implications of *Cannabis* is likely associated with the numerous problems and conflicts concerning *Cannabis*. Beyond the *Cannabis* policy timeline, posters engaged in an extensive critique of prohibitionist *Cannabis* policy designs through discussion of several subjects, including:

Harm

Having noted the flexibility of the identification of harm for the purposes of harm reduction in the AusDD analysis, the *Cannabis* policy data set illustrated how the identification of harm can be used to critique prohibition, just as it can be used by prohibition to responsibilise drug use. The critique of prohibition via the identification of harm occurs primarily within the threads regarding the banning of drug paraphernalia, and often includes reference to water pipes and vapourisers. Posters assert that the prohibitive, bong ban policy design encourages the exacerbation of bodily harm by reducing access to *Cannabis* consumption equipment made from appropriate materials.

> *'Victorian state government is now forcing me to smoke out of plastic, with who knows what type of carcinogenic compound making their way into my lungs'.*

In such discussion of the banning of *Cannabis* paraphernalia, the harms associated with inhaling toxic fumes receives the most attention. This was one of the more concise lines of argument used by posters to critique prohibition, as it allowed participants to draw on health discourses and personal experiences relating to *Cannabis* use and relate them to specific piece of *Cannabis* policy. The harm of smoking unknown materials is represented as greater than the harms of smoking known materials. Yet, like in the case of harm reduction, the identification of harm in association with particular substances, including *Cannabis* is unclear to posters. Discussion of harm is complex and accompanied with conflict due to its immeasurable and politically embedded character. This participant was seen to discourage comparisons of substance harms due to these inherent contradictions:

> *'neither alcohol or cannabis is likely much more harmful than the other… regardless of how many articles are on one side of the argument, there will likely be an equal number on the opposite'.*

People who use *Cannabis*

In the *Cannabis* policy data set, prohibition is portrayed as an inherent problem for people who use *Cannabis*. Participants argued that *Cannabis* prohibition was particularly unjust and unreasonable because many people who use *Cannabis* are normal, tax paying Australian citizens with families and employment. *Cannabis* policy is represented as increasingly repressive of people who use *Cannabis* over time, and many posters discuss the need for a greater Australian political movement to promote the support of people who use *Cannabis*. They also discuss the difficulty of undertaking or even being associated with such a movement due to the stigma associated with *Cannabis* use.

A significant problem for people who use *Cannabis* was the common experience of being targeted by policy actors, particularly the police. One popular discussion point was the impact of *Cannabis* caution policy. Despite *Cannabis* cautions having been seen in some contexts as a liberalisation of *Cannabis* policy, as cautions permit persons caught with small quantities of *Cannabis* to avoid prosecution, these cautions can also enable the identification of people who use *Cannabis* via police technologies. Participants claimed that receiving a caution resulted in an increase in the frequency that they were searched or interrogated by police. Prejudice against people who use *Cannabis* is further emphasised as police identification of *Cannabis* scent was represented by some posters as an empowering accusation that does not require evidence. The identification of *Cannabis* scent was thus seen as an excuse for authorities to search any person suspected of a crime:

> *'the old 'I smell marijuana smoke' tactic covers that. it's their word against yours, and if they want to search, there are plenty of ways that they can bully you into it'.*

Research

Within AusDD, *Cannabis* research is not discussed as frequently as media, policy and personal experiences relating to *Cannabis*. This may be influenced by restrictions on *Cannabis* research due to its illegal status. In those instances when *Cannabis* research was discussed, posters often criticised studies that provided negative representations of *Cannabis* use due to perceived lack of respect for the knowledge and perspectives of people who use *Cannabis*.

> *'What a strange article!! For a start, it's from 2008 – what has NCPIC been doing for the last four years. Plus - it's an odd experiment. It seems they only used leaf samples (couldn't get any decent research flowers!!). Also – they really cranked the temperature on both the vapourisers used. The NCPIC uses this research to argue 'vapes aren't safe' - but a more careful analysis of the research suggests that we need*

> *- more research! Preferably with some consultation of actual cannabis users so they design the experiment properly'.*

This post is commenting on research undertaken by the National Cannabis Prevention and Information Centre. The post emphasises that the prohibitionist stance of NCPIC distances the organization from people who use *Cannabis* and thus undermines the capacity of the NCPIC to undertake research. In addition to critiquing the research for being outdated, the poster goes on to emphasise that the consumption practices subject to investigation were distinct from the consumption practices of most people who use *Cannabis*. The vapouriser was not used properly, and the *Cannabis* product chosen (leaf) are not normally smoked or vapourised by people who use *Cannabis*. The low cannabinoid concentrations in the leaf are typically extracted before use, or not used at all. This suggests that the findings of the study have little relevance to the *Cannabis* consumption practices of typical consumers.

Other drug policy

Posters identified contradictions between *Cannabis* policy and policy concerning other substances. This includes comparisons to illicit drug policy, with the juxtaposition of needle programs and the bong ban being common. My analysis saw participants identifying irony in policy that supported the availability of injecting paraphernalia whilst explicitly restricting the availability of smoking paraphernalia. Yet these contradictions were most common in the contrast between *Cannabis* policy and policy concerning legal psychoactive substances, primarily alcohol, tobacco and caffeine.

> *'big deal if a few people smell it, right? Its only a herb, man. Meanwhile their sucking down beers and smoking cigi's and finishing dinner with coffee haha. Whos doing more damage?'*

This poster was suggesting that the legal psychoactive substance consumption of others does more bodily damage to consumers than illegal *Cannabis* consumption. In the contrast between *Cannabis* and alcohol policy, posters also suggested that legal substances posed greater social damages than *Cannabis*, noting the association between alcohol and violence as well as the importance of the role of bouncers and other security in venues serving alcohol.

Medicalisation

Recent changes in *Cannabis* policy regarding medical *Cannabis* represent the most substantial liberalisation of *Cannabis* policy within Australia since the beginning of *Cannabis* prohibition. Despite this, many participants criticised medical *Cannabis* policy designs because they legitimated *Cannabis* consumption solely for terminally ill persons. These

policy designs did not liberalise *Cannabis* for people who used *Cannabis* who were not considered *Cannabis* medicators, and actually enhanced the criminalisation of such people who use *Cannabis*. Furthermore, these non-medicators were typically presumed to be a larger group than *Cannabis* medicators.

A number of posters claimed they would not seek approval for the consumption of medical *Cannabis*, even if they were eligible, as they saw the potential hazards associated with registration as a medical *Cannabis* consumer to be greater than the hazards associated with illegal *Cannabis* consumption.

> *'Medical cannabis will put a harder criminal burden on recreational users as law enforcement struggle to keep the peace. The black market would grow larger and employees would be forced to test more frequently because of increased access. I would rather recreational use or nothing'.*

Medicalisation was even seen to pose problems for legitimate *Cannabis* medicators. Participants discussed that medical use was accompanied with the registration of the medicator, and that this may lead to complications when managing health and life insurance (which might charge premiums), when trying to rent vehicles (which may not permit people who use *Cannabis* to drive), and travelling to foreign countries (which may consider *Cannabis* medicators to be criminals).

Participants also discussed the potential hazards medicalisation poses to the health industry. While the current character of Australian medical *Cannabis* policy is supportive of pharmaceutical conglomerates due to the retained prohibition of raw *Cannabis* and sole legitimisation of specific *Cannabis* products, there is some leniency towards *Cannabis* medicators cultivating their own *Cannabis* plants. Participants noted that this self-sustainable, independent style of medication is repressed by the pharmaceutical industry due to conflict with goals of profit maximisation.

American medical *Cannabis* policy was criticised because many *Cannabis* medicators were not seen to have a legitimate need for *Cannabis* medication. The American medical *Cannabis* system was characterised by some as corrupt. Some of these posters saw the American system to result in inappropriate *Cannabis* prescriptions, such as the prescription of *Cannabis* for conditions that could be negatively impacted upon by *Cannabis* use.

Others responded to these criticisms of American medical *Cannabis* policy, viewing these changes more positively and arguing that they were a necessary step in the direction of liberalised *Cannabis* policy.

> *'its a 'sham' that allows function under the current framework in place. if a state governor announced 'we're legalising weed, to be sold and consumed everywhere - party time, kids!' the feds would probably send in the army or something. it had to work within some 'legality' framework that doesn't completely contradict the status quo. in terms of pragmatism, the guise of 'medical prescriptions' for people with (broad ranging and possibly vague) 'medical conditions' was the path of least resistance in terms of framework for its classification. The term 'medical' has given a sense of legitimacy'.*

The previous post acknowledges that whilst *Cannabis* use in this context may not actually be 'medical,' medical frameworks are an accessible way of legitimating substance consumption without challenging norms that condemn illicit drug consumption. Such a position acknowledges the difficulty of instigating alternative policy designs to *Cannabis* prohibition. This ties in with a less common theme in this data set that will be elaborated on later in this *Cannabis* policy analysis section, *Cannabis* policy change is a slow process. Despite this emphasis of American *Cannabis* policy by participants, participants also stated that they anticipated the medicalisation of *Cannabis* in Australia would not be comparable to American medical *Cannabis* policy designs.

There were numerous accusations that the Australian government of drawing on the *Cannabis* policy medicalisation as rhetoric, and that Australian medical *Cannabis* policy does not represent a notable *Cannabis* policy change. There are incredibly limited *Cannabis* medication resources, and access to these medications is heavily restricted.

> *'Excuse my cynicism, but they're trying anything to change their staggering unpopularity… People hear 'I would support medical marijuana' and some of us naturally respond 'You beauty! Way to go' - but if you pay attention you can see that it's classic 'dog whistle' politics'.*

Despite the breadth of these criticisms of medical *Cannabis* policy, medicalisation was viewed by many as a step forward for liberalising drug policy more broadly. Even if only 'dog whistle politics', the fact that *Cannabis* has become an important policy issue may signify changing public attitudes regarding *Cannabis* use, and the impact of these attitudes on the formal Australian political arena.

Media

Media representations of *Cannabis* did not receive significant discussion. However, within

the *Cannabis* policy data set, there was notable discussion blaming the responsibilisation of drugs in general on media publications.

> *'media has a vested interest in keeping people afraid and paranoid. People that are frightened of these things occurring to them are more likely to stay home, continue to be timid little obedient citizens who don't speak out, who distrust evidence about drugs that contradicts this sort of fear-propaganda...oh, and of course, fictitious drug horror stories coming out just before federal double-dissolution elections'.*

This post not only suggested that media intentionally manipulates information about drugs to cater for target audiences, but went on to connect this manipulation to the support of political processes.

> *'the media has been used by political and criminal parts of our society to run a misinformation campaign against drugs. Though I think the media also runs these stories simply because what is strange/different gets more page views'.*

This reply agrees that intentional manipulation of information by the media serves political interests, but emphasises a less conspiratorial factor by suggesting the media perpetuates drug responsibilisations because they are a marketable form of content. This was the most common responsibilisation associated with the media in the *Cannabis* policy data set. By catering to popular opinion of the majority, a minority of which use *Cannabis* and other drugs, the opinions of those who reject *Cannabis* and drug use are further entrenched.

Cannabis policy impossibility

There is also a prominent issue regarding the problem of liberalised *Cannabis* policy itself. Several participants claimed that it was impossible to introduce a non-prohibitive *Cannabis* policy within Australia. Blame for this impossibility was laid upon a lack of cultural flexibility:

> *'cannabis won't ever be legalised in australia. Australians are too right-wing and too suspicious of change. the predominant attitude seems to be one of fear and superstition. the overfed peasants are the majority in this country, and so long as they have their football and beer, the majority won't be open to new ideas'.*

Reasoning for this impossibility was also attributed to business and vested financial interests and their political influence. Similar to the conflict between responsibilisation of *Cannabis* medicalisation, pharmaceutical profits, and the self-sustainability of independent *Cannabis* production and cultivation, *Cannabis* policy liberalisation was also seen to be prevented by the ease of *Cannabis* production and cultivation.

> *'In contrast to other plant-derived drugs like tobacco - cannabis needs minimal nutrients and has a much better growth profile for the average gardener. If every man*

and his dog was planting his own cannabis seeds in his backyard a multi-billion industry (who also happen to be a very powerful political lobbying group) would probably cease to exist. Couple with the tobacco industry the semi-synthetic and cotton based fibre industry. The rich and influental wouldn't have their profits reduced for such paultry lower class interests'.

Some posters believed *Cannabis* policy liberalisation was difficult to achieve because they saw the groups pursuing formal drug policy change as advocates of additional 'leftist' or unusual policies. This reduces support for PWUD by people in favour of more traditional values.

> *'I don't understand why drug law reform needs to be connected with leftist economics. It's probably not helping either cause. Why can't sensible drug policy just be a policy unto itself? Getup and other lefty organisations sometimes claim to be for drug law reform, but really I think they're trying to recruit more members to add weight to their other campaigns... Not everyone who wants drugs legalised agrees with all of the rest of the greens policies. I work hard (in mining), get paid well and happen to enjoy illicit substances. Economically I'm centre-right leaning, but if I want to vote to change drug policy, my vote also goes to a party that wants shut down the industry I work in'.*

Abnormal, stigmatising framings of PWUD is a powerful and popular political strategy for generating public support. This is a powerful strategy because it caters to the existing opinions of a public majority who understand *Cannabis* to be controversial and illegal. This was seen to make it difficult for people who support *Cannabis* use to do so publicly, because they will inevitably be identified as scandalous minority. This disincentive for honesty about *Cannabis* use further institutionalises a negative dominant discourse concerning *Cannabis*, which this participant accentuated well:

> *'when the narrative is 'cannabis is illegal', 'cannabis is dangerous', 'cannabis is unhealthy', 'cannabis destroys young brains' and the like, you find that almost everyone works against allowing discussion of the issue. cannabis smokers are disenfranchised for the aforementioned reasons, meaning their opinions, wellbeing and needs are not included as part of public discourse. drugs are a bogeyman that everyone is expected to stand up against - people define themselves by what the shun'.*

There were clearly powerful systemic incentives for the maintenance of prohibition, while the responsibilised position of people who use *Cannabis* isolated and undermined their political influence. People who use *Cannabis* are thus seen as an abnormal other *'everyone is expected to stand up against'*, or at least are expected to portray ourselves as standing up against, in order to maintain dominant sociocultural values.

Support for *Cannabis*

The second most common, thematic area, 'support for *Cannabis*,' concerned the ways in which *Cannabis* culture resisted prohibition and how policy could change to provide greater care for people who use *Cannabis*.

Cannabis policy minimally impacts *Cannabis* culture

The most common theme in the 'support for *Cannabis*' thematic area regarded the resistance of prohibition by *Cannabis* culture. This thematic area consists of posts that seemed to take a reactionary *'you can't stop us'* type response to prohibitive *Cannabis* policies. The banning of drug paraphernalia was a prominent issue for this theme, with numerous posters writing about water pipes available for sale in areas where such sale was illegal, and the strategies for avoiding criminal charges when making these sales. Labelling pipes as 'water pourers' or something similar was one such strategy mentioned in a number of posts. Posters frequently asserted that policy did not determine *Cannabis* behaviour, de-emphasising policy's ability to impact on *Cannabis* use. Numerous posters were adamant about keeping their *Cannabis* consumption unregulated, believing that liberalised *Cannabis* policy would likely come with additional requirements of people who use *Cannabis*. For this reason, such posters argued that liberalised *Cannabis* policy would not influence their *Cannabis* use or their interaction with *Cannabis* black markets.

Cannabis liberalisation advocacy

Many posters, if not most, criticised *Cannabis* prohibition. However, posters were quite diverse in the policy design they advocated for as an alternative. There were many posters that advocated for complete deregulation of *Cannabis*, as well as other drugs. It was also common for posters to advocate for policy designs that existed in states other than their own. Besides general and unspecific reference to *Cannabis* 'legalisation' and 'recreational use' there was no nuanced conceptual policy design advocated for or discussed by participants as an alternative to prohibition. There was some discussion of existing medical *Cannabis* policy designs, which a minority of participants supported, and even a small number of participants that supported varying degrees of prohibition. Interestingly, these pro-prohibition comments were often accompanied by discussion of negative personal experiences relating to *Cannabis*.

There was no dominant policy design receiving advocacy. The lack of nuanced conceptual discussion about policy design in particular, not only within AusDD discussion but also

within the research literature, is a knowledge gap that needs to be developed. My work in this thesis contributes to this gap through discussion of the enabling environments policy design, but more work surely needs to be done in order to develop understandings of alternative *Cannabis* policies. Most posters suggested that *Cannabis* needed to be treated differently in different contexts, and used their own opinion, context and experience to support these claims. Advocating for *Cannabis* policy liberalisation was thus represented as risky, with the capability of producing both benefit and harm. But this risk was seen to have been managed successfully and to have achieved policy liberalisation in cases concerning other responsibilisation:

> *'They don't give out rights for free in Australia, you have to demand rights with direct action, look at the gays, the anti racism laws, the womens movement etc.... these people at some point had to put their asses on the line and stand up for what they believed in, but for some reason the cannabis community just turn their cheeks and take it'.*

USA driving *Cannabis* policy change

Posters referred positively to *Cannabis* policy liberalisation in America, and many participants expressed hope that this would pave the way for *Cannabis* policy liberalisation in Australia:

> *'As much as Australia refuses to accept it, the US is a large barometer of social trends and I see change in the next decade if Colorado and Washington develop a healthy weed supportive legislation without any adverse social problems. I see this being a powerful potential catalyst for change'.*

However, there was an approximately equal number of participants who claimed Australia would not replicate the *Cannabis* policy changes experienced in America:

> *'Any medical cannabis is a step forward, but I think anyone who sees this is an indication that the current Government supports anything resembling what is currently going on in a few States in North America is going to be very disappointed'.*

Cannabis civil disobedience

Several participants asserted that *Cannabis* policy change could be pursued through civil disobedience strategies, such as consuming *Cannabis* publicly whilst acting in a pro-social manner:

> *'we should be more honest about it, to say 'yes i'm smoking a joint, and no i don't care that it's illegal because i'm not harming anyone or doing anything wrong' ... maybe if more of us politely and respectfully did this (in appropriate contexts) we'd help rectify some of the misunderstandings people have about cannabis'.*

Posters also discussed the potential advantages of committing civil disobedience by people

who use *Cannabis* as a group, rather than as individuals:

> *'There is a thing called mass public obedience, everyone in this country that smokes pot all gets together on an agreed day and goes to their local police station with a small amount of pot demanding to be arrested and charged for breaking the law, that would be a few million people, the whole court system would not have the resources to process them and cannabis would be legal the next day'.*

Many posters considered civil disobedience to be too hazardous to engage in. A comparison between *Cannabis* policy and the liberalisation of sexuality policy within Australia was made. It was suggested that the political strategy of positive affirmation, 'pride', that was used by alternative sexualities to change responsibilising policies, should also be applied in the case of people who use *Cannabis*. It was argued that people who use *Cannabis* should display 'pride' in their identity and use this as an opportunity to present a positive image of *Cannabis* use. This discussion of *Cannabis* pride and the goal of changing public opinions suggests that participants saw social change to be instrumental in generating *Cannabis* policy change.

Perceptions of *Cannabis* policy risk

Between the theme of *Cannabis* policy uncertainty and diverse advocacy for *Cannabis* prohibition, liberalisation and alternative policy designs, a unique balance of opinions was seen. This could come as a surprise as research of forums supporting PWUD, including Bluelight, has suggested that such sites are spaces devoted solely to drug promotion.

Using the concept of risk to review the benefits and harms associated with *Cannabis* policy in this data set highlights discussion of two types of policy designs, 1) *Cannabis* prohibition designs and 2) *Cannabis* liberalisation designs. Both of these designs are typically discussed in relation to existing policy designs (i.e. decriminalised drug consumption in Uruguay, the Victorian water pipe ban, medical *Cannabis* policies) rather than abstract, conceptual policy designs, as there was no nuanced conceptual policy design advocated for or discussed by participants as an alternative to prohibition. Attention to the benefits and harms associated with each of these *Cannabis* prohibition and liberalisation designs is an effective means of illustrating the diversity of policy understandings amongst AusDD posters.

Cannabis prohibition and harm

Prohibition harm is the most discussed dimension of risk relating to *Cannabis* policy. The harms associated with *Cannabis* prohibition included *Cannabis* crime, *Cannabis* information

and education, targeting of people who use *Cannabis*, responsibilisation of *Cannabis* research, resource wastage and misrepresentations of *Cannabis* harm.

Cannabis crime

Usage of the term 'crime' and associated terms such as 'criminal,' and 'decriminalisation' highlight *Cannabis* crime as the most commonly discussed harm relating to *Cannabis* prohibition. Such harms included incarceration itself, as well financial difficulty and criminal stigmatisation. Posters aimed to reduce this harm of criminalisation by understanding the policy contexts of their local area. There was a particular focus on liberalised geographic regions, with South Australia's unique laws on *Cannabis* cultivation receiving some attention. Participants also suggested that even if their behaviour was criminalised, most people who use *Cannabis* weren't really criminal. There was some discussion on different relationships between participants and police, suggesting that some police share the opinion that people who use *Cannabis* are not criminals. Some claimed that police were lenient towards them and that police were likely to utilise discretion when dealing with people who use *Cannabis*. Decriminalisation was represented as an effective means of reducing the harms associated with *Cannabis* crime, but posters were sceptical about such changes. This is because they understood that most of the public were not people who use *Cannabis*, and that this public had existing opinions that responsibilise people who use *Cannabis* that were re-enforced by mass media.

Cannabis information and education

Discussion of the terms 'information' and 'education' connects to another important issue regarding harm and *Cannabis* prohibition. The idea that prohibition stimulates *Cannabis* misinformation and prevents accurate *Cannabis* education was held by a number of posters, who believed that this restriction of knowledge exacerbated harm.

> *'there is not much information offered to people who choose not to say no - and even a perfunctory glance at a government drug pamphlet will identify a number of blatant errors, misconceptions and lies'.*

It was common for posters to contrast the lack of information and education accompanying the sale of drug products to the plethora of information and education accompanying the sale of medical products. My analysis found that it was also common for participants to see prohibition-based education as inadvertently promoting drug use, as misinformation undermines valuation of these prohibitionist sources of knowledge:

> *'Education is an outcome of prohibition. If cannabis came with a warning label, dosage guide and education material, people could make informed choices instead of*

> *thinking 'shit, i didnt turn into a violent criminal, everything they told me was false' and smoke away all day everyday'.*

Posters stated that in their experiences of buying legal, *Cannabis* related products, sellers intentionally restricted information for their own legal safety because these products could only be sold legally when their contents were unknown. This places responsibility for understanding the composition of products on people who buy or use drugs and these unknowns increase their potential harm.

Posters suggest contexts of liberalised *Cannabis* policy enhance information dissemination and development, resulting in less harmful *Cannabis* use. Vapourisers are used as a key example. Vapourisers offer a potentially less harmful means of consumption than smoking, and the geographic areas in which vapouriser designs proliferate and evolve were seen to be the same areas experiencing liberalised *Cannabis* policy. Participants identified this to be the result not simply of *Cannabis* access, but also of the freedom with which *Cannabis* information can be shared and investigated without the threat of criminalisation.

Assertions that drug information can reduce harm results in posters attributing educational responsibilities to government policy. The lack of such education within an Australian context juxtaposes to education policy concerning other issues, and one participant offered an excellent example by contrasting sex and drug education policies, suggesting current policies are more concerned with maintaining ideology than reducing harm:

> *'where there is quality sex education, you see fewer unplanned pregnancies, smaller birth rates and rates of preventable sexually transmitted infections. In countries that are particularly poor or religious - where sex education is frowned upon - you tend to have the reciprocal of this... drug education is still very taboo here. government policies are explicitly focused on 'keeping young people off drugs' rather than on efforts to keep young people safe, whatever choices they make, and this has a comparable impact to sex education policies'.*

Such education improves people who use *Cannabis*' abilities to make informed choices based on their personal needs and desires. The availability of different species and strains of *Cannabis* in legal and decriminalised *Cannabis* markets is a big discussion point. My study suggested that participants felt they were not capable of understanding or accessing these differences through the Australian *Cannabis* market, and thus could not improve their understanding of how different types of *Cannabis* produced different effects.

The harms associated with education were seen to be broader than bodily harm. They included harms stemming from *Cannabis* responsibilisation and community relationships. It

was suggested that improved *Cannabis* education and information could help the relationship between people who use *Cannabis* and numerous other stakeholders by changing how all of these parties understood *Cannabis* use.

Victimisation of people who use Cannabis

People who use *Cannabis* are an increasingly common target for government policy, and this is evidenced by the significant *Cannabis* policy changes that have occurred in recent times. Some posters suggested that this did not represent growing support for people who use *Cannabis* and that liberalising Australian *Cannabis* policy was in actuality a political marketing tactic. This targeting of people who use *Cannabis* was understood to be a result of their prevalence and the ease of identifying *Cannabis* in contrast to other drugs:

> *'as the most consumed drug it makes sense it that it is the most detected. Combine that with the fact takes up more space and smells stronger than most drugs and its fairly guaranteed to overshadow seizures of other drugs'.*

The extent to which people who use *Cannabis* were understood to be targeted was further emphasised by participant claims that false *Cannabis* identification is a common police tactic used to gain the right to search.

Responsibilisation of Cannabis research

Cannabis prohibition is understood by posters to reduce and complicate *Cannabis* research. Prohibition makes such research difficult to undertake. Stigmatising *Cannabis* use also promotes secrecy and uncertainty about *Cannabis*, which makes it highly difficult to replicate usage contexts in research. Despite the difficult of *Cannabis* research, posters suggested that such research seeking to find useful application of these substances, beginning with health and medicinal uses, is an effective strategy for challenging prohibitionist policy, particularly within context of the health sciences. Rick Doblin and the Multidisciplinary Association of Psychedelic Studies are mentioned by a number of participants in relation to the pursuit of such a strategy.

Resource wastage

'Waste' is another harm commonly associated with *Cannabis* prohibition. For the most part, posters refer to this 'waste' in terms of the cost of enforcing *Cannabis* prohibition:

> *'How costly is it to maintain the annual cannabis eradication programme? And despite this how much cannabis is everywhere all the time. What a waste of resources'.*

Yet posters also identify prohibition as wasting an opportunity to tax *Cannabis* and thus to increase public revenue.

Misrepresentation of harm due to legal status of other substances

As has been noted, the harm associated with *Cannabis* and other substances is recognised as immeasurable and politically motivated. Yet, posters assert that prohibition results in the presumption that *Cannabis* causes more harm than other legal substances. Comparisons are often made between and alcohol or tobacco, asserting that *Cannabis* does not cause more harm than legal substances. Using tobacco alongside *Cannabis* was represented as more harmful than *Cannabis* use alone. Posters see this as problematic because the combination of tobacco and *Cannabis* is common in Australian culture, which is likely entrenched by the ease of accessing tobacco in contrast to the difficulty of accessing *Cannabis*. *Cannabis* use is frequently portrayed as less violent than alcohol use, and alcohol is also seen to have a greater connection to fatality:

> *'Alcohol kills more people per year than all other drugs combined... x1000. Nobody has ever died from a cannabis overdose'.*

Cannabis and health

Prohibition is also seen to exacerbate health problems as it results in the restriction of understanding of how health problems emerge in prohibited contexts, and a lack of access to quality *Cannabis* and *Cannabis* paraphernalia. These claims were most prominent in reaction to the water pipe ban:

> *'People are still going to smoke cannabis, more than likely they will make a water pipe and the homemade bong will be worse for their health'.*

Cannabis prohibition and benefit

In terms of risk and *Cannabis* policy, benefit and prohibition were the least discussed dimension of *Cannabis* policy risk in this data set. The primary benefit of *Cannabis* prohibition was identified as a source of government revenue:

> *'the only 'benefit' will be authorities being able to issue more fines and infringements for people purchasing or stores stocking smoking implements like bongs and glass pipes'.*

The only other acknowledged of a benefit of *Cannabis* prohibition was political image:

> *'the reason? i'd say political point scoring, revenue raising, stigmatising groups of people for the sake of being 'tough on drugs''.*

Cannabis liberalisation and harm

The term liberalisation is not often used within the *Cannabis* policy data set but has been used within this project to refer to alternative *Cannabis* policy designs emerging following prohibition. The liberalised *Cannabis* policy designs most discussed were existing policy

designs, which were generally referred to using the terms 'legalisation' 'decriminalisation' 'medicalisation' and 'recreation.'

The term most often used to discuss liberalised policy designs within the *Cannabis* policy data set was 'legalisation.' Yet, generically labelling emerging *Cannabis* policy as legalisation tends to de-emphasise the nuanced design of drug policy designs, and posters recognise this:

> *'you could contend that 'medical marijuana' is full legalisation. At the moment all you need is permission from a doctor. restricted? yes, but effectively legal. that's an option lots of the world doesn't have'.*

A participant responded to this post as follows:

> *'You can fault my use of language, but the concept is hugely different. Would you describe OxyContin as legal? it is technically, but in terms of recreational use or getting a buzz it isn't, this 'legal' status has little effect on the overwhelming majority of the population who use it'.*

Discussion of 'legalisation' can be seen to refer to broader discussion than specific *Cannabis* laws, 'legalisation' means policy change that improves the sociocultural context of people who use *Cannabis*.

Cannabis liberalisation was also seen to pose harms to those who support prohibition, particularly to those whose careers are dependent on *Cannabis* prohibition enforcement. There is also a significant amount of harm attributed to *Cannabis* liberalisation policy in the form of *Cannabis* medicalisation. This is because medicalisation perpetuates understandings that many, people who use *Cannabis* non-medically consume *Cannabis* illegitimately. Advocacy for 'legalisation' is advocacy for a change in these understandings.

Cannabis liberalisation and benefit

Despite the prominence of liberalisation advocacy there did not appear to be a large variety of benefits associated by posters with *Cannabis* liberalisation. Use of the term 'health' was reviewed, but as mentioned previously, discussion of health and *Cannabis* policy centred on the harms of prohibition, rather than the benefits of change. The term 'access' was also reviewed, but its limited discussion focused on prohibition's failure to reduce *Cannabis* access, rather than on the influence of liberalisation. This seems illustrative of the interest and corresponding lack of complex understandings of liberalised *Cannabis* policy designs that are alternatives to prohibition. This is likely impacted by the recent, ongoing and current nature of *Cannabis* policy change, contrasting to an extensive recent history of prohibition.

Posters associate the liberalisation of *Cannabis* policy with two main benefits. These are as follows:

Improvements in Cannabis quality

Participants claimed that *Cannabis* liberalisation would encourage the greater participation of experts in botany and chemistry in *Cannabis* cultivation and production processes, because this work would no longer be accompanied by stigma. Participation in the *Cannabis* industry was anticipated to be positively influenced by this. There was also substantial discussion surrounding how this would improve *Cannabis* consumer understandings about the composition of the product, and was presumed to increase the variety of *Cannabis* strains and products that would be available.

A new source of jobs and public revenue

The liberalisation of *Cannabis* policy was often presumed to be accompanied with the establishment and expansion of a legitimate *Cannabis* industry. The current criminal status of the industry means that there are few opportunities for the generation of public funds through taxation, and the associated forms of employment are largely inaccessible. Many participants asserted that liberalised *Cannabis* policy would change this, and thus see such policy as a significant economic opportunity for the Australian government:

> *'Now if he legalised recreational use he could fix the 'budget crisis' and help the whole country. There would be no need for welfare, education or healthcare reductions, and the cannabis industry would create more jobs'.*

Findings summary

Paraphernalia policy was the most discussed issue appearing on the *Cannabis* policy timeline, but there was an overall disconnection between formal *Cannabis* policy change and AusDD. This *Cannabis* policy uncertainty was perpetuated by policy actors spreading misinformation due to their own lack of policy understanding and political agendas.

The primary thematic area in the *Cannabis* policy data set was 'problems associated with *Cannabis*.' Seven problematic areas were associated with *Cannabis* policy: harm; people who used *Cannabis*; research; other policy; medicalisation; media; and *Cannabis* liberalisation impossibility. The identification of harm was seen to be a political argumentation strategy used to support a valuation or critique of prohibition. Current *Cannabis* policy was understood to result in the responsibilisation of people who use *Cannabis* due to prevalence, identifiability and prejudice. Negative views of *Cannabis* were perceived to reduce access to *Cannabis* products and technology, and to undermine the efficacy of *Cannabis* research.

Prohibitive *Cannabis* policy was understood to contradict policy concerning substances such as alcohol, tobacco and caffeine, and other illicit drugs, complicating understandings of the influence of substances upon health. Medical *Cannabis* policy was not seen to improve access or reduce criminalisation of *Cannabis* for most people who use *Cannabis*. This policy represented minimal change in *Cannabis* policy for people who use *Cannabis*, despite being a potential influence upon policy liberalisation. The media was understood to perpetuate the responsibilisation of people who use *Cannabis* and promote support for prohibition by seeking popular appeal, and sociocultural tradition, financial interests and the minority status of people who use *Cannabis* were seen by many to prevent the possibility of *Cannabis* policy liberalisation.

The secondary thematic area in the *Cannabis* policy data set was 'support for *Cannabis*.' There were four main issues identified in this area. Prohibitive *Cannabis* policy was seen to have a minimal impact on culture and usage practices. Regarding *Cannabis* liberalisation advocacy, rather than advocating for a specific policy design, participants tended to advocate for *Cannabis* policy change through a critique of *Cannabis* prohibition. America was seen to be a key driver of *Cannabis* policy change as there was significant discussion of *Cannabis* liberalisation policy in various American state contexts and debate over the potential influence of these changes on Australian policy. Concerning *Cannabis* civil disobedience, a unique *Cannabis* policy change activism tactic focused on promoting *Cannabis* in everyday contexts rather than on changing formal policy issues.

The application of the concept of risk resulted in the identification of two policy designs that received discussion in the *Cannabis* policy data set, *Cannabis* prohibition and *Cannabis* liberalisation. *Cannabis* prohibition harm was the most discussed dimension of *Cannabis* policy risk. Harms included the exacerbation of crime, reduction in the accuracy of *Cannabis* information, education and research, the scapegoating of people who use *Cannabis*, public resource wastage, misrepresentation of the harms associated with legal substances, as well as the most prevalent harm, the exacerbation of health problems for people who use *Cannabis*. *Cannabis* prohibition and benefit, on the other hand, was the least discussed area of *Cannabis* policy risk, with posters noting no other benefits besides revenue raising and political image. *Cannabis* liberalisation and harm concerned the change *Cannabis* liberalisation could imply for existing sociocultural values, as well as the institutional structures that exist for the purpose of combatting *Cannabis* use. There was also harm attributed to the current medical *Cannabis* liberalisation policy as it perpetuates understandings that non-medical people who

use *Cannabis* consume *Cannabis* illegitimately. Finally, there were two main benefits associated with the liberalisation of *Cannabis* policy, improvements in *Cannabis* quality and an additional source of employment and public revenue.

The next chapter concerns the relationship between AusDD and the other most substantial area of formal Australian drug policy change besides *Cannabis,* NPS. Following this, additional AusDD analyses chapters will review my natural high and enabling environment policy. This will lead to discussion of the relationship between the analyses chapters, my research questions and research concerning responsibilisation, policy designs and PWUD, and then to a conclusion chapter.

Chapter 5: Analysis of NPS policy discussion

In this chapter I focus on an analysis of posts relevant to new psychoactive substances (NPS) policy within AusDD. I will first review the dominant lexical choices used to discuss these substances. Following this, I move to a discussion of the relationship between relevant posts and a timeline of NPS policy change within Australia. The thematic area of 'NPS policy inefficacy' highlighted an extensive criticism by participants of Australian NPS policy. The next most prominent thematic area was 'NPS comparison to other substances,' in which participants discussed the distinction of NPS as a unique group of drugs. The other thematic areas, 'media is driving anti-NPS policy' and 'NPS policy is symbolic' suggested that social and institutional support for prohibition values has laid the foundations for NPS prohibition. Finally, the application of risk to understandings of NPS policy showed a much more balanced understanding of NPS prohibition within this data set, in contrast to the negative public image of NPS.

NPS policy history

NPS, due to reliance on the term 'new' struggles to rigidly define a particular category of drugs, as what is 'new' varies by context. However, reference to NPS typically relies on a regulatory perspective, in which NPS are not specifically prohibited (by individual name), unlike 'old' or more traditionally consumed psychoactive substances. This means NPS are often more accessible than other illicit drugs. NPS are also often falsely marketed as traditional illicit drugs, due to the similarity of their effects, accessibility and reduced cost. Because the effects of many NPS are largely unresearched and their proliferation is rapid, there is a concurrent struggle and interest in regulating these substances. A number of countries, including Ireland, Poland, Romania, New Zealand, the United Kingdom and Australia, have created broad 'blanket bans' on psychoactive substances in general, in response to the prevalence of NPS (Barratt, Seear and Lancaster, 2017).

Lexical choices

The acronym NPS did not appear within the NPS data set. The selection of this term for framing this data set is encouraged by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the United Nations Office on Drugs and Crime (UNODC). In these instances, NPS is intended as a catch-all for emerging drug trends. While this term does

not receive usage in this data set, 'new drug' was referenced in six posts. In other contexts, including the Psychonaut Mapping and ReDNet Projects, NPS is used to refer to 'novel psychoactive substances.' Both NPS acronyms are an uncommon lexical choice in the discussion of NPS. While the ReDNet and the PMP use the term 'novel' rather than 'new' because many emerging drug trends are the popularisation of substances discovered long ago, the EMCDDA and UNODC understand 'new' to refer not only to substances that have recently been synthesised for the first time, but also to substances that have been recently detected or used.

Within the NPS policy data set the term 'synthetic' is used in thirty different posts, being the dominant lexical choice used by participants to refer to NPS. Synthetic was also the predominant NPS descriptive term appearing in the Australian NPS policy timeline. In both these contexts the most common substances discussed were synthetic cannabinoids. Yet participants issued a significant number of challenges to the efficacy of the 'synthetic' term due to its unclear meaning. Posters were seen to critique those who argue against synthetic drug consumption in favour of traditional drug consumption, because they saw no clear distinction between the two:

> *'All drugs are synthetic so your reccomendation to use heroin/MDMA/meth is just WTF? Basic black tar heroin is really just morphine boiled in acetic acid with no water. It might sound 'synthetic' because all drugs are synthetic in some way'.*

The term 'research chemical' is the second most frequent term used in reference to NPS, appearing in 14 posts in the NPS policy data set. Yet posters find that this term is just as problematic as 'synthetic' when 'research chemical' is used to distinguish between different substances:

> *'Initially all drugs must be technically defined as research chemicals'.*

The term 'analogue' was used in reference to NPS five times in the NPS policy data set, and was closely attached to discussion of formal policy that uses the term. Posters criticised the use of this term, because unlike 'NPS,' it could not be used to refer to new and structurally unique compounds:

> *'Imagine a really novel compound; not just some altered form of another drug; a compound molecularly different and incomparable to any existing chemical so that it is not considered a derivative or analogue of something else… In such a case, the new 'radical' legislaion could not be applicable and the new compound would need many precisely conducted and arduous scientific studies to collect enough information to ban it'.*

'Designer drug' was another less common means of referring to NPS and appeared four times within this data set.

The NPS policy timeline

NSW was the most referenced geopolitical context in the NPS policy data set, followed by South Australia. 20 of the total 47 posts were made in 2013, which stood out as the year containing the highest concentration of NPS policy discussion. There were no relevant posts in 2010 or 2015, 11 in 2011, 6 in 2012 and 7 in 2014. There was even less of a connection between the NPS policy timeline and the NPS policy data set than the *Cannabis* policy timeline and the *Cannabis* policy data set. The most discussed NPS policy timeline event within the NPS policy data set also occurred during 2013 and concerned federal legislation pertaining to the definition of 'analogue.' Specifically, this concerned the Criminal Code Amendment Regulation 2013 (No. 1) and the Crimes Legislation Amendment (Serious Drugs, Identity Crime and Other Measures) Act 2012. Posters emphasised the complexity of this legislation, referring in particular to problems with enforcement of the expanded definition of analogue:

> *'simplifying the legal position of common research chemicals (as has been done with the synthetic cannabinoids) is an advantage for law enforcement. 'This is illegal' is a lot easier to prosecute than 'this is structurally or technically similar to substance x, which makes it illegal''.*

Posters suggested this legislation was of greater concern for those dealing with large quantities of NPS than for individual people who use NPS, because prosecution using the analogue act was likely to require complicated and expensive scientific resources. It was seen to be unlikely that such resources would be used unless the defendant was involved with economically significant quantities of a potentially illegal substance.

The second most discussed NPS policy timeline even within the NPS policy data set regarded the death of Henry Kwan following the consumption of what was thought to be 25I-NBOMe in Sydney in 2013. This resulted in a temporary ban on NPS in NSW in June and prompted calls for a federal ban. Posters suggested this ban was reactionary and unreasonable, because attention to this single case unreasonably emphasised the relationship between death and NPS. Participants contended that it was likely many other people used similar substances during this same time without negative consequences, and that the ban unfairly targeted these

potentially safe people who used NPS. The issue is used as context to compare drug taking to legal behaviours, in order to emphasise this lack of equality in policy:

> *'why, when a person drives into a tree at three times the alcohol limit why don't they ban all alcohol the next day, why when some kid gets a brain injury in a rugby game don't they ban all contact sport?'*

The media received much blame for their coverage and promotion of Kwan's death as a NPS drug issue. The choice of media authors to use 'synthetic drug' terminology and to reference lysergic acid diethylamide is heavily criticised for perpetuating misunderstandings about drug effects as well as responsibilising NPS and drug use more broadly.

NPS policy inefficacy

Posters emphasised the inability of prohibitive NPS policy to achieve its aims, that is, its inability to ban psychoactive substances prior to their discovery. While the policy increased the ease of prosecuting producers making identifiable or distinguishable compounds, many participants saw the policy to increase the difficulty of prosecuting producers of unique and unknown compounds. Prohibition was thus seen to promote the discovery of un-identifiable or indistinguishable psychoactive substances, exacerbating the consumption of such substances as consumers were attracted to their legality. Participants saw this as problematic because they were cautious about trying new substances without information on the substance, and often associated unknown NPS consumption with death or other negative health impacts. Participants were also far more critical of the experiences associated with NPS than of the experiences associated with more traditional psychoactive substances.

Participants also emphasised that prohibitive NPS policy was ineffective for another reason. NPS policy was seen to have failed to prevent a legal market for NPS because these substances could still be sold legally if they were not marketed for human consumption. The sale of NPS as 'incense' was used as an example. The way that incense is normally used implies the product is meant to be burned or vapourised, without implying that the product is intended for consumption. In this way, distributors could sell NPS in normal stores with increased protection from prosecution. Laws focused on reducing the production of NPS were criticised as a *'political stunt'* and *'token effort'*. This was because most NPS were imported, their local manufacture was uncommon, and their identification by customs was quite difficult. Because there are legitimate applications of NPS, particularly for researchers, and due to the sheer number of these substances, their comprehensive prohibition is

impossible. Ultimately, my analysis showed that the majority perspective of participants was that NPS policy was ineffective, and this was the same way that most participants viewed Australian drug policy in general.

> *'I expect the ban will be as effective as the ban on heroin, cocaine, cannabis, etc'.*

Comparison of NPS to other substances

It was common for participants to compare NPS to legal substances, such as alcohol, arguing that the health implications are potentially less significant:

> *'Did Inspector Clouseau entirely miss that these 'serious health risks' PRECISELY mimic the consequences of drinking a case of beer? Also, his officers would have MUCH LESS grief if all they had to deal with at Schoolies was a couple of kids overdosing on synthetic cannabinoids!'*

However, many posters had an aversion to NPS, perceiving them to be associated with greater hazards than other substances due to their association with unknown and unanticipated side effects. Such anti-NPS attitudes did spark argument, in a similar way that other anti-drug attitudes also did within AusDD. Anti-NPS attitudes were seen by some to be stigmatising, and to produce problems similar to those of prohibition in general by providing disincentives to share information:

> *'Either way there will be side effects/have a negative impact. Does it truly matter if you know what the negative impact is gonna be? You never know, each time you get in a car you could die. I personally think that people SHOULD be trying them to help advise others. Most people here are just using the 'Just say no' approach.'*

Posters argue NPS should be treated like traditional drugs, asserting that the health risks are comparable. Such posters challenge the relevance of identifying NPS as a distinct drug group type, asserting that those who claim NPS should be avoided in favour of traditional drugs fail to understand that all drugs are capable of being considered NPS. This emphasised the importance of understanding substances individually, rather than in accordance with their labelling as part of a group of substances. However, there was also a prominent counter argument in favour of recognising NPS as a unique drug group type. Such participants were concerned with the consumption of substances that have not been tested or trialled, meaning they had no reliable information for assessing the associated risk. It was a history of usage and research over time that such posters argued was a defining characteristic of NPS, a characteristic that was seen to help distinguish these substances from traditional drugs:

> *'Stick with things that you know will fuck you up and that you know how will fuck you up (in terms of your weekend and mental/physical health such as sustained drug abuse). We all know what too much MDMA/meth/heroin does! But too much of an RC, seriously, what could happen to you, meth was created almost 100 years ago, think of what that does to people now, what are the new recipe of drugs going to do to people in the next 100 years? I don't want to find out'.*

Another key point of difference between NPS and other substances was their quasi-legal market. A characteristic of this market was a lack of specific labelling information. In addition to implying the contents are not intended for human consumption, packaging also tends to avoid identifying the psychoactive substance contained, as this increases the likelihood of prosecution and/or expanded policy restrictions targeting the substance in question. Responsibility for the existence of this quasi-legal market hazard is attributed to the unethical pursuit of profitability through the legal sale of NPS. Posters suggested that communities composed of PWUD were more capable of safely regulating knowledge and distribution of these substances than those offering them for sale. The case of cannabinoids was used in a post to provide a strong example of this:

> *'this was handled so irresponsibly by all the fake cannabis vendors that it was bound to force our reactionary governments to do something. rather than a well-kept secret amongst well-informed people, the synthetic cannabis cowboys pursued maximum profit, supplying the mass-market with an aesthetically pleasing, commercial product with no labelling of active ingredients or anything besides some 'herbal incense' bull shit. if it was kept secret and not marketed in such a blatant way, we might all still have access'.*

Distinguishing between NPS and other substances is also seen to be important because some NPS are understood to be a substitute for another substance, such as in the substitution of *Cannabis* for new cannabinoid products. Some participants suggested the innovative strategy of liberalising drug policy in order to undermine the hazards of substituting NPS for other drugs. These participants claimed people who use *Cannabis* use new cannabinoids because of the increased accessibility of cannabinoids and because most cannabinoid products do not show up in drug tests. The implication here was that if *Cannabis* was treated like cannabinoids, and if traditional drugs had quasi-legal markets like NPS, these substances would be chosen over NPS alternatives. While many argued against the negative representation of NPS, some saw a benefit in the bad press that has accompanied these substances. Some such participants claimed this could reflect well upon traditional drugs as a substitute:

> *'The good news is persons that were anti weed or anti acid may be feeling better about these drugs due to the fear and negative hype regarding synthetic drugs'.*

While there was clear apprehension towards NPS, there was a distinct group of participants who maintained their interest in these substances, seeing potential for discovery of substances as favourable as traditional drugs:

> *'I think its alright that these guinea pigs are willing to test these new substances. Hopefully they will find the next ecstasy or heroin!'*

Media is driving anti-NPS policy

NPS prohibition was seen to be driven by stories about NPS in the media, which represented these substances as dangerous, maintaining PWUD prejudice in pursuit of provocative and popular appeal. Media was seen by many to have a direct effect on politicians and their production and support of anti-NPS policy, and to de-emphasise the social responsibility of managing NPS by placing responsibility either on people who used NPS or on the substances themselves. The media was also seen to perpetuate misinformation about NPS, including problematic terminology:

> *'What a pointless piece of writing. The person who died from a 'synthetic drug' that 'mimics LSD' consumed 25i-NBOME. This article mentions the death and then proceeds to list numerous synthetic drugs that are barely even identifiable, let alone psychedelic. It's street names and 'common' colloquialisms like this that cause harm and prevent people from becoming informed. What are the actual names of these newly banned substances?'*

NPS policy is symbolic

Alongside assertions that NPS policy was ineffective, there were a number of posts in the NPS policy data set suggesting that NPS policy was little more than a political symbol of the retained popularity of a prohibitionist attitude towards drugs. Henry Kwan's death, the second most discussed event in the NPS policy timeline, was intimately connected to a number of media articles, and it seems these same media articles prompted reactionary policy responses throughout the country. Posters criticised the formal policy discourse concerning the Kwan incident:

> *'The whole exaggerated tone of this release pisses me off, it's what I would expect from the mainstream media not in official government material'.*

NPS policy was not seen by participants as an effective strategy for reducing the harm associated with NPS use, or even for reducing NPS supply. Rather, an implied message

regarding political willingness to responsibilise drugs was seen to be an outcome of NPS policy. Unfortunately, this approach was seen to re-enforce prohibition values through popular appeal because of the prominence of anti-drug attitudes:

> *'Doesnt matter that the this won't stop supply, the government is just trying to look like they're 'something' to appease the Australia's majority voting backwards thinking citizens whose understandings rely on outdated US propaganda'.*

Perceptions of NPS policy risk

In contrast to the *Cannabis* policy analysis, there was far less discussion of different policy designs in the NPS policy data set. This was likely due to the lack of existing policy concerning NPS, as NPS have only recently started receiving attention as a policy issue. Views on policy are less diverse within this data set, and this is surely due to a lack of diversity of existing NPS policy designs, particularly in Australia, but also globally. For this reason, application of the risk concept in this NPS policy analysis focused solely on NPS prohibition. There was little to no discussion of NPS policy liberalisation or any NPS policy design besides prohibition within this data set.

NPS prohibition and harm

While broad definitions of NPS in policy using terms including 'psychoactive' and 'analogue' potentiate the prohibition of many substances, enforcement of these definitions is far more difficult. Ultimately, enforcement of such laws relies on the completion of much additional research:

> *'the law doesn't have the resources required to regulate these compounds. They need much more money and time to to research the compound for enough evidence to ascertain and justify scheduling and legal status'.*

Posters spent some time criticising the incapability of policy to ban NPS because they are impossible to ban as fast as they are discovered. Stakeholders concerned with NPS policy are normally disconnected from relevant research outputs. Interpreting such outputs within a policy context takes significant time, and can involve disciplinary and research skills that these stakeholders may not have easy access too. The slow pace of regulating new substances is also influenced by the appeal of these substances to producers and vendors. These two groups profit from the quasi-legal position of substances that are yet to be regulated and are thus incentivised to assist in avoiding the politicisation of such substances by restricting information about NPS products. Many posters criticise these grey markets for newly

discovered NPS because they are seen to accelerate the distribution of potentially hazardous substances:

> *'The actual issue is that the new 'synthetic highs' are becoming increasingly dangerous as manufacturers attempt to use policy loopholes to promote/sell/distribute substances with almost no recreational value and that are in fact utter shit'.*

The breadth of NPS policy (particularly due to its emphasis of the term 'psychoactive') can be seen to provide a potential means of banning any object at the whim of policy actors. Similar to the problem of distinguishing 'drugs' from food and other objects, I found that participants saw problems in distinguishing 'psychoactive' from that which is not psychoactive. Many participants did not appear to agree with distinguishing between that which did and did not alter consciousness. This created concerns that policy enforcers could identify psychoactive substances based on subjectivities that likely responsibilised PWUD. Broadly banning newly discovered and even yet to be discovered substances was also seen to reduce the chance of discovering new medicines with potential social and health values, as well as to reduce the discovery of new pleasurable experiences.

A frequently identified problem was that legal NPS could be more attractive to consumers than illegal traditional drugs. This was an issue because legal NPS were often understood to be an accessible substitute for an illegal traditional drug. The replacement of *Cannabis* for NPS cannabinoids was the most common discussion point here. While cannabinoids were often seen to be accompanied with increased access, information regarding how the use of these substances influenced bodies over time was not seen to be available. Furthermore, there was a clear association between cannabinoids and exacerbated health problems within online discussions of anecdotal evidence. This was not the case for *Cannabis*, which has been used and researched for some time, and at least within AusDD was not as closely associated with bodily harm. It appeared to be for this reason that participants advocated for the use of *Cannabis* rather than cannabinoid products, despite the greater threat of criminalisation. The importance of this cannabinoid/*Cannabis* distinction is further encouraged by the significant number of participants who saw a responsibility for policy avoid to incentivising NPS cannabinoid consumption.

> *'Progressive drug policy is NOT encouraging citizens to inhale this shit by keeping real cannabis illegal'.*

NPS prohibition and benefit

There were a number of participants who advocated for the liberalisation of traditional drug policy, whilst remaining in favour of NPS prohibition. Such posters tended to argue that NPS prohibition restricts access to unstudied, potentially harmful substances. Posters making such arguments often argued that traditional drugs have been available and understood for longer periods of time than have NPS, suggesting that there is a greater capacity to anticipate their effects on the body and on society. The prohibition of NPS was also argued to help reduce dangerous marketing tactics that promote unknown substance consumption. Furthermore, while some suggested that NPS prohibition had the benefit of reducing enforcement resource wastage by increasing the ease with which a dangerous new substance could be banned, arguments countering this view were more prominent:

> *'a thorough understanding of the legislation, and its application by police and customs etc requires a proper understanding of chemistry as well as good knowledge of the many different research chems in use. Your average cop would need to undergo extensive training and education to work with such legislation'.*

Findings summary

Analysis of lexical choices made in the NPS policy data set illustrated that 'synthetic' was the dominant term used in reference to NPS, but its meaning and relevance was heavily disputed. While the lexical choices of policy aimed to increase the stability of the meaning of NPS, particularly by defining the terms 'psychoactive substance' and 'psychoactive effect,' the lexical choices in AusDD showed the meaning of NPS to be in no way stable. Attention to the relationship between the NPS policy timeline and the NPS policy data set suggested that NPS policy has targeted manufacturers, is reactionary and highly responsive to the media. The thematic area 'Media is driving anti-NPS policy' further emphasises the role of the media in NPS prohibition policy. The media's focus on controversy and popular appeal, accompanied with a lack of concern for alternative and minority perspectives results in the attribution of blame for NPS problems to NPS substances and people who used NPS themselves, rather than to their social context.

Thematic coding of the NPS policy data set highlighted that the most prominent area of NPS policy discussion on AusDD was the criticism of NPS policy. Posters noted the impossibility of banning substances with legitimate applications, or banning NPS that have yet to be created, as well as the general failure of NPS policy to impact upon NPS supply. There was

also a strong argument that Australian NPS policy promotes the production of new NPS in order to meet the needs of a grey/quasi-legal market.

As NPS policy remains a political symbol of the retained sociocultural value of drug prohibition, it assists in maintaining the entrenchment of anti-drug attitudes. However, application of the risk concept in the context of NPS prohibition shows a balance between perspectives on harms and benefits of NPS prohibition policy amongst AusDD participants, which contrasts to the harms and benefits attributed to *Cannabis* prohibition policy. This adds support to the assertion that a 'traditional drug' / 'NPS drug' binary is unhelpful outside of a prohibitionist context.

The next chapter concerns the relationship between AusDD and policy regarding the innovative drug category of natural highs. This will lead to the final analysis chapter in which AusDD's connection with the enabling environments policy design will be considered. After comes a discussion chapter reviewing the relationship between the analyses chapters, my research questions and research concerning responsibilisation, policy designs and PWUD. This will be followed by a conclusion chapter, where I will summarise the key arguments, findings, research contributions, implications and limitations of this thesis.

Chapter 6: Analysis of natural high policy discussion

This chapter is concerned with AusDD posts relevant to natural high policy. I will first review the dominant lexical choices used to discuss natural highs before outlining each of the 13 themes that became apparent in the natural high policy analysis. Prominent in these themes are techniques for cultivating and preparing natural highs and discussion of the associated psychoactive effects. Participants were seen communicating strategies for maximising particular effects and for reducing others. They emphasised a variety of problems associated with different natural highs including impacts on health, criminal and environmental contexts.

A small amount of natural high identification discussion was apparent, although participants tended to encourage those seeking identification to use online spaces more frequented by natural high experts for this. Grey areas in illicit drug policy were seen to enhance access to natural highs in contrast to other illicit drugs, and fear of the elimination of natural high policy grey areas encouraged participants to withhold information about natural highs. There was also a recurring theme of participant interest in Aboriginal natural high traditions.

Consideration of the concept of risk in relation to the natural high policy relevant posts was seen to have only slightly more harm than benefit. The reduced identification of hazards within the context of natural high policy, in contrast to the many hazards identified in the NPS and *Cannabis* policy analyses, is likely a result of having less restrictive formal politicisation than other illicit drugs. This seems to enable people who use natural highs greater opportunity to produce their own policy. A strong example of such deliberative engagement is apparent in the harvest etiquette theme.

Natural high policy history

Tracing the history of natural high policy is difficult. We may consider ancient cultures of psychoactive plant consumption to be the first known examples of natural high policies. If a more Anglocentric perspective is taken, early international drug prohibition may be used for this example, becuase of the focus on plant products from *Cannabis* and Papaver species (Courtwright, 2012). Yet, the term natural high was not a part of drug discourse at this time because, much like the category of NPS, natural highs is a drug category emerging largely in response to the prohibition of other substances, and decreased restriction of natural high products.

Even now, the term 'natural high' is drawn upon minimally by drug research and is more relevant to the everyday discourses of people who use drugs because of the increased accessibility and decreased stigma of natural highs. Unlike NPS, for which many new prohibitionist drug policies have been developed, there has not been an equal proliferation of new policies seeking to prohibit natural highs. There are several factors influencing the liberalised drug policy context of natural highs, including their traditional use (Pfeiffer, 2013; Tupper, 2008a), their cultivation by people with no consumption intent, their incidental occurrence not requiring human intervention, and their roles in digitally native eco-systems.

Lexical choices

The natural high term received very little attention within AusDD. There was inconsistency with meaning of 'natural high' due to perceived separation of nature and drugs. Some people saw natural highs as altered consciousness induced without consuming psychoactive substances:

> 'Don't forget, you can still have a good time without dropping. Experiencing a natural high is just as good'.

Others saw natural highs as altered consciousness induced by consuming plants and fungus. But the point at which plant or fungus production processes rendered a product that was no longer considered a natural high was unclear. Licit plants were also more likely to be considered natural highs than illicit plants. The word garden was common throughout the natural high policy data set. Outdoor gardens were seen as a common location for natural highs, in particular for various *Papaver*, *Acacia*, *Psilocybe* and *Trichocereus* species. These natural highs are common sources of opium, n, n-dimethyltryptamine, psilocin/psilocybin and mescaline, respectively. In these contexts, 'garden' implied the commonality with which these plants were cultivated within Australia and the ease with which they could be identified in everyday Australian environments.

While cultivation of these natural highs with consumption intent is prohibited in Australia, posters represent gardens as a space that often goes unregulated. Such discussion emphasised that for plants in the *Papaver* genus, or 'poppies,' the threat of prosecution was significant, despite poppies being commonly ignored by policy enforcers. While there was much anecdotal evidence of persons cultivating poppies without prosecution, the criminal hazards associated with this activity were emphasised. However, the illegal cultivation behaviours of gardeners were portrayed as recipients of leniency, as were people cultivating natural highs

for 'ornamental' purposes. 'Ethnobotany' and 'ethnobotanist' were important terms in this context as they were used to signify interest in the relationship between plants and culture, an interest that included natural highs but was defined in such a way that drugs were not considered the sole or central focus.

The words 'nature' and 'natural' were, of course, prominent within the natural high policy data set. Posters implied that natural highs required different policy than other types of drugs, particularly in the context of practices of self-medication, the criminalisation of which was seen to be unreasonable. This naturalness was characterised by uncultivated or 'wild' growth, and participants believed it was important to be able to depend on these non-human product sources as an alternative to market dependence. Foragers discussed nature to emphasise the importance of using harvest techniques that minimise their impact on environments. Relying on 'natural causes' to remove harvest material, such as collecting *Acacia* bark from a branch that had broken off in the wind, rather than removing the bark or branch from the tree, was a technique that many participants emphasised as important. This participant summarised the intended logic well:

> *'don't do any damage that the environment isn't inflicting on itself'.*

For some plants, such as *Acacia phlebophylla*, this meant avoiding foraging entirely. Participants encouraged those wanting to harvest from this plant to cultivate their own for this purpose, because *Acacia phlebophylla* had a rare and threatened status. Posters also related natural high experiences to new perspectives on their environment. Many participants consumed natural highs in search of a 'natural' or non-human experience. An aversion to 'chemicals' and human production processes often drove interest in natural highs. Yet a substantial number of participants saw problems in distinguishing between nature and culture. Such participants identified problems with preferring natural highs due to a perceived bias against humans, science and chemistry.

> *'Naturalistic fallacy. Just because you consider something natural doesn't imply that it has more value than something synthetic or semi-synthetic'.*

Cultivation

Cultivation was by far the most dominant theme in the natural high policy data set. For the most part, cultivation discussion concerned the *Papaver* genus. However, there were also a number of references to the cultivation of *Psilocybe cubensis*. The grey area of prosecution

for personal gardens was again a prominent discussion point in the context of cultivation. The difficulty of identifying the *Papaver* genus and the distinction of illicit species is seen to complicate their prohibited status:

> *'Your average citizen has no bloody idea what it is, contrasting to cannabis'.*

The sheer quantity of *Papaver* plants required to produce opium was seen to act as a deterrent for cultivators intending to cultivate with the intention of producing or selling drugs. Participants again contrasted *Papaver* plants to *Cannabis*, which was not seen to require many plants for a cultivator to sustain an individual habit. Cultivation discussion gave much focus to the environmental conditions various natural highs required. This included: growing medium; seed and spore germination; fertilisation; harvest; crop health; and the environmental conditions of spontaneously occurring natural highs. Cultivation discussion also included some interesting references to the social importance of persons with the capacity to cultivate natural highs, such as:

> *'If society collapsed, economically or due to war etc... Gardeners able to care for and harvest poppies for medicine or recreation would be highly valued'.*

Preparation

Natural high preparations were the second most predominant theme in the natural high policy data set. Primarily, these preparations concerned *Papaver*, *Psilocybe* and *Acacia* species. Minimal reference to other varied sources of n, n-dimethyltryptamine were also apparent. This discussion covered strategies for processing plant material (such as drying, temperature control and extraction) and consumption methods.

Psychoactive effects

The characterisation of different natural highs' psychoactive effects based on personal experiences was common in this analysis. The use of time frames, comparisons to other psychoactive substances and descriptions of sensory details were often drawn on in this characterisation. Participants devoted particular effort to describing the visual component of these experiences. Many participants suggested that strong psychoactive effects, particularly those resulting from DMT smoking or vapourisation, were inexplicable:

> *'If I don't break through I experience a wild rush and significant visuals for three minutes and have a golden feeling about sixty... If you have broken through you know it's fruitless trying to accentuate'.*

Others tried to express this incomprehensible complexity through analogy:

'Like the universe had been folded up into my pipe and shot out into my brain'.

While others attempted to use narrative to describe their experience:

'I saw colourful goblin/pixie being who I was convinced was the dmt spirit she gestured giggled at me kissed me and sprinted away She laughed at me because I didn't anticipate this comming . Then i opend my eyes and i cant describe how but eveything was moving in impossible directions and i very powerful feeling of complete peace and acceptance came over me I felt very warm'.

'the television began to break apart, morphing into geometry and colour. there were no boundaries. indescribable colours. all the people on the tv emerged and approached my face...it was as if i had been lauched into space. my mind unfurled. everything started to melt and change, morph, twist, in a strange rhythm, kind of mechanical, it was unpredicatbale yet complex and ordlery, reality blew apart and everything was psychedelic as fuck'.

Reducing unwanted effects

A number of posts covered strategies for reducing unwanted effects associated with natural highs. Discussion of reducing unwanted effects was far greater in quantity than discussion of maximising wanted effects. Types of strategies included: dietary choices, with a particular focus on reducing nausea; environmental controls, emphasising the importance of comfort, security and support; adjunct substance consumption, with selective serotonin reuptake inhibitors (SSRIs) and monoamine oxidase inhibitors (MAOIs) being the most discussed hazardous combination, while antihistamines and opiates was the most discussed beneficial combination; and preparation and dosage, as discussed previously.

Harvest etiquette

Posters in the natural high policy data set go to significant efforts to promote particular harvesting strategies while discouraging others. Regrowing natural highs in the environment from which they were harvested in order to replace what was taken is widely encouraged. Numerous participants made the point that a small amount of effort (such as collecting and distributing seeds or spores) on the part of foragers would greatly improve access natural highs.

In addition to such growth promotion strategies, posters also urge harvesters to avoid particular natural high sources in favour of cultivating their own. The rare and threatened character of *Acacia phlebophylla* was prominent in this discussion. The complete depletion of

any natural high source was discouraged by posters. This was not only to ensure future growth would not be reduced, but also to ensure that other foragers would not be deprived of harvest.

> *'You should only harvest what you need'.*

There was some support for the collection of natural highs that had been harvested by forces other than the intended consumer or producer. In addition to the 'natural' harvest technique discussed earlier, participants also encourage attention to businesses and public services involved in plant removal and pruning. Relying on waste as a natural high resource is seen to be a more ethical foraging strategy than harvesting spontaneously occurring resources. Numerous posters are concerned that some foragers harvest *Acacia* species using bark stripping, because this can result in the death of the host tree. Participants went as far as suggesting that, for those using this technique it would be better to commit to killing the tree in order to collect a variety of plant material from it, rather than just the bark. This was because stripping bark from multiple trees in order to gain the quantity needed may result in the death of all the trees bark has been collected from.

Posters also went to great efforts to communicate that mushroom harvesters should leave the mycelium undisturbed when picking, communicating strategies for removing fruiting bodies. They often emphasised the importance of using a knife, scissors or twisting techniques in order to protect mycelium. However, the debate concerning the impact of how fruiting bodies are removed upon overall yields was not definitively resolved. Financially profiting from natural high harvests was heavily discouraged. Participants encouraged one another to share what they have collected whilst foraging:

> *'i would hate to see it become prevalent, increase demand and become a market commodity. i would give it away and tell recipients to share it, but I won't sell/trade it'.*
>
> *'If you remove a whole plant you will have enough DMT for many years, except if you're a greedy dick trying to make money'.*

Datura fear

A fear of experiencing the effects induced by consuming plant material of the *Datura* genus was surprisingly common within the natural high policy data set. However, there are only two people within the natural high policy data set that claimed to have personal experience of the

effects of *Datura*. The first participant encouraged the dominant, negative representation of this natural high:

> *'I consumed datura twice and to everyone that says try it once, you dont know what you are on about... Both times I was admitted to hospital I am not interested in trying it again'.*

Yet the second post critically responded to these negative representations:

> *'I think many people reject datura before they know much about it... i have had it on two occassions and both times took the relevant safety measures and had a 'satisfactory' experience. I wont say positive, I didnt feel euphoria or anything similar, i just sat back and learned. i do think that most people shouldn't try it. It is very strong and psychologically manipulative so you can't just take it whenever and wherever. But if you're looking for a deep, dark, bizarre and intriguing substance, as long as you take precautions, i would recommend it'.*

These 'necessary precautions' included environmental controls and dosage. Other participants emphasised the importance of being monitored by someone who has not consumed the substance, as well as the importance of dosage. Monitoring was seen to be important because *Datura* experiences were associated with extended disassociation, confusion and delusions. Dosage was emphasised because the concentration of tropane alkaloids varies between *Datura* plants, and between different components of the same plant.

Mushroom picking hazards

Posters gave significant attention to the hazards involved in picking psilocybin containing mushrooms, in particular *Psilocybe cubensis* and *Psilocybe subaeruginosa*. Learning to identify mushrooms without a personal guide was represented as particularly dangerous. Posters encouraged the identification of mushrooms by an experienced third party before consumption. This was because misidentification can result in the consumption of mushrooms linked to adverse health effects:

> *'Many lookalikes contain things that will ruin your liver and kidneys over a short time. It is not uncommon to die from eating misidentified mushrooms. If you eat the wrong fungus, at best you will be unwell. Sure, some foragers are self taught, but I strongly advise against foraging without an experienced accomplice'.*

Potentially deadly *Galerina* species could be misidentified as *Psilocybe subaeruginosa*, which was seen to be a particular concern because these different mushrooms often grow side by side. Other environmental factors were also seen to promote misidentification. There is some association between blue mushroom colouring and psilocin/psilocybin content, and this

was seen to be a particular concern because the application of blue coloured herbicides could lead amateurs using this colour to identify mushrooms to misidentify their harvest and consume dangerous fungus. The police were seen to provide an additional hazard for mushroom pickers foraging in public sites known to support psychoactive fungi. Balingup in South Australia was referred to by numerous participants as a site frequently monitored by police who targeted mushroom foragers, for example.

Papaver grey policy

The grey area concerning the cultivation of different species within the *Papaver* genus, or 'poppies,' and if this cultivation will result in prosecution was a much-discussed issue. This discussion emphasised the lack of prosecution of people growing these plants despite their prohibition, emphasising a lack of enforcement of this policy in small areas of private land. Understandings of this prohibition policy issue were further complicated as seeds were readily available for purchase and marketed for both cultivation and consumption purposes. Participants noted that certain cultivation contexts were more likely to experience police discretion than others. 'Certain demographics' in particular, the elderly, were seen to be recipients of *Papaver* policy leniency. Participants also claimed policy actors encouraged understanding that this policy grey area exists:

> *'I called the cops to ask them lol. It is only illegal if you plan to do illegal things with them'.*

Participants encouraged others not to extract sap from poppies in an observable location. They emphasised that evidence of poppy 'bleeding' and 'milking' or further refinement of poppy material is important for prosecution. Despite this apparent grey area, there was still threat of prosecution for growing poppies even if these production processes are not undertaken, even if unlikely. Furthermore, the threat of prosecution, if evidence of these processes is present was seen to be substantially higher than the threat of prosecution for the cultivation of other illegal natural highs.

> *'if you're caught processing the pods it will not be looked upon as leniently as cultivating a few cannabis plants'.*

Other natural high grey policy

There was a notable quantity of posts that discuss the grey area of other natural high possession policies. Whilst they contain illicit substances, various species containing illicit

substances such *Trichocereus*, *Lophophora*, and *Acacia* species, can be legally cultivated in some state contexts. The living and unprepared character of natural highs that puts them in this unique policy position. Retaining this distance from illicit drug production by solely focusing on the cultivation of natural highs was an important strategy for avoiding prosecution. Another grey area of natural high policy was the distribution and collection of spores for mushrooms that contain illicit substances. In print form, for microscopy purposes, these spores are permitted in most states. However, in the form of spore syringes, they are not. This is because spore syringes are more closely associated with cultivation. Participants noted the difficulty of prohibiting sources of illicit drugs due to their polyphony and inextricability from life:

> *'Everyone contains DMT in their bodies and there are many DMT containing plants here. So you could say that there is lots of DMT here and in most places in the world. We are all actually possessing illegal substances :)'.*

Mushroom identification

Within mushroom identification discussion participants acknowledged a lexical choice problem pertaining to the terms 'blue meanies' and 'gold tops,' both of which were used in colloquial reference to *Psilocybe* mushrooms. While some appeared to associate these terms with specific species, this was not clear within the community:

> *'There are plenty of people calling a variety of psychoactive fungus 'blue meanies' and 'gold tops'. It is easier to use their botanical names to prevent confusion from the start'.*

While *Psilocybe cubensis* are mentioned within this discussion, participants were primarily concerned with the seasonal fruiting of *Psilocybe subaeruginosa*. Material published by Paul Stamets was seen to be an important reference for understanding these subspecies, but much of the literature and commonly available knowledge concerning Australian psychoactive fungi was considered by participants to be insubstantial. Posters seeking definitive identification of mushrooms in the wild were directed elsewhere, in particular to the Shroomery.org and Corroboree forums. The rest of the mushroom identification discussion mostly concerned environmental factors important to mushroom fruiting, including weather, time of year and growing medium.

Policy actor monitoring makes community self-censor

There were a number of posts within the natural high data set discussing the intentional omission of certain information pertaining to natural highs. Posters provided two different rationales for withholding information.

1. Incrimination.

The discussion of illegal activity concerning natural highs is discouraged, rather than the illegal behaviour itself. Furthermore, if such discussion does take place, participants saw avoidance of discussing or publicly enabling distribution of illegal forms of natural highs to be of particular importance:

> *'I think that people who hold their tongue and are not offensive are as not likely to have trouble. IMO a smart strategy is just to do what you will without talking or typing about it. I wouldn't discuss anything which relates to trading or currency in the a location where people discuss illegal plant cultivation'.*

Evidencing possession of illegal drugs in quantities greater than personal use was also discouraged, with participants presuming that prohibition enforcement actors review AusDD content. There were also strategies for getting information on a personal natural high crop whilst avoiding incrimination, for example, taking photos of natural high sources prior to harvest or by contacting reputable participants via private message.

2. Source maintenance.

Posters also discouraged the discussion of natural high sourcing because publicising this information is seen to result in the expansion of prohibitionist measures:

> *'I think the TGA prohibiting of Salvia relied on a specific forum as their reference for salvia abuse due to the extensive discussion about it. This is what happened with Kratom too'.*

Posters claim that suppliers also discourage discussion of this information. Experiences of purchasing 'secret' natural high products that were not openly promoted by vendors were discussed, and participants went to efforts to avoid and discourage identification of the particular products and the businesses selling these products. But while some posters blamed online discussion for increasing prohibitionist measures:

> *'IMO threads like these can make certain plants and plant products illegal. It is impossible to control DMT effectively, but all the mention of this product in this thread would certainly bring unwanted attention'.*

Other participants responded to this information restriction negatively, asserting that censoring this discussion has the capacity to exacerbate consumer harms:

> *'That might be the case, but from a harm reduction perspective users should be able to have an informed choice in accordance with knowledge of active ingredients. However this would require both disclosure from manufacturers/suppliers, and user discussion. This is of increased importance for products lacking public information'.*

Natural high traditions

There was a prominent discussion concerning natural high traditions and Aboriginal practices. While many participants seemed to value these traditions, they were understood to be particularly difficult to access:

> *'This just reinforced my understanding that people that go and see a white shaman (and the white shamans themselves) are completely wretched and are so far removed from what YagÃ means in traditional contexts'.*

South America was emphasised as an important site for the history of natural high traditions by numerous posters. Many participants expressed interest in consuming ayahuasca concotions as well as preparations of *Lophophora*, *Trichocereus* and *Psilocybe* species within traditional South American contexts. Other posters identified a romanticism within such valuation of natural high traditions and indigeneity, in contrast to the devaluation of present day natural high behaviours. Some were critical of Aboriginal traditions due to their cultural isolation from AusDD participants. While participants asserted that natural high traditions were likely to belong to other geographical and traditional contexts besides South America, it was suggested that this knowledge is either private or has been lost:

> *'it's such a common species in Australia that has been here millenia it makes me doubt that there would not have been traditional uses. When you massacre most of a race while invading their land, you lose most information about these uses. Tasmania is the only place on earth where a genocide has been carried out successfully'.*

Police and harvest

Posters displayed apprehension towards the harvesting of natural highs, particularly those outside of their own gardens. Psilocybin containing mushrooms were a common topic of such discussion, as they were more likely to be identified by police than seed pods, cacti or bark, due to a common association between mushrooms and drugs. Strategies for managing police while harvesting *Psilocybe* mushrooms were discussed.

> *'It is legal to collect dried cow poo for your garden, and it's not your fault if the poo supports a mycelial network and fungus grows as a result, it was an unanticipated accident officer'.*

Some posters critiqued the efficacy of these strategies:

> *'If you are caught on private property with a handful of bovine poo and illegal mushrooms you will to have a hard time explaining what you're up to. Arguing technicalities with cops and playing stupid makes sense theoretically, but that it doesn't necessarily work so easily in reality'.*

And others responded to these criticisms, further detailing these strategies:

> *'Not everyone is arrogant, some of us are old enough to have how to treat the police without producing a conflict situation, of course if you are wearing a backwards hat and baggy ass butt displaying pants and speak like a rude idiot kid they are going to give you a hard time, however if you drive a decent car, look mature are dressed in sensisble shoes and have a friendly intelligent conversation there shouldn't be any issues'.*

Natural high policy risk

Both the *Cannabis* policy and NPS policy data sets contained more references to policy designs than the natural high policy data set. There were no references to formal Australian policy documents in the natural high policy discussion, although there was occasional reference to police experiences, and a brief mention of common law concerning poppy cultivation. The most discussed formal policy issues related to the Therapeutic Goods Administration's controls concerning different plants.

Natural high policy and harm

Natural high policy was seen to cause harm by promoting the targeting of forum participants and hobbyists trying to behave legally, preventing gardeners from cultivating species, permitting the prosecution of foragers and the neglect of particular natural high sources and undermine understandings of dosage. This dosage issue was particularly important in the case of natural highs, as natural high sources vary widely in potency meaning dosage was particularly complex and hazardous to calculate.

Natural high policy and benefit

Natural high policy was seen to have the benefits of permitting the import and cultivation of certain natural highs for personal use, protecting environmental areas of importance, and being less likely to result in prosecution than possession of or involvement with other drugs.

Findings summary

Discussion of cultivation and preparation techniques made up almost half of the natural high policy data set. Participants also devoted significant attention to descriptions of natural high experiences, as well as to strategies to reduce unwanted effects during these experiences. Interestingly, discussion of the maximisation of wanted effects was minimal in comparison. Attention to the lexical choices of 'garden' and 'nature' illustrated the difficulty of politicising natural highs due to their relative independence from society. Natural highs were shown to require different policy to illicit drugs generally, and this was further emphasised by the themes concerning grey policy.

Discussion of formal policy such as legislation, official policy documents, actors, designs and influential events were minimal. However, there were issues of particular importance to the informal policy of AusDD and natural high communities, including harvest etiquette, mushroom picking hazards, mushroom identification. Participants harvesting natural high sources that they had not cultivated themselves were encouraged not to deplete sources and to promote the replacement/regrowth of the sources they have harvested. They were also urged to avoid rare and threatened species and to use harvest techniques that impact minimally on the environment. Financially profiting from natural high harvests was discouraged. A policy of communicating potential hazards to posters seeking to learn to identify mushrooms acted as a deterrent for consuming mushrooms that have not been identified by someone experienced. The importance of an experienced identifier was further emphasised by a policy of not using AusDD as a place to retrieve mushroom identification. Those seeking this information were directed elsewhere for this purpose.

There were also a number of discussions concerning unresolved informal policy issues. In such issues, posters disagreed about best practice and community guidelines were unclear. These issues included Aboriginal natural high traditions, *Datura* apprehension, strategies for managing police and self-censorship. The importance of Aboriginal natural traditions to how natural highs were used was emphasised by numerous participants, however participants were divided over the relevance of these traditions to their personal sociocultural contexts. While many posters asserted that *Datura* consumption should be avoided, others have responded that *Datura* experiences could be beneficial. Yet *Datura* advocacy was also accompanied with recognition of associated hazards, and it seemed that apprehension could be a strategy for undermining the potential hazards caused by a lack of understanding of the effects. While

some posters advocated for strategies for avoiding police prosecution, others emphasised the difficulty and futility of this. In a related strategy, many posters accentuated informal policies in favour of censoring information concerning natural highs from posts. The two rationales provided for this policy were 1) for the purpose of avoiding incrimination; and 2) for the purpose of assisting the source in avoiding police discovery and prevention. However, a conflicting rationale in favour of providing this information was also apparent. Discussion of these sources was seen to be necessary to allow understanding of ingredients and effects, and to undermine health hazards.

Prohibition was seen to cause some harm in the context of natural highs as it was perceived to result in the targeting of law-abiding people and hobbyists, whilst undermining the capacity for people who use natural highs to do so safely via the restriction of information. The benefits associated with prohibition and natural highs were its flexibility and reduced penalties in contrast to illicit drugs more generally. In some respects, prohibition of particular natural highs also provided protection to the environment.

The next chapter concerns the final drug policy area of analysis, the relationship between AusDD and the enabling environments policy design. After this comes a discussion chapter concerning the relationship between the analyses chapters, my research questions and research concerning responsibilisation, policy designs and PWUD. The discussion is followed by a conclusion chapter in which I summarise the key arguments, findings, research contributions, implications and limitations of this thesis.

Chapter 7: Analysis of enabling environments discussion

Enabling environments is a conceptual policy design intended for the management of PWUD and other responsibilised groups. Considering AusDD both as an enabling environment in its own right, and as a forum containing discussions of other enabling environments, this chapter will begin by outlining some difficulties encountered in the application of the enabling environments design to the relevant data set, and will outline the meanings associated with the lexical choice of 'harm reduction' within this context. This chapter will then review resources in the enabling environments data set in order of social, material and affective resource categories. The data set relating to place will then be outlined, as will the relationship between place and the relevant resources.

Distinguishing between resource categories

In accordance with the enabling environments design, I sought to divide resources data into social, material and affective categories. Dividing the data into these categories proved surprisingly difficult as the character of many resources fell in more than one category. Two factors likely influencing this flexibility of resource character are worth mentioning: 1) the use of social, affective and material resources is a diverse and comprehensive way of conceiving available resources. These categories are useful for reviewing resources in a broad manner, but do not provide comprehensive descriptions of a resource's character; and, 2) Bluelight's character as concurrently a tool, a place, and a part of everyday life for its participants, complicates traditional understandings of context. In the resources data set, most resources had social, material and affective dimensions. This could be seen in the resources of drug preparation and experience narrative sharing. For example, this poster provided a preparation method intending to allow participants to replicate a cold water extraction process aiming to minimise unwanted contaminants when extracting codeine:

> 'I created a method I named the Syphon cold water extract. A glass full of pills and water is placed above the collector glass. A wet napkin is rolled length ways, and one end is placed in the pill glass and the other end in the collector glass. This causes a syphon which then drips into the second glass. This makes the liquid pass through all the filter, not just one isolated place and stops unwanted materials getting in. The syphon also has to go up which means gravity reduces unwanted Ibprofen or Paracetamol in the collector glass'.

While the textual description is a material resource, the conceptualisation of this method has also had an inspired affect for the poster. They are frustrated by a lack of response to their method description, and their frustration is attributed to their intent to reduce harm:

> *'Why is no one interested in this? It is worth trying the syphon method… I don't want to feel guilty for people abuseing Codeine but in the name of harm reduction I think this is a useful technique'.*

But then a participant responded:

> *'Your method could be improve by cooling the solution first, although during filtration (because it takes a long time) the solution will return to room temperature before completion… this would raise the solubility of the paracetamol/ibuprofen/unwanted ingredient… I recommend doing this in the fridge'.*

The material resource of the method description becomes reliant on the social dimension of criticism and collaboration. The respondent also goes on to promote this social character by encouraging further community contribution:

> *'Has anyone cooled and put the yield through another coffee filter or anything similar? Id like to know what else got filtered out'.*

Consideration of social, material and affective dimensions of this exchange illustrates that the conceptual policy design of enabling environments' purpose is to act as a generative framework for investigating context rather than as a causal explanation. For this reason, despite the social, material and often affective character of such resources as experience narrative sharing, education, teachers, pharmacotherapy, pharmacists, general practitioners, psychiatrists, psychologists, counsellors, therapists, researchers, research, anonymity and employment, these resources will be categorised as social resources within this project as this is a dominant theme in their character.

Harm reduction

Analysis of the lexical choice 'harm reduction' within Chapter 3 indicated diverse and often conflicting understandings of the harm reduction concept and its functionality. There is a disconnection between the harm reduction and enabling environments concepts, despite the fact that enabling environments are intended to be the outcome of effective harm reduction. This disconnection was also clear within the enabling environments data sets. Posters were seen to use the term harm reduction to advocate against particular drug consumption behaviours:

> *'from a harm reduction perspective smoking suboxone is not a good idea, you don't what you are inhaling besides pill binders and buprenorphine. I could be cost effective but you should consider your health too, we definitely can't encourage pill smoking the best way to consume a drug'.*

Yet, another poster responds, critiquing the previous poster's application of the harm reduction concept in line with their own understanding of the term:

> *'I must have a different definition of harm reduction. I think if someone proposes to ingest a particular drug in a particular way, the harm reduction response should determine what the potential harms of the proposal are, investigate how said harms can be reduced followed by the provision of all this information in complete form so people can make their own informed choice.'*

The same respondent then goes on to discuss a context in which the particular drug consumption behaviour being advocated against could be considered cohesive with harm reduction:

> *'Now regarding smoking suboxone, it is hard to identify the relevant harms. I know this is practice is not uncommon - certainly it is prevalent in Australian prisons. The miniscule quantities that people are getting to smoke in prison likely reduces the potential harms from inhaling heat maize starch vapour (the main binder). And it's certainly better than injecting while in prison as there is no clean injecting paraphernalia available. My harm reduction advice is - it's safer to take as intended, but if you do smoke suboxone, be aware that it is likely causing damage. Be wary of symptoms like sore throat, breathing difficulties, chest pains, wheezing etcetera. Really there is a whole research project for someone with the resources- what are the potential harms from smoking suboxone?'*

This second participant's strategy of investigating and discussing harms without judgement was coherent with an enabling environments approach and classical definitions of harm reduction. Yet, within discussion of harm reduction throughout AusDD, including within the enabling environments data sets, use of them term 'harm reduction' tended to focus on specific resources and micro social contexts. As can be seen the suboxone smoking discussion above, harm reduction can be used as an excuse for the restriction of particular resources, such as support and information. This is the disconnection between harm reduction and enabling environments hinted at by the participant with a *'different definition of harm reduction'.* A focus on enabling environments emphasises that the purpose of harm reduction is to empower responsibilised groups with novel agencies through the provision of diverse resources. Ranking drug consumption practices on a scale of harm can be used as justification for withholding valuable resources.

Social resources

Five types of social resources were identified in the resources data set: experience narrative sharing; therapists and therapies; research; education; and anonymity.

Experience narrative sharing

There were more posts concerning social resources than any other resource in the enabling environments analysis. Experience narrative sharing was the dominant type of social resource, including preparation experiences, psychoactive experiences and use reduction experiences. The resource of preparation experience was the most common of any resource in the resource data set. Posters often asked about the manufacture experience of others and these experiences were frequently provided, as were strategies for procuring manufacturing ingredients and equipment. Discussion of adjunct consumption of other substances was common, both for increasing wanted and for decreasing unwanted effects. Opinion on consumption method based on personal experience was another common type of experiential resource. Posters frequently shared their experiences of psychoactive effects:

> 'I was instantaneously beyond this earth. i entered a place where two masculine and feminine gods where participating in what seemed like love making but without sexual overtones. As if they were in a deep, and all loving moment. I experienced complete love for all eternity. It was overpoweringly beautiful'.

Participants often compared psychoactive experiences of particular drugs against one another to aid their descriptions. They also discussed different influences on these effects such as behaviour, consumption method, differences in the drug itself and the duration of time over which the substance was consumed.

While use reduction was the least common type of experience discussed throughout the enabling environments data, it was still one of the most dominant themes. Post-acute withdrawal syndrome (PAWS) was a central topic within these posts:

> 'The issue was that once the acute part finished, the temporary excitement of not feeling terrible quickly gave way to a far longer lasting problem (PAWS) which I found worse than the initial withdrawal'.

Posters who had reduced their own consumption regularly encouraged and supported others trying to do the same. Opinions on various consumption reduction strategies were discussed, including the consumption of other substances to assist in reduction, as well as the use of drug health and support services. It should be emphasised that not all participants discussing

their desire to reduce their usage were pursuing abstinence. For some participants drug consumption was seen as an inevitable component of life:

> 'Being mentally and physically dependent on anything is not a positive way to be. But for some of us it's not enough to be dependency-free and living a healthy, wholesome life. There seems to be something forever lacking'.

Therapists and therapies

Health professionals and their therapeutic practices were commonly discussed resources. Counsellors were often discussed and sought by people seeking to reduce their consumption. AusDD was a useful place for locating this resource. Cognitive behaviour therapy and psychologists were also valued highly by some posters, although others were prejudiced against the efficacy of this treatment. Medical professionals were even active participants within AusDD, and nurse and pharmacist participants were observed:

> 'I'm a licensed pharmacist. I'd like to hear some of your experiences'.

It appears no AusDD participant identified themselves as a general medical practitioner. A supportive GP was purported to be hard to find and often sought by participants who found that their identification as PWUD had significant impact on the quality of treatment they were offered. This was said to undermine participants' willingness to consult with medical professionals. Methadone 'take aways' were a frequent subject of discussion, and the price of methadone and the pharmaceutical benefits scheme were often part of these conversations. Many participants were interested in obtaining this resource. Whilst this component of the analysis is concerned with social resources, these therapist and therapy resources also had affective power, particularly because medicine was often positioned against drug consumption. It was unfortunate that this response is probably the most positive representation of any medical professional in the enabling environments data:

> 'There was a very 'liberal' doctor at [location] but he retired eventually. Liberal = when I said I was injecting my methadone, he referred me to a drug counsellor, prescribed me saline ampoules and left my take aways at four a week!'

Research

Research resources put AusDD in a unique position to understand and influence information about drugs, both within an everyday and academic context. Throughout AusDD there were a number of people who had participated in drug related studies, and this helped connect AusDD participants with current research concerning PWUD. There were also many

participants with research capabilities, and it was not uncommon for such participants to review and critique research and media outputs:

> *'This discussion has lead me to undertake a quick database search using the words 'stroke' and 'cannabis'. Most of the peer-reviewed literature appears to be case-studies, which aren't useful for drawing conclusions'.*

I wish to make special note of Bluelight participant and director of research, Monica Barratt, for she is a vital social and research resource within AusDD. Some of the most popular threads within AusDD, such as the 'The Drug's in the Mail - The Silk Road and our very own Tronica!' thread, focus on Barratt's work as a researcher. Barratt has been in a unique position to emphasise the perspective of Bluelight participants and counter their negative representation throughout her work.

Education

Bluelight was represented as a more effective drug education resource than those available elsewhere:

> *'even a quick glance at any government drug education material will show up many glaring errors, misconceptions and blatant lies. most bluelighters could write a better harm minimisation pamphlet with proper advice and useful warnings in a single afternoon.'*

Strategies for extending the education material contained within Bluelight to PWUD communities more broadly were discussed. Participants encouraged one another to share and discuss AusDD content in real life contexts in order to reduce health impacts of particular drug problems, such as the content of particular pills on the market, for example.

Drug education was seen as a vital resource for public health, but without a legitimate, regulated market for illicit drugs the efficacy of this information was seen to be reduced. This participant explained this perspective using the analogy of tobacco:

> *'Yet via education (alongside additional public health approaches) we've reduced smoking rates from >90% down to <20% within two generations. It's the *only* recreational drug for which usage rates have declined over time - and that's been achieved using the strategy of effective regulation alongside widespread public education. Education alone won't help with other recreational drugs until they are brought into a regulated market, allowing health authorities to control the supply and marketing of the drug. The quickest way to de-romanticise drug addiction is to medicalise the fuck out of it - you're not such a rebellious outlaw when you have to get your drugs from the shops than in some dark alley'.*

Anonymity

The anonymity afforded by particular online contexts was discussed frequently and valued by many participants, particularly within the context of online marketplaces. While privacy was important on Bluelight, anonymity was suggested to be valued more highly within online marketplace contexts. This was because drug distribution behaviour was believed to be monitored more heavily by law enforcement than drug discussions more generally. There were a number of posters concerned about the anonymity of these online marketplaces. There were also arguments being made that, despite the protection anonymity offers to PWUD, this anonymity was also connected to PWUD responsibilisation:

> *'Most importantly we have to stop hiding through internet anonymity. We should face our everyone and admit that we like and use drugs, even hard drugs'.*

Material Resources

Six types of material resources were identified in the resources data set. These were internet technologies, drug testing technologies, illicit drugs, prescription drugs, production equipment and consumption equipment and technique.

Internet technologies

The primary material type of resource discussed within the enabling environments data was internet technologies. For the most part, this discussion concerned digital marketplaces, however it was understood that digital technology was important for any person wishing to engage in discussion of any criminalised topic. Bluelight was also seen as an important digital resource both for law enforcement and PWUD. This was the reason the social resource of anonymity was valued so highly. Anonymity was dependent on the equally valued material resource of internet technologies. Specific servers, internet service providers, browsers, virtual private networks, cryptocurrencies and encryption processes were seen as vital for maintaining privacy in online contexts. An additional component of the discussion of internet technologies regarded the impact of internet filters on accessing information about drug use. Many participants were concerned that internet filters reduced access to Bluelight, as well as other online informational resources supporting PWUD.

Drug testing technologies

The two dominant types of testing technologies discussed in the enabling environments data were roadside drug testing and reagent testing, although there was some discussion of more complex analytical techniques. Posters regularly emphasised the inefficacy of roadside tests:

> *'It will be different for each individual depending on many variables including metabolism, quantity and purity of substance, and due to the interaction between different substances, what else you have taken will play a part as well. It's important to note that these tests are not designed to give qualative or quantative results'.*

At present, Australian drug driving testing technology only tests for the presence of a drug or its metabolites in the body. There is a recurring argument that drug driving testing technology should change to focus on measuring impairment:

> *'It has always frustrated me. I completely agree anyone driving under the influence whether its alcohol, illicit substances or prescription meds should be penalised harshly, I don't want people killed because of an idiot, but on the other hand RDTs don't test the level of impairment. Just because its in ur system doesnt mean ur are effected…. Find a proper way to calculate impairment or dont use these inaccurate methods at all'.*

Reagent tests or 'test kits' are one of the few products exempt from Bluelight's no sourcing policy. There was substantial discussion of these products within the enabling environments data. Reagents were one of the few testing technologies seen to be accessible to PWUD. These test kits were broadly advocated for by many AusDD participants. Yet this reagent style of testing still received some criticism. Reagent tests provide indication that a certain substance is likely present, but little more information. Participants noted that despite reagent testing, consumers may still end up consuming an unwanted or unintended substance:

> *'They can't identify impurities from side reactions of a synthesis, nor can they adequately identify drug combinations. That being said, when multiple reagents are used, mixtures can often be distinguished'.*

Most participants understood that reagent testing should not be used as conclusive evidence and that more sophisticated scientific testing methods are necessary to determine the composition of any substance. The types of methods required in such analysis include gas chromatography, mass spectral detection, liquid chromatography and nuclear magnetic resonance spectroscopy. Despite these limitations, testing reagents are looked upon more favourably than basic and unreliable subjective approaches to guessing pill contents, such as smell or appearance. The value of reagents is driven by the inaccessibility of scientific testing methods. As these methods are accessible to individual PWUD, some participants suggested

there was a government responsibility to create a facility where the analytical testing of substances can take place. This suggestion was for this facility to support a 'warning system' which would permit the distribution of analysis results throughout PWUD communities. The limitations of all testing are exemplified in the case of NPS. Unknown substances are much harder to identify, and even advanced analytical techniques can make it difficult to determine the composition of these substances.

Illicit drugs

The material resources that are illicit drugs were, of course, central to discussion within the AusDD. Lexical choices relating to 'pure' and 'purity' illustrated how participants evaluated these resources:

> 'the laboratories in recent years are generally not purifying the MDMA product as much as was done previously; maybe the precursors utilised are not particularly pure'.

The issue of impure, 'racemate' or 'racemic' products is a prominent discussion point for both methamphetamine and MDMA. Restrictions on the precursors required to produce different substances influence the type and quality of drug that is available. The following participant explains why impure MDMA is more common than pure MDMA. Safrole oil is a well-known, illicit precursor substance used in the manufacture of drugs in the phenythylamine group:

> 'getting a pure MDMA product is extremely difficult so it's fair to assume that some of the left over precursors may have some affect. People have noted that safrole oil alone can be very calming and pleasant. Also MDMA does have different forms MDMA-R- and MDMA-S+ are different isomers of MDMA and they produce different affects. Pretty much all MDMA is Racemic which means it's a combo of MDMA-R- and MDMA-S+, whilst pretty much all MDMA is Racemic depending on the method used to Synthesise the MDMA it could affect the levels of S vs R'.

Some argue that illicit drugs should be available for those trying to reduce their usage. Participants were aware of legal opiate replacement therapies and juxtapose this against the lack of legal replacement therapies for other drugs. In contrast, other participants feared access to pure substances at low prices because they felt it would undermine their own self-control:

> 'if all our Australian dealers were holding pounds and pounds of near pure gear and were selling it for a tenth of what we pay... I think we would kill ourselves'.

Prescription drugs

Prescription drug controls were seen to make it harder for certain participants to access particular substances and easier for others. A person identified by a medical professional as a 'known drug abuser' may have difficulty getting a prescription for opiate based pain medication, for example. A person diagnosed with a chronic pain condition, on the other hand, may have greater access to opiate based pain medication than they trust themselves with. This issue concerning the restriction of access to prescription drugs was of particular importance because prescription drugs were understood to be an important resource for PWUD seeking to reduce their consumption. Participants criticised the pharmaceutical industry because they believed prescription drugs should focus on health rather than economic outcomes, and they did not see this to be the case:

> *'I wonder if big pharma would even want to get an effective med out there if they're making so much off the many different SSRI-like drugs. Similar to petrol companies buying up new technology that threatens their business in order to reduce competition'.*

Production equipment

Discussion of production equipment was limited due to AusDD's 'no synthesis' and 'no supplier' discussion rules. Despite this, there was significant reference to different solvents, including hexane, pridineacetone, isopropyl alcohol, naphtha, butane and water, other lab equipment, such as syringes, fume hoods, pipettes, funnels, reflux apparatus and other glassware, as well as cultivation equipment comprising of fertilisers, seeds, soil and lighting.

Consumption equipment and technique

There was prominent discussion concerning different smoking equipment, such as pipes, bongs and joints, and the associated smoking technique. Injection equipment and technique also received significant attention by participants. Participants often contrasted smoking and injecting consumption methods. Interestingly there were number of participants claiming they had more success controlling their drug consumption when injecting, in contrast to smoking:

> *'If I smoke I normally do so habitually for ages and won't realize how messed up I am until I put the gear down. It isn't good and it is one of the reasons I prefer to IV most of the time… I'll have between 50-150mg IV and be as I want to be without thinking about another one till at least 8 hours later. Plus the high is more satisfying, I am always keen for more when smoking. My goal is not to smoke anymore. Also I get sick every time I smoke but never from IV'.*

However, some posters advised against both injection and smoking in favour of oral and nasal ingestion methods:

> *'if you stick to eating and sniffing you will make the best of amphetamine for the longest and have more fun… Spend to long on a pipe and you get too tolerant to the gear'.*

Vapourisers were also advocated for as an alternative to smoking, and there was some confusion about the distinction between these inhalation techniques. Effective smoking technique typically involves the control of temperature so the substance in question vapourises, rather than burning it. Understanding of vapourisation appeared to be complicated by vapouriser products intended solely for *Cannabis* or tobacco.

Affective resources

Identifying affective resources in the enabling environments data proved difficult as affect was hard to observe. Affect would be easier to identify via observation in different contexts, or specific questioning. This is because affect is identified by observing action and posting is the main action observable on the forum. People do talk about how they were driven to do other things besides post, but this is less common and harder to identify. This has resulted in identifying fewer posts concerning affective resources than those concerning material or social resources. As has been shown, many of these other resources could be considered affective, despite their classification as social or material within this analysis. However, this analysis is a generative practice designed to think about the diverse ways in which enabling places can be composed, rather than with characterising resources with a pre-determined framework. This relationship between place and resources will be explored in the final section of this analysis. Five types of affective resources were seen in the data. These were policy, music, drug glorification, anti-drug attitudes and sensitivity.

Policy

Policy was the most commonly identified affective resource in the enabling environments resource data set:

> *'There are so many posts expressing anger and frustration concerning prohibition laws everywhere in AusDD'.*

Typically, policy was not portrayed as enabling. Understandings of policy often resulted in the expression of negative emotions. This participant responded to the proposed implementation of internet censorship in Australia:

> *'The biggest danger to our freedom IMO is the Australian Christian Lobby who are trying to pressure the government into broadening the filter block parameters. IF enough religious idiots listen to them and believe me Conroy is a strongly religious guy with no apprehensions about legislating morality then we can predict that once the filter appears the situation will get worse with new governments and growing legislation. There will be no restrictions'.*

Participants were also driven to respond passionately to policy actors pursuing an anti-drug agenda. Discussion of the treatment of PWUD by police often produced zealous discussion. This can be seen in the following quote, in which a participant reflected on how they understood Australian police to treat PWUD. The narrative implied that police arrest of PWUD was incentivised because it was easier than arresting more potentially hazardous criminals. The participant also portrayed the understanding that police were prejudiced against PWUD, and that this motivated unwarranted threats to private family life:

> *'Jack has no former criminal history and was up until recently, a good private school boy. He is now rumoured to particpiate in serious violence against other crooks. The information about this is not specific, and is limited. Is he worth apprehending? Despite the fact he may pose a bigger threat, the limited intel dooms this heroic winner to the guts of ISYS, the intel program, waiting for new information. Jill has a past history for possessing a DOD (Drug of Dependance). A few calls to crime stoppers have claimed he is dealing a small amounts of cannabis. Because of her past DOD possession, a pretext interception, ostensibly for an RBT (random breath test) of his car is planned. After pulling the usuals off the rego plate and seeing who the vehicle is rego'd to, an IBR is requested on Jill's name. She has priors for DOD possession. How unexpected... what's does the police person smells as they approach the car? Cannabis? Perhaps there's scissors in the back seat? This and the prior is enough to search the car... what's that, the butt of a joint? Where's the rest? Won't give us permission to go tear your house apart and look through your underwear drawer you say? We'll go tell the Magistrate about you and your priors, you reek of weed, have dope in the car, and now won't let us search your house!!! You are obviously a threat to society! (great oversight and accountability, isn't it?) Jungle law is simple. Go for the easy pinch'.*

Music

There was a strong relationship between music and the affective character of psychoactive experiences. Participants regularly referred to their valuation of music in relation to their drug consumption and the psychedelic genre and its generic variations were commonly referenced. There was little detailed discussion about music beyond the mention of particular events and artists.

> *'Music is vital for me when I trip'.*

'I too find it hard to smoke if there is no music... but the bad thing is that it makes me drag REALLY heavily'.

Drug glorification

Drug glorification was a complicated affective resource within the context of Bluelight. Whilst drug glorification was seen as an enjoyable, normal component of drug consumption, posters often discouraged this type of discussion:

'if you need to brag, go and chat to yourself in the bathroom because we aren't impressed. You killed whatever pleasure might've been found in methamphetamine'.

This discouragement was for the support of people trying to reduce their usage:

'This is a harm reduction forum not a place to boast about how often you get fucked up. You're in rehab man fucking hell. You don't go to rehab to keep getting fucked up, you get there to clean up'.

This discouragement also intended to support PWUD within anti-drug sociocultural contexts. This was similar to the source maintenance dimension of the 'policy actor monitoring makes community self-censor' theme in the natural high policy analysis. The glorification of particular drug sources was seen to potentiate restrictions on their access:

'Dont misinterpret me I am as guilty as anyone when it comes to discussing the pleasures of codeine. It is my opioid of choice. And put simply there is pleasure in talking about how fucked you were, how fucked up you are about to get, or how fucked up you are in this moment.... or whatever.... but I think there is an INCREDIBLY important argument to be made for reducing the glorification of codeine discussion on bluelight… the less we talk about this publicly the easier to keep things quiet, avoid the media and maintaining the status quo to allow us to keep enjoying our relaxing hobby of choice without seeing a fucking today tonight or a current affair story two times a year, followed by the psuedo path of strict ID requirements for every codeine purchase'.

Anti-drug attitudes

Anti-drug attitudes appeared to be an affective resource that was driving participants from everyday sociocultural contexts to seek alternative understandings of drugs within AusDD. My analysis suggested that supportive attitudes were difficult to find in traditional health services, where abstinence from drugs was seen to be the predominant value. This undermined the relationship between PWUD and health care professionals, as some professionals were unable to mediate their own ideology with those of PWUD:

> *'this is a harm reduction initiative, so it shouldn't be about telling people that they should stop or reduce drug use. I wish that GPs could follow the harm reduction approach - but of course there will be some that won't'.*

Sensitivity

An important affective resource that can be found throughout AusDD that also resonates with the responsibilisation is the resource of sensitivity. Sensitivity involves the provision of support with the aim of countering or compensating for the impacts of responsibilisation, and can be described as participant-developed version of responsibilisation as method. The most common example of this resource within the enabling environment resource data set was the way in which intravenous drug use was discussed, in particular for the administration of methamphetamine. Intravenous drug use can be considered the most stigmatised drug consumption method, while methamphetamine can be considered the most stigmatised type of drug. This participant acknowledged that AusDD participants were able to avoid prejudice against PWUD that chose to inject, despite the associated stigma:

> *'Numerous participants in this thread have no issues with injecting meth and consider the associated stigma more problematic. I wish society would start recognising and valuing these experiences instead of casting discriminatory generalisations'.*

Another poster responds, affirming that the forum is intended to be space free from such prejudice:

> *'People shouldn't be discriminated against due to their preferring method of consuming drugs. No one is looking down upon IV users here. Sometimes people get defensive about it because they assume people are judging, but this is intended to be a safe place'.*

Both of these participants were sensitive to the responsibilised context of injecting and sought to counteract the negative impacts of this context by providing a non-judgemental and supportive environment for discussing injection related issues. By explicitly clarifying that other participants should see the value in experiences of injection and permit associated discussion, these posters enhanced access to the affective resource of sensitivity for injecting PWUD in a way that social contexts more broadly did not.

Another example of the affective resource of sensitivity was seen in how information was agreed with or disagreed with throughout discussions. Much like participants stepped in to enhance the provision of sensitivity towards injecting PWUD, participants were seen to attempt to mediate conflict in discussion concerning other drug issues.

> *'take it easy mate. i agree with you that saying 'if its cloudy dont worry its just the filler/binders' is irresponsible but there's no need to be aggressive, he realises the mistake and apologised. he has also gone to the trouble of produce a 'how to' on a unique CWE technique that will help people who need somewhere to start so they dont fuck up and hurt themselves. no other participant has gone to the trouble of doing that. even if his technique isnt totally safe at least people new to cold water extracts can then use some of the other participants ideas on how to be safer using equipment that is available to them… we're a community here, its is pretty much us and what we know and can share and learn from ourselves with lots of outside prejudice so instead of attacking each other how about we help each other, produce a reasonable and friendly debate and correct others mistakes without being overly judgemental and unkind'.*

Just because information shared was seen to be incorrect or prejudicial did not make it invalid. Sensitivity provided a point of solidarity for PWUD which was often hard to access in normal society. Sensitivity to all participants was identified as a vital component of AusDD and is likely an important component of any discussion concerned with responsibilisation.

Place

There were eight different types of place identified in the enabling environments data. These places included geographic places, online marketplaces, consumption spaces, stores, drug distribution spaces, digital spaces, use reduction spaces as well as raves, doofs and parties.

Geographic places

The most discussed places in the enabling environments places data set were geographic areas. Discussion of liberalised international drug contexts was prominent, emphasising *Cannabis* in particular (being the predominant subject of contemporary drug policy liberalisation). The central resource considered in these discussions were the physical, illicit drugs themselves and the policy that permitted their access. National contexts referred to by discussion included America, the Netherlands, Canada, Portugal and Uruguay. While not directly concerned with drug policy, uniquely strict Australian quarantine policy was a frequented discussion point. Again, *Cannabis* was an important part of such responses:

> *'truly the quarantine inspectors, particularly in Western Australia, are so serious that there is little natural material that is worth bringing in legally let alone cannabis seeds'.*

Posters critiqued the type of drugs and consumption methods common within Australia. Participants often characterised Australian drug culture outside of AusDD negatively. The

following participant critiqued Australian drug culture as tending to consume to excess, having minimal consideration for harm reduction and restricting knowledge about drugs:

> *'IMO regarding getting fucked up in Australia we mightn't be the most sophisticated culture in the whole world, we drink a fuckload, are a current world leader in cannabis usage, used to have world leading ecstasy usage, probably are very well up there when it comes to meth abuse, but despite this MOST users I meet of these substances are pretty uneducated and unsophisticated'.*

Participants also characterised Australian drug production in a negative fashion. The character of Australian MDMA, for example, was seen to be poor by international standards due to a lack of safrole. The use of other precursors as alternatives to safrole was attributed as the reason for the low quality of Australian produced MDMA and the commonality of racemate products in this context. Participants discussed the character of Australian drug markets and regularly emphasised the heightened cost of drug products here. This was attributed to Australia's geographic isolation and elevated socioeconomic position. In contrast, posters reflected positively on some health services in Australian domestic contexts:

> *'Sharing injecting equipment, particularly in Australia which has FREE needle exchange programs is just so fucking stupid!'*

> *'In Australia we are fortunate, there <u>is free</u> help available.'*

> *'Not all people are this lucky – it is too expensive for most americans to visit detoxification or rehabilitation services'.*

Participants also shared some detail on geographic locations for natural high foraging, while emphasising foraging places to avoid due to prohibition enforcement.

Online marketplaces

Discussion of online marketplaces constituted the second most popular type of place discussed within AusDD. The Silk Road was the most common marketplace referenced by posters. Although participants did recognise the existence of alternative marketplaces, they did not usually disclose the name of these marketplaces or how they accessed them. The resource most discussed in conversation concerning online marketplaces was the social resource of anonymity and the material resources of bitcoin, TOR and other digital technologies. While some posters were confident in this anonymity, others were not:

> *'All locks can be picked… We can't assume the market place and our software makes us safe small cracks always appear. Law enforcement are not a bunch of idiots ignorant of encryption and security'.*

Consumption spaces

Many posters advocate for accessible safe spaces designed to support drug consumption, and Sydney's injecting room received numerous positive mentions throughout AusDD. More than just the specific facility and structure, participants saw the value of injecting facilities in their provision of staff that were aware of or monitoring drug consumption behaviour, as well as disposal facilities:

> '*As I was doing my shot I realise I was alone and it could may take some time for someone to find me if something went wrong. Im sure most of you already realise but for the people that dont I must say it was silly to do it where I did and by myself. Dying from a heroin overdose in the bush is not attractive (I never dump my equipment and I dont inject in places where someone might find me and I am especially wary of kids). Please DONT do your gear alone guys, not just for your safety but for the safety of those who have to find your body. That could be traumatising.*'

Participants also emphasised the affective importance of consumption spaces:

> '*when i'm at an event or somewhere and i smell a joint, it makes me feel at home. and not because i smoke all day in my house, not these days. It just makes me feel like 'hey – these are my kinda people''*'.

Unfortunately, there are few Australian public consumption spaces, and no spaces catering to PWUD relying on consumption methods besides injection. A substantial portion of consumption place discussion considers spaces for 'tripping' or psychedelic drug experiences. This discussion emphasises distinct characteristics of such a place, including colour, sound and ecological environments:

> '*I like to put heaps of effort into organising a trip. The proper audio and visual context can take the experience to new levels. I suggest you all try some of these places; the aquarium, the mountains at night, the brilliant stars make for an amazing night. Public gardens on a Saturday. A lot of people go to these gardens for wedding photos. Few things make for a more hysterical experience than ridding a bike through someones wedding photos high on acid, while wearing a tin foil helmet. Cabins in a forest. Another cool thing is to hire a projector and watch weird things on a wall, or the roof. Dead Man, Salvador Dali, DR Strangelove, and Luis Bunuel's Un Chien Andalou,.*'

Stores

Stores (often called 'head shops') selling drugs or drug related products were often represented in a negative light due a focus on profit generation rather than support for PWUD. They receive particular criticism because many are understood to misrepresent drug products for the purpose of avoiding prosecution, which reduces PWUD capacity to comprehend their own drug use:

'I find it disturbing that nowadays, any product like this sold in a store comes with a bull shit cover story – all you get is intentionally misleading information (if anything is given at all)'.

The types of activities required by vendors in order to keep their business in grey policy areas do not support PWUD, and this likely contributes to their negative framing within AusDD. There is an ongoing and unclear relationship between the products sold by such stores and their policy status. The 'grey policy' issue discussed in both the NPS and natural high policy analyses is present here. Vendors are incentivised to withhold or neglect particular knowledge for the purposes of avoiding criminalisation.

Needle syringe providers

Spaces providing access to sterile injecting equipment are clearly valued by PWUD and the enabling environments data reinforced this. Needle syringe providers also have the advantage of being accessible throughout Australia, in contrast to consumption spaces. However, participants noted some limitations of these spaces, such as the difficulty to inject some types of drugs using the equipment that was available:

'There are many different NSP's and while most probably don't have all the equipment required to IV pills safely they should all be able to give what you need to shoot heroin safely, even most pharmacies will carry fit packs and sell them without requiring a prescription'.

There is also some criticism of needle syringe providers for not providing other, additional resources, such as naloxone.

Drug distribution spaces

My analysis identified a clear desire by many participants to produce their own drugs, but this was seen to be limited by the difficulty and cost of such production. For this reason, many participants saw drug distribution spaces as crucial to liberalised drug contexts, and there was some discussion contemplating how this might take place. Some posters advocated for distribution spaces to be the same for licit and illicit drugs:

'I hope to see more resources provided, and pharmacies seem like an ideal provider...provided we don't scare clients off with the whole 'us vs them' attitude. I completely agree that counselling should be much more easily accessible (for everyone, not just people who use drugs!). I don't see why pharmacists can't get a qualification in drug & alcohol counselling! It's certainly something I am interested in doing'.

Other participants argued for separating drug distribution spaces from medicine distribution spaces. They suggested this would allow specialisation in drug use management and reduce

potential bias against PWUD, as could already be seen within medical disciplines. The importance of practitioners and their relationship with PWUD in such spaces was made clear in descriptions of participants' experiences with various medical professionals. The social resource of therapists and therapies would surely be crucial in a drug distribution space. Liberalised drug distribution spaces would require a relationship between PWUD and health care professionals based on honesty and support, and these relationships are lacking within our current context.

Digital spaces

Digital spaces permit access, if only indirectly, to a broader array of resources than any other place in the enabling environments data. Every single resource in this analysis has been identified using the AusDD forum alone. Participants valued the spaces of AusDD and Bluelight highly:

> *'I am incredibly excited that I have been provided the chance to help moderate in Bluelight and AusDD which are places that I see as priceless information resources. I'm excited to be more active within the Bluelight community and to assist in the provision of harm reduction techniques. This community is fantastic in so many ways and I am proud to be a part of it with you'.*

Participants also valued the spaces that were specific threads. These thread spaces were particularly important for discussion of more controversial drug consumption behaviours. The Methamphetamine Discussion threads, for example, appeared to provide better access to the affective resource of sensitivity for those wishing to discuss injection technique than the Cannabis Discussion threads. In addition to being an informational resource, there are important social and affective characteristics to digital spaces as they allow connection and solidarity between PWUD that might otherwise be hard to access. Digital spaces also provide an opportunity for PWUD to accumulate their own drug data in order to improve identification of different drugs. Posters discussed spaces for pill identification, including Pill Reports, AusDD's pill report subforum and Ecstasy Data. Shroomery is another digital space that was commonly referred to, particularly for mushroom identification, while Erowid was a recommended space for retrieving drug information more broadly. These are all innovative resources compensating for the restriction of drug information by connecting the knowledge and experiences of PWUD in various archive formats.

Use reduction spaces

There are references to a broad range of spaces that are intended to reduce drug consumption, including narcotics anonymous, rehabilitation centres and detoxification spaces. Counselling services are emphasised as particularly important in these use reduction contexts, as is the ability to distribute prescription drugs.

Raves, doofs and parties

'Rave' and 'doof' places were associated by many posters with drug taking activity. There was some association between raves and the use of MDMA and amphetamines, and between doofs and psychedelics. Raves and doofs are also associated with distinct music and visual aesthetics. Discussion of these places frequently focused on police and drug prevention practices and how to manage them. The right to privacy from police scrutiny was seen to be an important component of these events. These events were seen to provide a supportive space for individual difference and drug use:

> *'I've been to heaps of doofs and the people there do have your back. I don't just mean my own mates, but random groups and individuals, they look out for you. And it's not just when it comes to drugs, it's people's attitude in general towards fostering a supportive environment. I've locked my keys in my car, had it bogged, and have got a dead car battery, and every time I was amazed by the number of strangers who gave help and assistance'.*

Findings summary

This analysis has shown that it can be difficult to define resources as solely social, material or affective in the contemplation of the enabling environments concept. The misunderstanding of the enabling intent of a harm reduction approach was evidenced by some participants that understood harm reduction to be limited to specifically defined resources. AusDD was providing all the many resources discussed in this analysis, if only indirectly for some. Even when discussion of these resources was banned, such as in the cases of sourcing and synthesis, more access was facilitated to these resources than is available elsewhere.

Experience narrative sharing was the most common resource discussed within the resource data set and consisted of preparation experiences, psychoactive experiences and use reduction experiences. Access to this social resource appears limited outside of AusDD. Experience narrative sharing contributes to the affective resource of sensitivity, and this sensitivity

resource is particularly indicative of the functionality of the enabling environments concept. Sensitivity encourages the suspension of judgement concerning that which may be considered problematic and suggests problems are a contextual rather than individual issue. Raves and doofs can be seen as other places providing this sensitivity resource to PWUD. This sensitivity is not just about the blind advocacy of drug liberalisation, it concerns the mediation of differing opinions. This can be seen in the affective resource of drug glorification. While drug glorification discussion can be appreciated by PWUD, participants also appreciated the importance of avoiding such discussion within certain contexts. Access to the resource of illicit drugs was not advocated for by all participants, although most were in favour of some access in specific contexts. Giving a drug prescription status was seen to complicate access. Some participants expressed hope that pharmacies would become a drug distribution place for illicit as well as prescription drugs, while others advocated for specialist clinics. Generic shops or stores were typically represented negatively as drug distribution places.

Policy frequently responsibilises PWUD, and PWUD frequently critiques policy in return. Attention to geographic places is centred on participant interest in policy resources that avoid the responsibilisation of PWUD. These geographic places are closely connected to substance resource access. Consumption equipment and technique is a resource made available through places other than AusDD. Needle syringe providers make injecting equipment and technique accessible within the geographic place of Australia. AusDD appeared to be unique in its provision of consumption equipment and technique resources for drug consumption methods other than injecting, access to which is comparably restricted within Australia. There appeared to be a similar prioritisation with injecting in the provision of public drug consumption spaces, and once again AusDD discussion provided access to this broad array of resources in ways that most geographic places do not.

Internet technologies were an essential resource for allowing the digital places of AusDD and online marketplaces to exist. The primary resource associated with online marketplaces was illicit drugs, to which online marketplaces were seen to facilitate access. Digital spaces were understood to provide drug educational resources of better quality than other educational resources available to the public. Digital spaces also provided an increased access to the social resource of anonymity which can be seen as advantageous in permitting discussion of illicit or stigmatised topic. Anonymity also enhanced the capacity for dual roles of participant-professionals in responsibilised groups.

Professional health carers and therapies were another highly valued resource, their locations frequently discussed and typically considered hard to access. Therapies and providers could be seen to have strong affective and social qualities, illustrating the capacity of digital places to develop novel agencies, specifically through the provision of sensitivity by participant pharmacists, and participants more generally, to drug using communities. This same capacity for digital spaces to produce novel agencies for responsibilised groups was evident in the less discussed resource of researchers. In many ways digital spaces can be seen to increase access to enabling resources, particularly in contrast to geographic spaces. This analysis has shown that digital spaces are of value to responsibilisation due to their enhancement anonymity and sensitivity.

Drug testing was a much discussed but highly inaccessible resource due to expense, knowledge and law. Yet AusDD provided a novel agency in the form of the pill info request subforum and through connection to pill reports, reagent distributors and similar platforms. This meant that AusDD participants were in a unique position to have a greater understanding of the composition of drugs, yet this capacity was undermined by lack of individual access to scientific testing methods.

In the next, second last chapter, I consider the relationship between the analysis chapters and research concerning responsibilisation, policy designs and PWUD. It also includes my answers to the questions: how do participants in Bluelight.org's AusDD forum understand drugs, drug use and drug policy?; and what are the implications of these understandings for harm reduction policy makers?

A conclusion chapter follows in which I summarise the key arguments and findings from this thesis, review its contribution to the field, its implications for practice, research and policy, acknowledge its limitations and consider directions for future inquiry.

Chapter 8: Discussion

This chapter outlines the major findings of this project that resonated with or challenged the research concerning PWUD outlined in the literature review. The discussion has three sections. The first two sections focus on the research question, 'How do participants on an Australian forum supporting people who use illicit drugs discuss and represent drugs, drug use, and related policies?' Discussion of this research question is split in two segments:

> 1) How do participants in Bluelight.org's Australian drug discussion forum understand drugs and drug use?

> 2) How do these participants understand drug policy?

The third section focuses on the second research question, 'What insights can this forum and its participants offer to policy makers concerned with illicit drug harm reduction?'

In the first section I review themes that were relevant to participants' understanding of drugs. I recognise the emphasis of drug experiences but draw attention to the prominence of other areas of drug discussion. I found that participants discouraged drug use, had altruistic concerns, and attempted to value different types of drug use equally. Interestingly, self-control was a less valued dimension of drug use than anticipated. The online context of AusDD participants appeared to impact on the way in which drug discussion took place and the meaning of different drug products. AusDD was also seen to support a wide variety of drug behaviours to a greater extent than other online forums supporting PWUD. While they do not use the same terminology, my analysis of AusDD showed that participants were aware of the responsibilisation of PWUD and the influences of this process upon drug culture. AusDD participants were observed engaging in prejudice management strategies. Medical criticism was one of the most influential and common influences upon AusDD participants' understandings of drugs. My analysis found that participants saw health and medicine ideology to reduce the relevance of research for PWUD, as well as undermine the efficacy of professionals, treatments and replacement therapies for PWUD. Formal medical *Cannabis* policy was met with particularly significant opposition. There were limitations of the predominant sociocultural theories that researchers used for understanding drug use without relying on medicine. Cultural intoxication and identity theories are the theories that come closest to paralleling the ways that AusDD participants understood drugs. However, these theories fail to identify broader social responsibilities concerning drug use, and this reduced

cohesion with participant understandings. The first section concludes by reviewing the various drug discourses available, illustrating the unique character of AusDD discussion as participants attempt to establish a new drug discourse. This new discourse relied heavily upon permitting meaning to be flexibly applied to various lexical choices.

The second section explores themes from the analyses that help illustrate how my analysis found AusDD participants to understand drug policy. There is a definite interest in deliberative engagement, as many participants desired to be independent authorities over their own drug consumption. The support provided by informal policy of the AusDD community was seen to be evidence of the effectiveness of deliberative engagement design in an informal drug policy context. Much like the new drug discourse participants were trying to construct, participants' valued policy and politics that had a capacity to be flexible. The discursive politics of AusDD were seen to be far less static than formal discursive drug politics. However, a need for a positive PWUD affirmation discourse in order to better connect formal Australian drug policies with the informal policies of PWUD was identified. A deficit in understandings of alternative policy designs by AusDD participants was acknowledged. Consideration of the enabling environment and deliberative engagement designs aimed to help counter this deficit, but there is still a definite need for a greater range of policy alternatives. Injection paraphernalia policy was the one area of Australian drug policy that AusDD participants reflected positively upon.

The third section considers the insights that AusDD can offer policy makers interested in harm reduction. I argue that harm reduction is only an intermediary step in pursuit of PWUD rights, and that policy makers drawing on harm reduction must be aware of the concept's limitations lest they risk further compounding the responsibilisation of PWUD. Policy makers need to expand their understandings of alternative drug policy designs. The decentralised, deliberative politicisation of PWUD communities is already taking place via informal policy. This policy design appeared to be more effective at reducing harm, providing diverse resource access and countering drug responsibilisation than the formal policies of Australian government.

How do participants in Bluelight.org's Australian drug discussion forum understand drugs and drug use?

Drug experiences

Kjellgren (2009, 2013a; 2013b; 2014a; 2015) and Rosino (2013) have focused on experience reports in their analysis of online forums supporting PWUD. Experience reports are a rich source of data, but there are limitations that emerge from using only this type of data to research PWUD in an online context. These limitations are similar to those that emerge from medical disciplines that prioritise pharmacological meanings of drugs. Experience reports made up a significant component of the data for this project, and experience narrative sharing was found to be the most common type of social resource identified in Chapter 7. These reports detail a variety of sensations, experiences and affects produced by drug use, and often attribute agency to drug objects. Unlike dominant discourses implied (Fraser and Moore, 2008), drug experiences were not represented as inherently chaotic or problematic within AusDD, were not solely predetermined by pharmacology or associated with health problems (Dwyer and Moore, 2013). However, there was much more to AusDD discussion than representations of drug experiences. Experience narrative sharing was only one of sixteen resources made accessible by the forum. A more comprehensive form of online PWUD data should give greater attention to PWUD' socio-political context, rather than just their drug experiences, because this helps illustrate the agency of PWUD and their capacity to reduce drug related harms. Chapter 7 gave some insight into different dimensions of drug use other than drug experiences. I found that participants regularly provided support to one another with the aim of countering or compensating for the impacts of responsibilisation. This was labelled a sensitivity resource. Participants appeared to avoid certain types of drug discussion in certain spaces, as outlined in discussion of the affective resource of drug glorification.

Drug use deterrence

Unlike the suggestions made by prejudicial studies concerning PWUD, my analysis has shown that on balance, the drug forum I studied was not a space for the blatant promotion of drug use (Wax, 2002). AusDD participants seemed to understand that while there were numerous appropriate contexts for reflecting positively on drug use, it was important to deter prospective drug use in certain circumstance. Cannabinoids were not a particularly large discussion topic within AusDD, but there were prevailing negative representations of these substances. Many of these negative representations contrasted cannabinoids to *Cannabis*, favouring the latter because it was less associated with unanticipated and unintended effects.

Most advocates of new cannabinoids valued lower rates of detection via drug tests, in contrast to *Cannabis*. The shift away from positive representations of new cannabinoids identified by Bilgrei (2016) does not appear to be paralleled on AusDD, where representation of synthetic cannabinoids has retained a negative character over time. I am uncertain why Bilgrei's participants had this initial more positive representation of cannabinoids, and why my participants did not. Perhaps access to these products occurred in Australia later than in Norway, by which time negative information had already begun to proliferate.

A similar deterrent effect was observable in Chapter 6 and the theme of *Datura* fear. The predominant representations of *Datura* experiences were negative, and many participants stated that this was their main reason for not wanting to consume *Datura*. Chapter 6 also emphasised the potential health hazards stemming from consuming incorrectly identified mushrooms and acted as a deterrent in this way. There were two other instances in which a deterrent effect was clearly observable in my analyses. In Chapter 5, there was a promotion of illicit drugs over NPS for purposes of reducing unanticipated side effects, and in Chapter 7 the promotion of ingestion and insufflation consumption methods aimed to deter smoking and injection methods for purposes of managing tolerance and improving control over drug behaviours.

Forums supporting PWUD, like AusDD, do not necessarily blatantly encourage or glorify drug use. Like prohibitionist contexts, these forums do discourage certain instances of drug use. Yet unlike prohibitionist contexts, these forums also provide a legitimate space for the discussion of these deterred practices and do not presume the centrality of drug use prevention (Davey, Schifano, Corazza, et al., 2012). AusDD achieves the deterrent aim of prohibition more effectively than prohibition itself because these deterrents are negotiated and addressed critically rather than applied as blanket rules. This makes it possible for participants to express negative views of *Datura* while other participants can still express their interest in consuming *Datura* without experiencing prejudice. Participants were provided with the information on which these negative views depended and were left to make their own decision. By allowing PWUD authority over their drug use and by supporting honest discussion about drugs, specific drug behaviours associated with exacerbated hazards can be more effectively managed without prejudice against these behaviours. This dynamic of deterrent discussion and critique allows AusDD to continually redefine the ethics of drug use through debate, without relying on a moral position that ultimately responsibilises certain drug behaviours.

PWUD altruism

My study found that participants in AusDD understood drug use as something that requires community support and saw participants to go to efforts to provide this support. Like other forums supporting responsibilised participants, AusDD participants were highly empathic towards one another (McCosker, 2017; McCosker and Hartup, 2018). The altruistic intentions of PWUD were often concerned with helping others avoid the symptoms of responsibilisation that they themselves have experienced (Fry and Dwyer, 2001). This could be seen Chapter 7, and identification of the provision of the resource of sensitivity. Sensitivity intended to support responsibilised perspectives by permitting the honest discussion of controversial topics.

The provision of drug identification resources, emphasised in the enabling environments, NPS and natural high policy chapters, showed that AusDD participants had altruistic concerns for other PWUD. The *Cannabis* civil disobedience theme in the *Cannabis* policy analysis also evidenced this, showing that participants developed distinct political strategies intended to expand PWUD rights. Attention to these altruistic dimensions of drug use helps illustrate how drug use contexts can be productive beyond individual consumption enablement.

Self-control

My study found that self-control was understood by participants as a less important dimension of drug use than implied by previous research (Sznitman, 2005; Harling, 2007). Chapter 3 discussed how participants drew upon biochemistry terminology to de-emphasise individual choice and control while emphasising social responsibility in matters pertaining to drug use. My study found that participants were unlikely to attribute complete responsibility over drug consumption to individual PWUD, and provided additional support for PWUD who struggled to control their consumption (Sznitman, 2005). Perhaps this was because participation in this project occurred much more organically, observing participants in their own space without requiring participants to contact researchers. Another possible explanation could be that Sznitman's research context was a different time, place and culture. Chapter 3 showed heroin to be associated with addict terminology, while the enabling environments analysis found that intravenous drug use and methamphetamine were the most stigmatised types of drug use. Despite this, unlike Sznitman's findings (2005), I found that

numerous AusDD participants claimed it was possible to control methamphetamine and intravenous usage practices. There were just as many, if not more participants who saw the same to be the case for the use of heroin and opiates more generally. The addiction concept is inherently problematic (Keane, 2002), and while a capacity for self-control was valued, it was not essential for the valuation of an individual PWUD. The experiences of people with less self-control were an important component of AusDD discussion, and participants sharing these experiences were rarely criticised. The lack of emphasis of self-control resonates with Dennis' (2016) finding that control pertaining to PWUD is relational. Control cannot be lost because control is always shared.

Valuing different drug use equally

According to my analysis, AusDD participants typically understood that different types of drug use should be valued equally, and that it was unreasonable to responsibilise the usage behaviours of others, irrespective of the predominant social view of that usage behaviour (Courtwright, 2012). Participants did not appear to regularly engage in defensive self-identification strategies for the purpose of representing their own drug use positively, unlike Green and Moore's (2013) participants. AusDD participants were seen to marginalise problematic PWUD identities to a lesser extent. There were instances of participants berating one another because they disagreed with particular drug taking behaviours (Matthews, Dwyer and Snoek, 2017), and/or because they had internalised discourses responsibilising drugs (Bright, Kane, Bishop, et al., 2014). However, no drug taking behaviour exempted a participant from participation in the AusDD community, and participants were frequently observed actively discouraging drug responsibilisation.

AusDD participants were seen to form sub groups due to similarities in drug usage patterns, such as could be seen in threads focusing on specific drugs of choice. However, these groups were not 'confined' and their associated information was not kept private from other discussion contexts. Participants with niche usage patterns that would be labelled as problematic in other contexts were frequently seen to be experts within the AusDD community, because they had access to knowledge that could only be gained through their minority experience. This expertise was not only important for others with similar usage patterns, but also for drug policy discussion in general. Peer experts helped improve understandings of how specific drug cultural contexts functioned and how they could be managed. In this sense, AusDD participants' understandings of drugs resonated with

Tupper's (2008b) generative metaphor of drugs as tools. Participants with the most experiences with drug tools were able to teach others how to use these tools effectively. Because no form of drug use was considered inherently problematic within AusDD, there was a reduced need for drug using participants to engage in defensive representational strategies. The drug policy context of AusDD and Bluelight more broadly showed that supporting rather than being prejudiced against drug use can improve knowledge exchanges and result in a more cohesive community, even amongst those with different patterns of drug use.

Despite the negative connotations associated with the 'drug' term (Seddon, 2016), my analysis of AusDD has illustrated the utility of using the concept of 'drugs' to unify people who consume different illicit substances. There were strong parallels with Tupper's (2012) stereotypology of drug meanings, although while participants used the drug term to refer to illegal, medicinal and legal psychoactive substances, they acknowledged that behaviours rather than substances (such as exercise) could also be referred to using this term. They also acknowledged that any component of an environment could be considered psychoactive in an appropriate context. In AusDD the term 'drug' could refer to substances typically seen as non-drugs, such as sugar, but also non-drugs that were typically seen not to be psychoactive, such as food in general.

Using the institution of pharmacology to distinguish PWUD by focusing on drugs of choice (Tackett-Gibson, 2008; Siemann, Specka, Schifano, et al., 2006) does not accurately account for how participants in this study understood drugs. Participants found commonality and bonded over their responsibilisation rather than just their consumption practices (Race, 2011). This aligns with Johns and McCosker's (2014a; 2014b) claims that social media can make prejudiced contexts productive by enhancing solidarity and cultural citizenship. The broad definition of drugs used by AusDD participants was inclusive, and meant that all participants could identify with PWUD, irrespective of their specific consumption practices.

Online contexts

Decline in AusDD posting appears has paralleled changes in social media usage. The internet has assisted participants in improving their understanding of drug contents, but there is concern that the fragmentation of PWUD communities online can result in stigmatising groups of PWUD with different consumption preferences.

PWUD on social media

In the project thread on Bluelight, participants suggested that decline in AusDD participation was influenced by the increased use of 'faster paced and more accessible social media' such as Facebook, Instagram and Reddit. It was suggested that participants moved to other more private social media and platforms relying on encryption software, such as Telegram and specific forums located on the darknet. This change is accompanied by diverse attitudes. The use of more accessible social media seems to illustrate that some people are increasingly willing to talk about drugs in public online spaces, while expansion of the use of encrypted social media suggests that other people are going to some effort to keep their drug discussions private. People seem to be using certain social media platform for certain things i.e. Facebook for legal discussion, Telegram for illegal discussions. This corresponds with an increase in surveillance of public internet spaces, and changes in how people talk about drug use online (Barratt, Lenton and Allen, 2013).

Participants in the thread saw reductions in participation to be related to a change in the way the Bluelight platform was used. While posting has declined in AusDD, Bluelight's prominent traffic and category ranking suggests the reader base has retained prominence. This implies a transition from utilisation of the forums as a social resource to increasing their utilisation as a material information resource. It was also suggested that AusDD's restriction of social posts in favour of informational posts was likely to have influenced a drop-in traffic and encouraged participants to move to other social media platforms. As a huge number of topics have been discussed, there is little drug related information that has not already been covered on AusDD and as reposting is discouraged, participants have little need to maintain their interaction in the AusDD space.

Participants in the project thread understood the restrictive and largely unchanging drug policy environment of Australia to discourage participation in AusDD, particularly in relation to NPS policy. There was seen to be correlation between participation in European and African Drug Discussion (EADD) and the proliferation of NPS. In such a context, NPS represent the possibility of accessible drugs because they are not prohibited. As Australian NPS policy involves a blanket ban of anything that might be considered an NPS, there was no incentive for participants to engage in discussion on Bluelight to learn more about these substances. Furthermore, a drop in EADD traffic was observed following the introduction of similar prohibitive NPS policy in the United Kingdom. Clearly technology is expanding the

diverse ways in which drug discussion can be undertaken by increasing the number of platforms on which this discussion can take place. This same technology increases the capacity for participants to negotiate political contexts that repress drug use.

Internet, branding and ingredients

AusDD participants frequently condemned the consumption of unknown substances, unlike participants in Forsyth's (1995) study. This could be seen in Chapter 5 and the critique of marketing practices intending to disguise product content. A central functionality of the AusDD forum was to assist others in processes of drug identification, as demonstrated in Chapter 7's emphasis of material drug testing resources, as well as the use of digital spaces to accumulate drug data for the purpose of improving identification. To suggest that most AusDD participants are interested in the branding of their drugs of choice, as opposed to their pharmacology, is to disregard a prominent culture of caution and care that binds AusDD participants. The consumption of unknown substances is frequently discouraged throughout the forum. Many participants did not even support the consumption of products whose content had been identified via reagent testing, because these tests could only be indicative of some, not all, ingredients.

Time has elapsed since Forsyth's study, and our studies were undertaken in different contexts. The most obvious factor influencing this difference appears to be the internet, which can be seen to improve information access about drugs within PWUD communities, and assist in the management the social difficulties associated with identifying with a responsibilised identity (McDermott and Roen, 2012). Because AusDD has, to an extent, the capacity to identify or at least estimate the contents of particular drug products, participants have greater capacity to predict the outcomes of consumption. When information about drug products is not available, as was likely during Forsyth's study, rational consumers are likely to make a purchase in accordance with how the product has been marketed, because this is the primary distinguishing factor of the product. However, comparable prohibition contexts did accompany both this study and Forsyth's. This leads me to suggest that the evolution of the internet provides an expanding space for the production and maintenance of discourses repressed by discursive politics. As I have seen in the case of an online PWUD community, the establishment of new, controversial discourses aims to counteract the impacts of prejudice by providing unique skills and information.

Contrasting AusDD with case studies of forums supporting PWUD

Móró (2013) like me, grounded his analysis of a forum supporting PWUD in extensive participant observation, undertaken prior to the commencement of research. Perhaps these experiences are responsible for our similar critiques of harm reduction. Both our studies emphasise the limitations of harm reduction due to the neglect of recognition of the pleasure associated with drug use. This project has further expanded on the functionality of harm reduction in contrasting AusDD and formal Australian policy contexts.

Chapter 3 showed that participants saw diverse meanings associated with harm reduction that were dependent on the environment in which this term was used. The AusDD version of harm reduction policy was applied much more reflexively than the version applied formally by the Australian government. If an AusDD participant disagreed with a particular rule they could express this disagreement and potentially change the rule or the way in which the rule was applied. This is not the case for formal Australian drug policy and the exclusion of PWUD perspectives from this strategy's design. A strong example of the reflexive characteristic of AusDD policy was identified in the discussion of drug manufacture. This discussion was not permitted in AusDD because it could bring additional law enforcement attention to the forum, but participants challenged this rule because it was seen to reduce the capacity of PWUD to be informed about their consumption practices. The result was administrative lenience, in which publication of posts regarding drug manufacture was permitted if positive impacts of the publication were accentuated by the AusDD community.

'Harm reduction' ultimately reinforces the stigmatisation of PWUD due to its preoccupation with only the negative dimension of risk. However, viewing harm reduction as an intermediary term that integrates some PWUD rights into a public drug policy discourse at a time when this discourse is not ready to accept PWUD rights more broadly shows the utility of the harm reduction concept for mediating pro and anti-drug ideologies. Many AusDD participants seemed to be aware of this functionality of the harm reduction term and use it accordingly to support a political agenda of drug policy change.

A key difference between the context of Móró's study and my own was the exclusivity of the Hungarian psychedelic community's forum participation. In order to become a participant, applicants had to first successfully complete a forum entry test composed of questions concerning psychedelic drugs, harm reduction and the forum guidelines. Half of applicants

were said to fail this test and thus were unable to become Daath participants. In contrast, the process of becoming a Bluelight participant only required a username, password, email address and agreement with the forum rules. Bluelight and AusDD were clearly more publicly accessible PWUD communities and this ease of access increases the breadth of support these forums were able to provide. Types of drug use engaged in by participants appeared to be particularly diverse in AusDD. Favouring particular types of drugs undermined the capability of Daath (Móró and Rácz 2013) to provide the sensitivity resource AusDD provides. AusDD was seen to be a non-judgemental and supportive context for most if not all drug related discussion, especially those discussions pertaining to the more stigmatised dimensions of drug use such as injection, heroin and methamphetamine.

While specific drug biases may discourage some prospective consumers from choosing certain drugs over others, this will not stop use of these other drugs. This bias will only reduce the information exchange about these drugs due to their prejudiced status. This is a very similar problem to prohibition's impact on PWUD and the proliferation of contexts in which *Cannabis* and psilocybin containing mushrooms are banned but alcohol and tobacco are economic corner stones. What is important about progressive drug policy is the capacity to provide equal support to all PWUD irrespective of their consumption choices and distinctions between drug types. In contrast to AusDD, few other forums appear to have this same capacity, and this may hold some concern for the increasing fragmentation of PWUD communities across social media platforms.

Responsibilisation

I found that forces of responsibilisation were a powerful influence on the way AusDD participants understood drugs, and while this resulted in restrictions upon valuable information, the AusDD discourse somewhat countered these restrictions. Issues concerning prejudice were regularly and critically discussed within AusDD, and this discussion served to challenge dominant definitions and understandings of drug use.

AusDD participants acknowledged diverse subjectivities. This was evidenced by support for a variety of understandings of harm reduction, the provision of the affective resource of sensitivity. The informal policies regulating the community were also highly fluid. These characteristics emphasised the presence of reflexive responsibilisation (Moore and Hirai, 2014). However, some AusDD participants were also seen to attribute primary responsibility for drug use to individuals, as evidenced by discussions of *Cannabis* liberalisation advocacy,

self-censorship, and natural high harvest etiquette. This implied that strategies for achieving sustainable harvest of natural highs were clear and reflects a similar degree of consensus in other environmental policy deliberations, despite sustainability being an unclear concept [Rask, et al., 2012; Dryzek, 2015; Ilcan and Phillips, 2010]). While drug use was responsibilised differently in these instances, in the sense that they did not oblige individuals of drug abstinence, they did oblige individuals to change public perceptions of *Cannabis*, to protect environments and to withhold information from the public, and this seems comparable to neoliberal responsibilisation. It is possible that these responsibilising messages potentiate further stigma and health complications (Fraser, 2004)

The three characters who use drugs (outcasts, performers and true believers) identified in criminal and rehabilitation contexts (Moore and Hirai, 2014) could also be identified within AusDD in relation to this alternative neoliberal responsibilisation. In terms of understandings of harm reduction, there were participants committed to the concept as it had been defined by others (true believers), participants who understood that they could change definition of the term depending on their intent (performers) as well as participants who rejected the term entirely (outcasts).

It is interesting that AusDD, a community composed of PWUD who are normally not targeted by government responsibilisation efforts (van Houdt and Schinkel, 2014), are choosing to responsibilise themselves. Participants' focus on techniques for reducing unwanted drug effects and provision of diverse drug resources is likely to improve their management of health care conditions. Including formal government in these activities would likely improve their efficacy (Brown, 2019), but its exclusion from them and their undertaking by individual PWUD is consistent with broader neoliberal responsibilisation processes.

Discussion of a politics of responsibility (Thörn and Svenberg, 2016; Gregory, 2018) was evidenced by conflicting meanings of harm reduction. Resistance of responsibilisation (Moore and Haggerty, 2001; Fraser, 2004) could also be seen in the identification and critique of stigma. However, specific obligations of parties other than PWUD and the AusDD community were not elaborated on in any clear or consistent way beyond recognition of a responsibility of the Australian government to use formal drug policy designs other than prohibition, particularly for *Cannabis* and natural highs.

Shaming of drug behaviours was discouraged within AusDD, unlike other digital contexts (Brand, 2009). This aversion to shaming assisted the provision of sensitivity within AusDD. It also assisted the capacity of PWUD to engage in AusDD and thus manage their own health (Brown, 2019). The potential loss of these resources and opportunities demonstrates the potential threat of internet responsibilisation towards people occupying stigmatised intersections (Renaud, et al., 2018; Brand, 2009).

Information poverty

There is a strong association between responsibilisation and contexts involving information poverty. Information poverty involves the identification of a lack of information resources representing a particular perspective (Lingel and Boyd, 2013). In the context of AusDD, information poverty was perceived in the apparent lack of participant understanding of the relationship between their drug behaviours and drug policy, as well the lack of information about the composition of different drug products. A comparable situation to Lingel and Boyd's (2013) was witnessed in AusDD. Despite the responsibilised context of PWUD making some information difficult to obtain, the enabling environment analysis showed that AusDD and other digital spaces could compensate for the restriction of drug information by connecting the knowledge and experiences of PWUD in various archive formats.

Responsibilisation management

The findings of Green and Moore (2013) contrast quite starkly with my research. I found that in AusDD, discussion of consumption and stigmatisation is encouraged. The prominence of discussion of consumption management strategies suggests that part of the importance of AusDD for PWUD is that it permits participants to frame their own understandings of drug use behaviours in accordance with other PWUD. Without AusDD, perspectives will likely be more dependent on the opinions of those who have minimal knowledge about drugs and who are prejudiced against PWUD. Chapter 7 illustrated the many ways in which AusDD provided access to health treatment resources including therapists and therapies, prescription drugs and consumption equipment. While Green and Moore have illustrated the negative impacts of prejudice upon drug use, my study has shown how online PWUD communities work to remedy these impacts. AusDD participants often played roles comparable to intermediaries as considered by McCosker and Hartup (McCosker, 2017; McCosker and Hartup, 2018). However, AusDD participants did not only help bridge the gap between responsibilised persons and institutional authorities. In AusDD, peer mentors often provided

resources that institutional authorities could not, such as drug experience narrative sharing, drug testing technologies and strategies for reducing unwanted drug effects. In this sense, the roles played by AusDD participants were more than intermediaries, as these participants were important drug authorities in their own right. AusDD participants were seen to take on responsibilities supporting others, promoting empathy and assisting in the re-framing of negative or prejudiced representations concerning members. Participants' empathy helped create non-judgemental and supportive contexts for interrogating issues accompanying prejudice. If social media platforms can help provide sensitivity, these platforms are likely to be of value to communities centred around any responsibilised identity, as well as to researchers.

Criticisms of medicine and health

AusDD participants seemed to understand drugs in ways that challenged orthodox perspectives of medicine and public health. In Australian society, alongside criminal law, the institutions of public health and medicine are the primary authorities on the consumption of substances that alter consciousness. This makes PWUD's vernacular knowledges about their consumption behaviours appear illegitimate. If these behaviours are not in accordance with those behaviours prescribed by medical and public health authorities, it can result in criminalisation for PWUD.

The association between drug use and health is correlated with reduced drug prejudice, in contrast to violent crime. This is likely responsible for drug contexts' reception of greater research sensitivity than other crime (Lancaster, Santana, Madden, et al., 2015; Maddox, Barratt, Lenton, et al., 2016). Despite this, health and medical institutions have still been seen to prejudice specifically against drug using individuals, and this can undermine participants' willingness to consult with certain institutions and professionals (Neale, Tompkins and Beard, 2008). This was a likely influence on participants' tendency to be critical of medical and health perspectives.

Kjellgren's (2014a) interpretation of forum discussion of NPS emphasised dimensions of this discussion that were more relevant to the way that medicine and health disciplines conceptualise drugs, rather than the ways that PWUD make this conceptualisation. Kjellgren saw four dominant themes in her data: substance facts; dosage and administration; subjective effects; and support and safety. In contrast, my study emphasised the difficulty of and

problems associated with defining NPS and distinguishing them from other substances. In fact, Kjellgren's research can be critiqued similarly to NPS policy, both are encouraging stable understandings of NPS despite the fluidity of NPS identification within drug using communities (Barratt, Seear and Lancaster, 2017). The difference between Kjellgren's studies and my own is my recognition of the broader sociocultural and political context of NPS that is considerate of the responsibilised position of PWUD. Participation in PWUD communities has assisted me in acknowledging this context, while it appears that Kjellgren's participation in disciplines of health encourages attention to other dimensions of drug use. It seems unlikely that discussion about NPS on an international forum gave no emphasis to political contexts, and while Kjellgren's introduction brushes on this, her analysis gives little attention to this important issue.

My analysis of AusDD identified a number of topics falling within this medical/health criticism theme, including the limited relevance of research outputs for PWUD communities, inefficacies of medical *Cannabis* policy, concerns with how health research samples PWUD, concerns with how health professionals treat PWUD, as well as the responsibilisation of PWUD by treatment services and criticisms of drug replacement therapies. However, despite the prominence of this critique of health and medicine, a number of participants were seen to advocate for the utilisation of medicine for the purpose of changing drug politics. Medical frameworks were an accessible way of legitimating substance consumption without challenging prohibitionist norms that condemn illicit drug consumption.

Limited relevance of research outputs for PWUD

I found that AusDD participants did not rely heavily on information emerging from health or scholarly contexts in order to understand drugs. The content of AusDD, Bluelight and other online platforms supporting PWUD communities were often represented as more important resources for this. Chapter 7 illustrated the challenging relationship between PWUD and health care providers in discussion of the therapists and therapies theme. My analysis revealed that, unlike the findings of Brown and Altice (2014), unwillingness to access treatment resources was not only about a participant desire to manage their own drug consumption patterns, but also about a desire to avoid medical prejudice. This prejudice reduced the quality of treatment offered and had powerful emotional impacts on the way PWUD viewed themselves. I have suggested that researching PWUD through attention to treatment services and other contexts that perceive drug use as problematic may make participants less willing to participate in research by generating a fear of prejudice. The

apprehension towards researchers and research outputs was seen in the theme of research problems associated with *Cannabis* in Chapter 4.

I went to some efforts to ensure my research was inclusive of participants (Maddox, Barratt, Lenton, et al., 2016; Price and Hawkins, 2002; Goodley, 1998; Cloke, Cooke, Cursons, et al., 2010; Bishop, Mehra, Bazzell, and Smith, 2000), and to show empathy regarding participants and drug use in my communications (Bhopal, 2010) due to my desire to challenge the responsibilisation of drug use (Agyeman, 2008; Dowse, 2009; Rodriguez and Brown, 2009; Cole, Nolan and Seko, 2011). Despite these efforts, I did not manage to avoid another instance of participant apprehension towards researchers concerned with PWUD, which was seen in the project thread immediately following publication of the initial post. Barratt added the following note to my post shortly after it was published:

> *'[Tronica's edit: Please note that Liam sought and obtained approval for his study from Bluelight admins and AusDD moderators: myself, spacejunk & drug_mentor]'*.

Before Barratt had made this edit, a participant made a post that queried if the project was undertaken with moderator approval and requested that their associated posts were not included for analysis. Later on, this poster expressed that their initial concern with my project stemmed from negative representation of PWUD by another publication. Research concerning PWUD needs to break this cycle in which PWUD are represented negatively, compounding negative perceptions and experiences of drug use. Health services targeting drugs have this same challenge. This project is one attempt at breaking this cycle. By finding research participants in cultural environments supporting PWUD such as AusDD, rather than in social institutions advocating anti-drug ideologies, such as drug treatment services and prisons, research concerning PWUD is likely to have an easier time gaining participants, to provide a more accurate representation of drug use, and to have more positive impacts on contexts that responsibilise PWUD. The internet is a highly accessible means of accessing these otherwise hard to find cultural environments.

Contrasting the PMP with this project, it can be seen that one of the PMP's primary outputs was a list of over 400 NPS (Deluca, Davey, Corazza, et al., 2012). In the enabling environment analysis, I showed that consciousness altering substances were only two of sixteen vital resources made accessible by AusDD. While outputs of the PMP noted that its findings were of importance for health professionals treating PWUD, my study instead emphasises the importance of expanding the autonomy of PWUD, because PWUD

communities provide the greatest number of important resources to PWUD. My analysis has shown that PWUD communities can be incredibly knowledgeable, responsible and critical in the way they politicise themselves, and that they can do so without reliance on health professionals.

Increasing access to illicit drugs could have just as much success at reducing the adverse effects of NPS consumption as constructing an early warning system for health professionals that relies on knowledge that PWUD already have. Such an argument was very clear in Chapter 5 where I discussed that participants had indicated that the primary appeal of NPS was their enhanced accessibility. Yet, medicine's monopolisation of health affirms prohibitionist values in which people do not have the right to alter their state of consciousness. The authors of the PMP's association with health and medicine means that they could never make such a radical policy suggestion as increasing access to illicit drugs. This is the unique and important position that research concerning PWUD is able to occupy as the perspectives of PWUD themselves become more effectively represented by research. A growing logic of individualism is empowering PWUD rights by legitimating individual control over consciousness. The Rednet project (Corazza, Assi, Simonato, et al., 2013), a continuation of the PMP, incorporated a unique methodological dimension alongside the regular monitoring of online resource relative to NPS. This unique research approach included the testing the content of allegedly psychoactive products in order to compare their actual content to the content described on their label. This utilisation of drug testing technology was seen to have immense value to AusDD participants. Chapter 7 showed the valuation of reagents for testing unknown substances. This value of reagents was seen to be driven by the inaccessibility of scientific testing methods. Participants explicitly discussed what they saw as a government responsibility to create a facility where the analytical testing of substances can take place. They contended that such a facility would assist in maintaining an 'early warning system' which would permit the distribution of analysis results throughout drug using communities. Such a responsibility was seen as particularly significant in the context of NPS. These substances were even harder to identify because new and unknown chemicals are difficult to determine even with advanced analytical techniques. NPS are accompanied with an increased likelihood of unanticipated effects.

The potential value the outputs of the Rednet research project might have offered to PWUD was undermined by a classical medical orientation responsibilising drug use, much like the PMP (Deluca, Davey, Corazza, et al., 2012; Davey, Schifano, Corazza, et al., 2012). Rednet

was also framed in accordance with a drug prevention agenda (Corazza, Assi, Simonato, et al., 2013). The results of the analytical testing of NPS were likely the greatest potential research benefit of the PMP for drug using communities. While the project intended to disseminate its outputs online, the analytical testing results do not appear to have been published on any social media supporting PWUD. This seems particularly unreasonable when much of the initial data on which the PMP was based was obtained from social media known to be utilised by PWUD. Research concerning PWUD drawing on online resources to understand drug use within the context of medicine and public health has assisted in perpetuating a knowledge a gap by not reciprocating the sharing of knowledge. My findings suggest that the exclusion of PWUD from discussions and decisions about their own health is driving PWUD' criticism of medicine.

Medical research is inherently concerned with prominent health problems, and as such, will emphasise these same problems should this same research be used to understand populations of PWUD. This is comparable to the dangers of using treatment services to obtain research participants due to their inability to be representative of broader drug using populations. In medical research, PWUD with the greatest threat of health hazards, such as people who inject drugs, those with infections and those participating in alternative sex practices, are vastly overrepresented. This is not to say that injecting PWUD and those PWUD experiencing health problems are absent from AusDD participation. Chapter 7 highlighted the prominence of discussion of injecting equipment and technique within the material resource consumption equipment theme. While there was some minimal discussion of infection experiences, this discussion was not prominent enough to warrant identification as a theme in any analysis. The same was the case for sexual experiences related to drug use. The limited appearance of discussion of sex and infection is likely to be influenced by participants choosing not to post about these issues due to anticipated prejudice. That being said, AusDD participants were often comfortable sharing information that was likely to have been kept private in different, more public discussion contexts. It appears that AusDD participants constitute a far more diverse sample of PWUD than those that can be obtained through treatment services, and those on which medical research tends to focus.

Medical Cannabis policy

In Chapter 4, I showed that participants criticised medical *Cannabis* policy's moralisation of legitimate *Cannabis* use. Participants identified conflict between independent and self-

sufficient *Cannabis* medicators and pharmaceutical corporations whose business model aimed to make medicators dependent on their services and products. While medical *Cannabis* has expanded the dominant discourse pertaining to drug use, it has not resolved the responsibilising connotations of this discourse (Lancaster, Seear and Ritter, 2017).

While I found that American medical *Cannabis* policy was looked upon by some participants more favourably than its Australian counterpart, this was largely due to the increased access to medical *Cannabis* in America, as it appears some American medical professionals are quite indiscriminate with the provision of *Cannabis* prescription. One of the main benefits of American medical *Cannabis* policy identified by participants was that this policy provided a legitimate context for drug use. The primary flaw of medicine from the perspective of PWUD is that it restricts access to the capacity to determine legitimate consumption contexts to medical professionals. Yet, American medical professionals appear more liberal in their prescription of *Cannabis* than Australian medical professionals and the role of cultural and political contexts in this difference deserves further analysis.

Responsibilising health professionals

The same impact of health professionals' attitude upon treatments for PWUD identified by Grebley, Genoway, Raffa, et al. (2008) was emphasised in Chapter 7. General practitioners that were supportive of PWUD were a much sought-after resource, because participant identification as a PWUD had an observable impact on the quality of treatment the participants could access. Interestingly, a particular material resource was not what was being withheld, rather a social and affective resource of sensitivity. Responsibilising attitudes of health care professionals is certainly a barrier to the treatment of PWUD health problems.

PWUD treatment services

Chapter 3 highlighted that within drug using communities, there was particular aversion to the 'addict' term due to its responsibilising connotations. Posters could be seen to work hard to avoid the reception of this labelling, and those who chose to use the term were typically aiming to provide a drug use deterrent. The broad and ongoing critique of the validity and functionality of the term 'addict' throughout AusDD suggests that perhaps this term is not useful for the understanding PWUD. Perhaps the importance of identifying as a 'non-addict' is less about recovering from a disease (McIntosh and McKeganey, 2000) and more about acknowledging that one does not deserve prejudice. If so, perhaps the important lesson for PWUD treatment providers is that they need more diverse and complex terminology for

understanding and treating the lived experiences of drug use, should they truly wish to provide support for their clients.

Drug replacement therapies

The research of Hando, Topp and Hall (1997) identified a need for amphetamine specific treatment in order to attract people who use amphetamine to treatment, and this need was provided additional support by the enabling environments analysis. In this analysis, participants were seen juxtaposing the broad availability of opiate replacement therapies and the lack of availability of replacement therapies for other types of drugs. This replacement therapy discussion emphasised the importance of prescription drugs of high purity to these therapies, much more than they emphasised any other resource. Black market drugs are accompanied with inconsistent purities, and this makes it hard to structure dosage regimes as the effects of different products cannot be anticipated. Future research should consider how replacement therapies for drugs other than opiates might be designed. Would factors other than drug purity would become important under such a liberalised drug policy regime? What would the role of replacement therapies become in a context that permitted access to quality drugs?

Theoretical approaches for research concerning PWUD

The literature review outlined the various theories that research concerning PWUD has drawn upon to conceptualise social dynamics pertaining to drug use. These included theories of addiction, life trajectories, voluntary risk taking, controlled and unproblematic drug use, cultures of intoxication, normalisation and identities. While theories emerging from consumption discourses appear most appropriate for describing how AusDD participants understand drug use, these theories were also limited by their incapacity to create broader social responsibilities for drug use, which AusDD participants did identify. Chapter 3 showed that the use of the term 'addict' was typically accompanied by the responsibilisation of PWUD. Diverse definitions of addiction were provided by participants (Gilbert and Walters, 2000). This implies a need for the expansion of alternative vernaculars for describing drug use behaviours and encourages people to mindful of the stigmatising tendencies of the addiction term should they choose to use it.

There has been a neglect of application of the concept of action within research concerning PWUD that uses theories of voluntary risk taking (Lyng, 2014). This illustrates the difficulty

researchers have had in identifying situations in which social capital can be accumulated through participation in drug use. In AusDD capacity for such accumulation was quite clear. Discussion of personal experiences in relation to particular drug behaviours was one of the few information resources available to PWUD that did not inherently responsibilise drug use, and the ability to provide this resource assisted participants in building a reputation within the community. Participation in voluntary risk-taking concerning drugs was clearly associated with 'action' motivations within AusDD, as sharing drug experiences was a means of accumulating social capital.

In the analysis of the lexical choice of addiction within Chapter 3 I discussed how participants attributed responsibility for particular drug consumption behaviours to individuals' biochemistries and social settings. Chapter 3 emphasised broad social responsibilities required to produce contexts of non-problematic drug use, rather than just the responsibilities of individuals (Cruz, 2015). Chapter 3 also highlighted prejudicial understandings of opiates, amphetamines and injecting (due to perceived associations with 'addiction') but not of crack cocaine (Cruz, 2015). Crack cocaine received very minimal discussion in AusDD, and this is likely because cocaine products are less common in the Australian geographic context.

There was an emphasis of pleasure throughout the data I analysed in this thesis. Participants also emphasised the importance of avoiding prejudicial labelling while relying on discussion of the varied experiences of different PWUD to develop strategies for avoiding the unwanted effects of drug use (Cruz, 2015). Within AusDD, participants did work to portray their own drug behaviours in a positive light, but there was no apparent trend in their strategies for doing this. Rather than characterising their drug use as similar through explicit categories, participants emphasised individual biochemical and environmental conditions to illustrate that all drug consumption behaviours were unique.

The concept of 'normal' drug use (Parker, Williams and Aldridge, 2002; Duff, 2003; 2005b; Ekendahl, 2014) was most prominent in Chapter 4. Participants represented people who use *Cannabis* as normal and used this as a rationale from which to critique *Cannabis* prohibition. *Cannabis* was seen by participants to be the most commonly consumed drug, and this normalisation was enhanced by the continuing liberalisation of *Cannabis* policy. Yet this policy continued to criminalise most people who use *Cannabis*, and *Cannabis* normalisation was seen as unlikely to become a comprehensive movement in Australia until this situation

changes. Chapter 7 also highlighted an important dimension of 'normal' drug use as practices of drug glorification, in which PWUD express the pleasure and satisfaction they find in their own, and others' consumption. This valuation of the consumption of others is what is missed by neglect of attention to altruistic drug consumption within voluntary risk-taking research (McGovern and McGovern, 2011; Lyng, 2014).

Acknowledgement of drug pleasure is exempt from formal Australian drug policy. Even the liberalising contexts of harm reduction are focused primarily on health hazards, as opposed to health benefits. While AusDD has shown that drug glorification is not politically useful or appropriate in some contexts, recognition of the value drug experiences can hold for both consumers and non-consumers by policy would be crucial for the normalisation of drugs to truly take place. The preference to challenge the definition and context of normality rather than represent personal drug behaviours as normal was observed within AusDD (Sznitman, 2008). In Chapter 7 I mentioned the capacity of PWUD communities to provide support to a range of people experiencing prejudice, irrespective of their relationship with drug use. This provision of support was a means of caring for abnormality. As I observed in this same chapter, AusDD participants appeared particularly capable of valuing abnormality and difference, and this likely related to the experience of responsibilisation by most AusDD participants. This is the key limitation of normalisation theory for PWUD, it maintains the responsibilisation of PWUD with abnormal consumption behaviours.

Cultural intoxication theory permits the recognition of individual differences and allows recognition of pleasurable dimensions of drug use (Measham and Brain, 2005; Barratt, 2011). The theorisation of PWUD identities (Imahori and Cupach, 2005; Green and Moore, 2013) also enables this same recognition to take place. Cultural intoxication (Measham and Brain, 2005; Barratt, 2011) and PWUD identity (Imahori and Cupach, 2005; Green and Moore, 2013) theories were drawn from research concerned with PWUD and were useful for characterising AusDD social dynamics, although there are still some limitations as AusDD participants attempt to attribute broader responsibilities to society for managing drug use, rather than just to individual PWUD. Two strong examples of this were 1) the criticism of medical *Cannabis* policy due to its maintenance of the criminalisation of many people who use *Cannabis*, and 2) the criticism of NPS policy due to this policy incentivising the consumption of unknown substances. Participants' identified a social responsibility for managing this issue that was not being met by present drug policy.

Discourse

Discourses are important because they construct the ways in which PWUD can talk about drug use. These discourses have limited the conceptualisation of sociocultural theories about drug use and AusDD participants were seen working to establish a new discourse that emphasised broader social responsibilities concerning drug use and countered problematic and reductive representations of drugs (Tupper, 2012; Farrugia and Fraser, 2017; Lancaster, Seear and Treloar, 2015). This section outlines the relationship between the varied discourses on drugs and the understandings of drugs held by AusDD participants. It also reflects upon the flexible character of lexical choices within AusDD discourse, illustrating the fluidity of understandings of drugs.

The literature review outlined the wide variety of discourses considered by research concerned with PWUD. These discourses included those relating to drug education, law, youth, aboriginal persons, consumers, drug prevention, pathology, harm reduction, public health and medicine (Tupper, 2008a; Barratt, 2011). Researchers have also been attentive to dominant, (Green and Moore, 2013; Dwyer and Moore, 2013) policy and individual discourses (Sznitman, 2005). This research project has been focused on the Australian drug policy discourse, a component of the Australian drug discourse and the AusDD discourse, a component of the Bluelight discourse which is also a component of the social media discourse concerning PWUD.

In Chapter 3, I saw the same problem as Dwyer and Moore (2013), being that dominant discourses limit understandings about drugs. Yet within AusDD the use of the word 'drug' did not illustrate a 'commitment to the contingent cultural typology of acceptable/legal drugs, bad/illegal drugs, and medicines' (Tupper, 2008a, p. 228). Medical discourses were regularly criticised for their lack of support for and ignorance of the pleasure associated with substance consumption. Within Chapter 7, concerning discussion of the social resource of experience narrative sharing, interest in the effects of consuming different combinations of drugs was noted. Knowledge of these effects was important because it assisted PWUD both in potentiating wanted effects and avoiding unwanted effects. There was also significant discussion of the importance of consumption method, particularly in the case of methamphetamine. In Chapter 7, in the outline of the material resource of consumption equipment, I further demonstrated that participants advised against injection and smoking in favour of ingestion and insufflation methods in order to maintain a low tolerance. Interestingly, a substantial number of participants could also be seen to advocate for injecting

methamphetamine as an alternative to smoking due to this same tolerance reason, and because it was seen as less habit forming due to an increased duration. This example of the relationship between pleasure and consumption methods portrays an important component of discourses relating to PWUD that is neglected by dominant discourses concerning drugs. A prospective methamphetamine consumer that has been exposed to these discourses relating to PWUD has the opportunity to choose their mode of consumption in a way that seeks to maximise pleasurable outcomes. A person considering using methamphetamine that has only been exposed to the dominant discourse on drugs has no way of making this choice. As seen in Chapter 3, AusDD has been seen to play an important role in establishing new discourses about drugs including those that emphasise individual choice and control. The establishment of these discourses is vital to reducing the unanticipated side effects of drug use which are exacerbated by public drug discourses, as illustrated by Dwyer and Moore (2013).

Prejudiced views of drug use were occasionally apparent within AusDD, particularly in discussions concerning heroin, methamphetamine and injecting consumers. However, support for these behaviours was far more prominent than prejudice against them. For this reason, my findings are unlike those identified by Ekendahl (2014) in his analysis of the Flashback forum. My findings from the analysis of the AusDD forum shows that online discussion can directly confront and undermine the responsibilisation of not just consumers of heroin, but consumers of all drugs.

The connotations of the harm reduction concept as discussed in Chapter 3 emphasised pain minimisation over pleasure maximisation (Ekendahl, 2014). This project has criticised harm reduction policy because the concepts emphasises harm and neglects attention to the benefits associated with drug use. Emphasising pain over pleasure in the representation of heroin incurs this same fault and compounds the responsibilisation of PWUD.

AusDD illustrated the importance of being sensitive towards irrational consumption behaviours (Ekendahl, 2014). I have contended that a majority of problems emerging from drug use are the result of prohibitionist policy. A regulated heroin industry in which a person can irrationally choose to consume heroin without producing problems is possible, because such an industry should incorporate information distribution and social and affective support mechanisms as can be observed in the present industries of tobacco and alcohol. Indeed, one might consider the contemporary repression of irrational behaviours as a greater problem than the problematic outcomes of such irrationality. This is why discourses relating to PWUD are

expanding their critique of medical authorities, it is necessary for accentuating entitlement to irrationality and for asserting bodily autonomy. Critical representations of people who use heroin are likely to stem from representations that are not provided by people who use heroin themselves, but by others with no heroin experience (Ekendahl, 2014).

Public drug discourses contrast strongly against AusDD discourse, and support of PWUD intending to counter the impacts of their responsibilisation is often undertaken in isolation from mainstream society. I have discussed the importance of this isolation for the purposes of maintaining anonymity, but the primary purpose of this anonymity is to assist in protecting members of the drug using community from criminalisation. Prohibition policy means that the provision of care and sympathy to PWUD occurs in private because professionals and the public are discouraged from wanting to be seen supporting drug use. Such policy also reduces the capacity of the public to understand drug use contexts.

In the *Cannabis* civil disobedience theme of Chapter 4 I saw participants advocating for the positive self-affirmation of PWUD. This was seen to be a controversial strategy because it could directly risk criminalisation. However, a similar strategy could benefit advocates of drug sensitivity without this same risk. Developing pride in the care provided to PWUD and other responsibilised groups could assist in reverting trends of social neglect and isolation and assist in incorporating the discourses of PWUD communities into the dominant discourse concerning drugs.

The national Australian drug discourse shares the Swedish objective of eliminating drug use (Sznitman, 2005), and in many cases does attribute PWUD with autonomy over their drug use. Unfortunately, this can result in the attribution of responsibility for drug use solely to PWUD themselves. Our national context desperately requires the establishment of a drug discourse that attributes drug use responsibility to broader social contexts. Despite comparatively poor drug policy design, the national Swedish drug discourse can still be seen as more supportive of PWUD than the national Australian drug discourse due to a lesser emphasis on criminalisation.

While many AusDD participants appeared to work to undermine the influence of dominant discourse upon PWUD communities (Green and Moore, 2013), prejudiced views against people who used methamphetamine and people who injected drugs was apparent. Discourse pertaining to psychosis was not apparent here, although understandings of drug effects as stable was discouraged by AusDD discourse as participants worked to emphasise

sociocultural responsibility for drug consumption by discussing importance of both individual biochemistry and social and environmental context for determining drug effects.

This permeation of logics responsibilising drug use throughout formal and informal policy can be seen to be responsible for the isolation of AusDD discourse from policy discourses. This was particularly evident in the *Cannabis* and NPS policy analyses, their disconnection from formal policy timelines and their themes pertaining to policy uncertainty. Furthermore, discussion of drug policy problems could be seen in every analysis chapter. While drug policy discourses may be highly influential on drug education discourses, drug policy discourses do not seem to be particularly influential on PWUD community discourse. This resonates with the 'policy minimally impacts culture' theme of the *Cannabis* policy analysis, which identified the inherent resistance by people who use *Cannabis* to prohibitive *Cannabis* policy.

The AusDD discourse regularly included critique of drug categorisations as acceptable, unacceptable and medical, (Tupper, 2008a). In Chapter 3 and consideration of the lexical choice 'drugs' participants could be seen to reject this typology. This emphasised the flexibility of drug identification within the AusDD discourse, with flexibility depending on the ideology of the person choosing to define it. Despite this use of the term, 'drug' was typically associated with the responsibilisation of drug use and was often introduced by media and policy discourses. Participants were more likely to refer to a specific substance than make generalisations about 'drugs,' 'NPS' and other substance groups. Unlike the drug education discourse, the AusDD discourses was not committed to prohibitive policy discourses because these prohibitive policy discourses are isolated from the ways that PWUD understand drugs.

AusDD discourse contained such extensive criticism of discourses pertaining to medicine, health and pathology. This could be seen in aversions to medical *Cannabis* policy, support for independent self-medication using *Cannabis* and natural highs and participants' discussions of the difficulty of accessing health resources that were not prejudiced. The AusDD discourse could be seen to produce a discourse different from those pertaining to medicine, health and pathology, and the establishment of such a discourse is important not only to assist PWUD but also for other identities responsibilised by health disciplines, participants in extreme body modification, for example (Lingel and Boyd, 2013). This discourse was comparable to sociopharmacological discourses (Friedman, 2002) as well as folk pharmacological and lay

epidemiological discourses (Southgate and Hopwood, 2001; Jacinto, Duterte, Sales, et al., 2008; Hansen, Maycock and Lower, 2001; Miller, 2005; Edland-Gryt, Sandperg and Pederson, 2017).

Traditional discourses concerning altered states of consciousness can be seen to have been marginalised by discourses of drug education and medicine. Whilst connection between AusDD discourses and aboriginal discourses was tenuous, and aboriginal persons seemed to be underrepresented in discussion, participants were interested in the meanings and traditions of drugs within traditional contexts. In Chapter 6 I acknowledged that many participants were interested in experiencing Aboriginal natural high traditions, but these traditions were particularly hard to access. Aboriginal drug policies have, in some contexts, experienced some formalisation (Pfeiffer, 2013), but this has occurred minimally and there is little public understanding of these policies. Production of more detailed constructions of traditional drug discourses would be a valuable goal for future drug policy research and would be a useful point of contrast to the AusDD discourse itself.

Neither drug prevention nor drug education discourses (Tupper, 2008a) was particularly relevant to the discourse of AusDD. Many drug prevention and drug education resources where critiqued due to their restrictions on open and nonjudgmental discussion and their tendency to value or devalue specific drug use behaviours. Youth discourse was not apparent within AusDD either (Tupper, 2008a). This is not to say youth are not participating in discussion- they likely play an important role in the AusDD discourse (Ormond, 2008). The quasi-anonymity of AusDD discussion made it difficult to identify the age of participants, and past research has suggested that most Bluelight participants are white males in their twenties living in developed western countries (Chiauzzi, DasMahapatra, Lobo, et al., 2013). The influence of age upon AusDD discourse would be an interesting point of consideration for future research, although declines in AusDD participation suggests youth drug discourses may be more prevalent on other social media platforms.

The establishment of a harm reduction discourse was intended to counter problems associated with the pathology discourse by avoiding advocacy for consumption reduction. However, both harm reduction and pathology discourses retain a health orientation and are risk aversive. Harm reduction discourse still ignores the benefits associated with drug use and does not attend to PWUD that don't encounter harms. This discourse occupied an interesting position in relation to AusDD. While participants often rejected harm reduction and sought

replacement terminology, many of these same participants saw the importance of using this discourse to mediate the values of pro and anti-drug ideologies. The dimension of AusDD discourse concerning harm reduction was comparable to the dimension concerning medical *Cannabis* policy. Both of these discursive dimensions represent the path of least resistance when advocating for PWUD rights.

The use of consumer discourses within AusDD was met with less critique than any other discourse. This is likely due to the acknowledgement of pleasure. No other discourse really gives emphasis to a positive dimension of drug use. The choice to consume certain drugs could be seen to assist participants define and distinguish their identity, and this is why some participants restricted participation to specific threads where likeminded participants congregated. However, prohibition can be seen to repress the extent to which this consumer discourse can take place as it requires AusDD's maintenance of a no-sourcing policy for the purpose of avoiding authorities identifying Bluelight as a drug distribution space. Individual identity and consumer discourses (Barratt, 2011; Sznitman, 2005) were important because they were the dominant drug discourses through which AusDD participants could positively affirm drug consumption choices without relying on an institutional authority. AusDD participants were averse to the negative representation of any kind of drug use and did not seem to rely on providing responsibilising representations of other drug behaviours in order to positively represent the self (Sznitman, 2005). However, the key problem with individual identity discourses is their reliance on neoliberal ideologies that de-emphasise collective responsibilities. I found that AusDD participants touched upon these broader social responsibilities in accentuation of the impact of set and setting upon drug use, the problems of medical *Cannabis* policy for PWUD and the importance of providing sensitivity to those who experience prejudice. The application of the enabling environments concept and the emphasis of the significance of participant inclusive methodologies for the research of responsibilised subjects has been my approach for emphasising these neglected social responsibilities, but further detailing these responsibilities and their relationship with policy design will be an important job for future research.

There is no common positively affirming PWUD discourse, and PWUD identities tend to be defined in relation to negative values (Green and Moore, 2013). Nonetheless, AusDD participants actively worked to establish such a discourse, as it was important for how they understood drug use (Bilgrei, 2017). Despite this discourse normally being kept private by PWUD, aiming to avoid prejudice from those with anti-drug views, honesty and openness in

drug consumption discussion is essential for this establishment. There is a need to move away from theories relying on consumer, neoliberal and neoclassical economic discourses in order to recognise broader social responsibilities for drug use (Dwyer and Moore, 2010). Future research and policy makers advocating for PWUD rights should look to discourses relevant to PWUD for the production of future theories. AusDD is a useful and accessible introduction to these discourses but is only one digital medium that should be complemented by consideration of other digital and non-digital environments supporting PWUD.

How do participants in Bluelight.org's Australian drug discussion forum understand drug policy?

Drug authorities

Drug policy actors, particularly police and medical drug authorities, were central to AusDD participants' understandings of drug policy. My analyses showed that AusDD participants commonly displayed the desire to be independent authorities over their own drug use, a desire which was in conflict with the responsibilisation of people who use drugs as non-experts, whose political participation is undermined by evidenced based policy discourses (Lancaster, Seear, Treloar, et al., 2017). This concern with consumption self-management and autonomy appeared in different discussion contexts. In Chapter 4, discussion of the problems associated with *Cannabis* medicalisation policy theme highlighted a self-sustainable, independent approach to medication that was enhanced by the ease with which *Cannabis* can be cultivated. This issue of the cultivation of personal medications was also brushed upon in Chapter 6. Participants identified a relationship between government and pharmaceutical corporations, claiming this relationship discouraged the liberalisation of drug policy because it potentiated the expansion of this style of independent medication and thus could reduce the profitability of pharmaceutical industries.

AusDD enhanced the autonomy PWUD have over their consumption through the provision of information, increasing the capacity of PWUD to control contexts involving drug use. Participation was relatively uninfluenced by the primary Australian drug authorities, medicine and prohibitive drug policy. As these authorities are typically prejudiced against PWUD, there is little surprise that their valuation was limited within AusDD.

Unlike participants in Cruz's (2015) research, participants in my study typically portrayed police negatively in their posts. This portrayal seemed to stem from participant fear of police

enforcing drug policy, much like the case was for Koester (1994). In Chapter 3 participants saw police to be highly prejudiced against people who use *Cannabis*. This seems unique to our geopolitical context as *Cannabis* policy tends to be less prohibitive than other drug policies in other national contexts. Criticism of police in this way helps illustrate the implication of other parties, besides PWUD, in the responsibilisation of drug use (Demamt and Dilkes-Frayne, 2015).

AusDD participants seemed less enthusiastic about involving state authorities in drug policy than participants on other social forums (Månsson, 2014), and this may be influenced by the exacerbated responsibilisation of drug use within an Australian national context (Moore, Fraser, Törrönen, et al., 2015). The theme of *Cannabis* policy impossibility illustrated the determination of some participants to avoid providing government with authority on drug behaviours. Participants in both the *Cannabis* policy and natural high policy analysis displayed a desire to be self-sustainable, independent drug cultivators, producers and consumers. The politicisation of drugs by state authorities was seen to undermine this. This interest of participants in the independence of PWUD also resonates with the theme of freedom (Månsson, 2014). AusDD participants did give some attention to the concept of freedom of consciousness, for the purpose of accentuating a right to consume consciousness altering substances. Intriguingly, individualism and discussion of personal biochemistries and social/environmental contexts was often used to de-emphasise the responsibility and control of individuals over their drug consumption behaviours.

Discursive politics

An instance of the misuse of discourse by government (Lombardo, Meier and Verloo, 2010) was seen in the definition of harm reduction used in the Australian National Drug Strategies because of its support for processes of supply reduction. The term harm reduction was originally conceptualised in contexts focused on reducing the spread of infections amongst injecting PWUD, in particular through providing access to sterile injecting equipment. Harm reduction is not about reducing access to valued resources, it is about increasing access to them.

In Chapter 3, participants were shown to be aware that the terms 'addict' and 'abuse' could be attributed contradictory meanings. While these terms were conceptualised for the purposes of treating problems associated with drug use, the prejudiced contexts in which these terms were conceived means that they were unable to achieve their intended outcomes. Participants

tried to subvert the meanings of these terms and challenge their negative implications, but alternative terminology and discourse pertaining to drug use was seen to be repressed by the responsibilisation of associated behaviours.

Also in Chapter 3, the concept of medical *Cannabis* was attributed contradictory meanings by discursive politics. Discourses pertaining to medicine were seen to moralise consumption authority but were also seen as the path of least resistance for the legitimation of *Cannabis* consumption. Participants understood that within a context of *Cannabis* prohibition, medical *Cannabis* policy re-enforces the responsibilisation of a majority of people who use *Cannabis* despite medical *Cannabis* attempting to resolve *Cannabis* prohibition problems.

This project envisions policy in a fashion that includes informal, rather than solely formal (Lombardo, Meier and Verloo, 2010) dimensions of policy. In this thesis I have characterised implicit rules associated with social deliberation as informal policy. The contradictory meanings of 'harm reduction' within the context of formal Australian drug policy can be contrasted to the context of AusDD, where the terms meaning is understood in a far more flexible manner. AusDD participants provided varied, conflicting views on the definition of harm reduction, and expanding and restricting discursive processes were apparent in the contrast of these definitions. AusDD can thus be seen to have its own discursive politics that are far less fixed and far more reflexive than the discursive politics concerning harm reduction more broadly. This project has strived to connect informal and formal political discourses, because there is a clear opportunity to merge these knowledges in order to produce more effective drug policy. AusDD participants displayed a capacity to be supportive as well as critical of drug use, rather than primarily critical as in the case of form Australian politics. The discursive drug politics of AusDD were far less fixed than the discursive drug politics of Australia more broadly, and perhaps policy makers could learn from this.

Disconnection from formal drug policy

AusDD participants were found to be significantly distanced from drug policy. A disconnection between participants and formal drug policy was one of the most common themes identified throughout the analyses chapters. The *Cannabis* and NPS policy analyses showed distinct disconnections between AusDD and formal policy timelines. There was minimal discussion in AusDD of the policy changes identified in these timelines. The theme of policy uncertainty also illustrated this PWUD/formal policy disconnection in the *Cannabis*

policy analysis, and to a lesser extent in the NPS policy analysis. This theme refers to discussion seeking to clarify the political implications of drug related behaviours. It was difficult for PWUD to understand drug policy because the discussion of drug behaviours could pose a criminalising threat. Furthermore, these policy uncertainties did not solely regard the ignorance of PWUD. Significant policy actors were also uncertain about drug policy and were a source of misinformation.

This disconnection was illustrated by the proliferation of discussion concerning drug policy problems. These problems were most clear in the *Cannabis*, NPS policy and natural high policy analyses. Throughout all areas of analyses, media was seen to have a powerful influence on the perpetuation of these problems. *Cannabis* policy problems included assertions that *Cannabis* policy: exacerbated and misrepresented harms; unfairly targeted and responsibilised PWUD; prevented research, education and information; contradicted other policy; medicalisation responsibilised PWUD; promoted media prejudice; could not be liberalised; and wasted resources. NPS policy problems consisted of understandings that NPS policy: ineffectively targeted manufacturers; was reactionary; was highly responsive to the media; could not ban substances that are yet to be created or discovered; stimulated production of new NPS in order to meet the needs of a grey or quasi-legal market; reduced access to potential new medicines; could theoretically be applied to permit the banning of any object; and ultimately encouraged NPS consumption. In contrast, natural high policy problems were minimal. Natural high policies were seen to target law abiding people and hobbyists and reduce safe consumption information.

It seems likely that this formal policy disconnection has been enhanced by a lack of sensitivity provision by formal Australian drug policy, and this drove participants interest in alternative policy contexts that responsibilised drug use to a lesser extent, such as Portugal (Hughes and Stevens, 2012). Prohibitionist or blanket ban approaches are not sensitive as they provide no legitimate space for that which is being restricted, and perhaps this is why there were less problems identified in the natural high policy analysis. People who used natural highs were less likely to experience responsibilisation by drug policy and were less likely to responsibilise drug policy in return.

Policy designs

While this project drew upon a wide number of existing policy designs contained in the *Cannabis* and NPS policy timelines, very few of these designs were found to be discussed

within the data. Discussion of medical *Cannabis*, the water pipe ban and NPS policies were present. However, the quantity of discussion concerned with existing Australian policy designs was approximately equal to discussion of existing foreign policy designs, such as those in the America, the Netherlands, Canada, Portugal and Uruguay.

The project drew primarily upon three conceptual policy designs: harm reduction; enabling environments; and deliberative engagement. . The enabling environments concept is fairly recent and has received little attention even within research literature, so it was not surprising that there was no discussion of this policy design within the data. Deliberative engagement was acknowledged within the data (although was not explicitly referred to as such), while harm reduction was the primary conceptual policy design discussed and explicitly recognised, besides prohibition. Legalisation and recreational use discussion did not contain nuanced detail regarding the associated conceptual functionality or processes.

Discussion of harm reduction constituted the most discussed of any policy design within the data, existing or conceptual. Harm reduction exists as both a conceptual and existing policy design. There are theoretical definitions of the harm reduction concept (Duff 2010; Rhodes, 2002), as well as existing Australian contexts such as the National Drug Strategies and the informal policy of AusDD. While the informal harm reduction policies of AusDD are close to alignment with conceptual designs of harm reduction, both of these policy designs are in opposition with the way in which harm reduction is defined by the National Drug Strategies. The National Drug Strategies restrict access to valued PWUD resources, and this is contrary to the intended function of harm reduction.

A lack of nuanced conceptual drug policy design discussion is not limited to AusDD discussion. The same lack exists within the research literature, with Duff's work with the enabling environments concept being a unique exception (Duff, 2010). Participants in my analyses lack of consensus regarding a prohibition alternative resonated with Tyler (2013), Butler (1990) and Keane's (2002) concern that even well-meaning policies can enhance the problem they intend to remedy. Numerous perspectives seemed to align with Vanhala's (2009) criticism of individual rights-based approach to managing responsibilisation, expressing desires for broader social responsibilities concerning drug use. Clearly, more work must be done to develop understandings of alternative drug policies to prohibition.

Enabling environments

Application of the enabling environments concept highlighted the ways in which access to unique combinations of drug resources inaccessible elsewhere can provide PWUD with an array of novel agencies. For example, AusDD provides access to sensitivity, participant professionals and peer knowledge which helped improve the capacity of recipients of these resources to determine substance composition and control their consumption patterns. It should be emphasised that I do not advocate explicitly for the establishment of enabling environment policies. I advocate instead for the frequent establishment of new drug policies to improve upon the flaws of old ones. The enabling environments design was investigated in this study because it was the only existing nuanced, alternative conceptual drug policy design to prohibition aiming to undermine the responsibilisation of PWUD.

The enabling environments and deliberative engagement designs are not comprehensive solutions to PWUD responsibilisations, but draw attention to the importance and possibility of alternative drug policy designs. The actualisation of enabling environment policy would likely produce unintentional responsibilisations, which would in turn require new, alternative drug policy design for management. Potential for the application of the enabling environments design is limited because it seems unlikely that even future drug policy would support unrestricted access to all the resources valued by PWUD. Surely there will be restrictions placed upon contexts in which access to drugs is permitted, even under a liberalising regime? Experimenting with alternative policies is the only way that to learn where and when these restrictions should take place. Policy should not be static, it needs to develop to manage emergent responsibilisations. The maintenance of appreciation for alternative policy design designs, of which enabling environments is just one possibility, helps ensure this evolution of policy is ongoing.

Deliberative engagement

The disconnection of AusDD participants from formal Australian drug policy did not mean that participation in AusDD was anarchic. Attention to the informal policy of AusDD highlighted that the community was being politicised by an alternative drug policy design and process of deliberative engagement. This could be a particularly useful policy design because it relies on existing, informal, policy processes rather than coercing PWUD to engage in a new policy they were not involved in the design of. Deliberative engagement allowed participants to care for one another more effectively using their informal policy than did

formal government policy. Not only did AusDD appear to provide participants with access to many more resources than formal Australian drug policy, I also found that AusDD provided access to the scarce and highly valued social and affective resource of sensitivity.

AusDD discussion walked a line between dominant discourses and folk pharmacological/lay epidemiological discourses (Southgate and Hopwood, 2001; Jacinto, Duterte, Sales, et al., 2008; Hansen, Maycock and Lower, 2001; Miller, 2005; Edland-Gryt, Sandberg and Pederson, 2017). While there was extensive critique of medicine and health in AusDD, the associated discourse did not exclude medical and health professionals and for this reason might be best characterised as a sociopharmacological discourse (Friedman, 2002).

While accentuation of alternative policy designs is important for instigating alternative drug policy in formal contexts, the informal policy of AusDD can be seen to provide greater support for PWUD than any existing policy design without depending on formalisation by government. This suggests the value that deliberativepoliticisation of PWUD could hold as an alternative drug policy design strategy. Rather than choosing between the two problematic alternatives of either the state allowing people to choose to use drugs or allowing the state to protect people from specific drug harms, it could be useful to empower PWUD communities to be the primary authorities over their own drug use. This policy approach is already taking place on AusDD and surely within numerous drug using communities throughout the world. Rather than delegating management of drug policy to formal contexts isolated from drug use, it might be possible to draw upon the existing policies of these communities, as they can best comprehend their associated environments.

Deliberative engagement in AusDD was highlighted as comparable to participative policy (McIntyre-Mills, 2004; 2010; Edelenbos, 2006) permitting a significant degree of decentralised and community-based regulation. The ways in which AusDD's administrative team discussed policy changes with other members of the community was critical, inclusive and cooperative. A collective community discourse was observed (Bilgrei, 2017). This encourages the suggestion that deliberative engagement could permit the informal policies of PWUD communities to be included alongside the formal policies of government.

Sensitivity

Sensitivity assisted in the mediation between differing opinions, providing a point of solidarity for problems which is often absent from formal institutions that aim to support the

institution itself, rather than others. AusDD's provision of sensitivity was enhanced by highly flexible informal drug policy, its digital context and experience narrative sharing practices. My own experiences producing participatory drug policy for an online drug discussion showed the importance of attending to specific examples of sensitivity in this production, rather than focusing on sensitivity as a broad, abstract concept.

Due to the qualitative character of this study, it was difficult to determine if personal attacks and moralising opinions (Dumoulin, 2003) had increased within AusDD, but such attacks and opinions were certainly present. They were undermined by sensitivity and respect for freedom of expression, which was supported by moderators and contributed to the diversity of deliberative discussion (Janssen and Kies, 2005). This representation of diverse views assisted in the negotiation of dominant drug discourses, similar to online forum discussion amongst other responsibilised people (Dumoulin, 2003).

The informal drug policy pertaining to AusDD did not prohibit the responsibilisation of PWUD, and many participants were seen to be prejudiced against specific PWUD and drug use contexts while identifying different and conflicting responsibilisation. An openness and attentiveness to problems is key to allowing informal drug policy to provide sensitivity, as by permitting conflicting meanings their coexistence and the subversion of associated problems can be encouraged.

Particularly clear in the *Cannabis* policy analysis, informal drug policy provided support for PWUD that was not provided by formal drug policy. The natural high policy analysis made the extent and complexity of this informal drug policy more apparent, acknowledging the significance of harvest etiquette, mushroom identification and hazards, Aboriginal/traditional natural high traditions, *Datura* apprehension, police management and self-censorship. However, prohibition could be seen to undermine the efficacy of informal policy. Prohibition was seen to encourage participants to self-censor and this influence on the restriction of information highlighted and undermined provision of sensitivity. Australian drug policy can incentivise PWUD to withhold this sensitivity resource.

A strong example of sensitivity was apparent in the Chapter 7 in discussion concerning participant professionals, specifically drug community members that were also health or research practitioners. Participant practitioners enhanced provision of sensitivity by improving the connection between PWUD and knowledges that define them. Yet even within AusDD, sensitivity was not provided by everyone. This was evident in the case of

intravenous drug use discussion, in particular for the consumption of methamphetamine and heroin. Yet, posters acknowledge their intent for AusDD to be a space that is free from judgement. Another example from Chapter 7 that is useful for illustrating the character of this sensitivity resource is drug glorification. Drug glorification is a complicated affective resource within the context of Bluelight. Whilst drug glorification was seen as an enjoyable, normal component of drug consumption, participants discouraged this type of discussion in particular contexts, such as the support of people trying to reduce their drug consumption and for the purposes of changing drug policy. The characteristic of sensitivity displayed here is openness towards, and support for conflicting opinions in the aim of sociocultural mediation.

While the concept of responsibilisation is clearly present in every chapter of this thesis, the sensitivity term did not receive significant attention until Chapter 7. Yet, as the research project progressed it became clear that the idea of sensitivity was relevant to the earlier chapters, even though the term was not explicitly discussed. In hindsight, sensitivity can be observed in all of the areas covered in the literature review. Sensitivity was apparent within participant inclusion, explicitly politicised research goals and the capacity/power of social media to connect the responsibilised to others. Sensitivity promotes production of policy designs that attempt to mediate responsibilisation in ways that are diverse, complex and changing. These designs often do so by emphasising dimensions of subjectivity, individuality and identity.

Sensitivity was also notable in online contexts, particularly in the work of Móró and Rácz (2013) and Barratt (2011) and their extensive participation within their research communities prior to and during their research projects. Sensitivity can also be seen in the capacity to support critical perspectives on medicine (Monaghan 1999, Brown and Altice 2014). Each of these research projects were coupled with nuanced, critical, respectful and intimate understandings of their research subjects. I selected most of the research covered in the literature review due to their critical approaches to responsibilisation, which is in itself characteristic of sensitivity. That being said, a lack of sensitivity was notable in the trend of enlisting research participants from treatment services and relying on these respondents as samples of larger PWUD populations.

Flexibility

The meaning of common words used to discuss drugs and drug policy were consistently challenged. Within AusDD, the definition of terms including 'drug,' 'abuse,' 'addict,' and

'harm reduction' were open to debate and in no way clear. Participants often tried to encourage disbanding use of popular terms relating to drugs and drug policy as the use of these terms were seen to perpetuate the responsibilisation of PWUD. However, there are also numerous instances in which participants attempted to re-appropriate and innovate meanings of stigmatising terms as symbols of solidarity in face of PWUD responsibilisation. This critical approach to subverting meaning was made clear in discussion of the meaning of 'addict.' Posters gave 'addict' value by comparing it to 'medication,' normalised 'addict' by comparing it to contexts of legal and popular behaviours, subverted popular meanings of 'addict' by suggesting it was a moderation strategy and attributed uncommon, positive meanings to the term.

AusDD could be seen to provide sensitivity by permitting these flexible discussions to place with minimal regulatory restriction. However, analyses suggested that the 'harm reduction' concept could be considered to permit more sensitivity than the other lexical choices investigated. This was because terms such as 'addict' had dominant negative connotations. Posters showed a diverse range of understandings of the meaning of harm reduction, and the enduring conflict over this meaning illustrates the terms provision of sensitivity by mediating both pro and anti-drug contexts. Framing the Bluelight organisation using the term 'harm reduction' allows Bluelight to pursue a pro-social image. Harm can be identified for the purposes of an anti-drug society as well as for PWUD. This flexibility performed a functionality akin to bridging arguments (Lo, et al. 2013; Dryzek and Lo, 2013). Respect for a variety of conflicting definitions of different terms assisted in connecting the arguments of people with competing views.

Formal NPS policy could be seen as particularly insensitive due to its intentional lack of flexibility. This lack of flexibility was driven by support for prohibition, which aimed to stabilise the meaning of NPS for the purposes of policy enforcement. The proliferation of unclear terms used to refer to NPS (such as 'research chemical,' 'designer drug,' and 'analogue') further illustrate the lack stability concerning this drug grouping within AusDD. Yet the insensitivity and inflexibility of NPS policy is exacerbated by formal policy's pursuit of stability. The meaning of AusDD discussion was highly flexible. This is an important lesson for policy because this flexibility enhances the provision of sensitivity by providing a space where meaning is opened up to conflict, negotiation and subversion.

Experience narrative sharing and privacy

The resources of experience narrative sharing and privacy were provided by AusDD and were seen to influence the provision of sensitivity. Experience narrative sharing was the most identified resource in the enabling environments analysis. It was also a prominent theme in the natural high policy analysis. Experience narrative sharing consisted of preparation experiences, psychoactive experiences and use reduction experiences. Experience narrative sharing improved the connection between different knowledges and in this way accentuated the provision of sensitivity. Experience sharing also relied upon the pursuit of mutual understanding, interest and difference, listening and reading (Dryzek, 2015).

The privacy afforded by online contexts (Rodham, Gavin, Lewis, et al., 2013) was also a commonly discussion topic, particularly in the enabling environments analysis. Posters were highly concerned with being as anonymous as possible in online, drug related behaviour. Yet, while privacy offered PWUD some legal protection, the fact that PWUD were seeking anonymity was seen to further institutionalise their responsibilisation. Privacy's relationship with sensitivity is more complex than the relationship between experience narrative sharing and sensitivity. While privacy can assist in the provision of sensitivity by reducing the threat of individual judgement, over emphasis of the importance of privacy could reduce sensitivity as it does not promote social integration.

Places

The analysis suggested that this sensitivity resource could also be available at 'doofs' or 'raves', events closely associated with drug cultures that supported individual difference and provided care for diverse types of people. The enabling environment analysis suggested that AusDD may provide greater sensitivity than geographic spaces experiencing liberalised drug policy. The privacy of digital spaces, alongside the extensive sharing of psychoactive and other responsibilised experiences, as well as the Bluelight organisation's pro-social aims and their lack of commitment to specific, formal policy all appear to be factors enhancing the provision of sensitivity.

Australian Harm Reduction Discussion

Posters in the thread concerning this project on AusDD suggested that reductions in AusDD posts may be influenced by participants moving to more popular social media platforms such

as Facebook. In response to these comments I produced a Facebook page for the project and spent some time monitoring drug discussion on Facebook. During this process I was invited to assist in the administration of what has become Australia's largest localised drug discussion on Facebook, The Australian Harm Reduction Discussion page. Following some discriminatory discussion on the page, I produced some preliminary guidelines while I developed an official page policy. These guidelines were outlined in this post, and while they attempted to provide sensitivity, the sensitivity concept was not accentuated as such:

> *'Recently there has been some heated discussion within this group. As the group has become quite large, and because harm reduction is such a controversial topic, this is to be expected. However, harm reduction is about cohesion and supporting others.*
>
> *Many of our members are part of this group because they need support that mainstream society can't provide them. In participating in this group we all have a particular duty of care, even if another participant frustrates us.*
>
> *We are working on a set of specific rules and guidelines for the page, but until then please be aware that abusive and intentionally defamatory posts about another member will not be tolerated. This includes stigmatising a specific drug or ROA, as well as displaying insensitivity towards overdoses and people who ask seemingly obvious or inappropriate questions'.*

This has been one of the most popular posts in the group in terms of the quantity of likes it has received. When I posted the new, official guidelines, they did not achieve even a quarter of the same level of participant interaction as the preliminary guidelines.

> *'There is one rule by which we can evaluate the merit of participation in this group -*
>
> *Care for and be sensitive towards one another. In particular, this care and sensitivity should be provided to drug users and other people who experience discrimination.*
>
> *It is important that when we discuss 'harm reduction' that we focus on its key purpose – to support people who experience disadvantage. This page focuses on providing such support to drug users. All topics concerning drugs are important in this discussion.*
>
> *We do not want users to be criminalised due to their discussion of illegal activity. Drug laws are complex and vary between states so participants should become familiar with their local legislation.*
>
> *However, there are instances when talking about illegal activity is necessary to prevent the consumption of dangerous and unknown products. Banning the discussion of any topic relating to drugs further disadvantages drug users.*
>
> *So, express your opinion and do not judge others for doing the same. An honest and open discussion about drugs must be maintained if we wish to better integrate drugs into society'.*

Perhaps the reason for the reduced popularity of these new, official guidelines, despite their distinct accentuation of the sensitivity concept, is that it does not connect as explicitly to specific problems relevant to PWUD. The guidelines were concerned with the responsibilisation of PWUD more generally. It seemed that participants were more likely to connect with the preliminary guidelines because they referenced specific problems encountered by PWUD and the Australian Harm Reduction Discussion community such as the stigmatisation of specific substances, consumption methods, overdoses and ignorance. For this reason, the preliminary guidelines might be considered to provide greater sensitivity, despite the fact it does not accentuate the concept of the sensitivity resource as clearly. So, it was decided that the preliminary guideline's position at the top of the group page would remain, while a reduced version of the official guidelines was placed in the 'rules' section of the page:

> *Care for and be sensitive towards one another. In particular, display care and sensitivity to drug users and other people who experience disadvantage.*

The lesson here is the importance of managing problems in different contexts by giving attention to the unique qualities of these contexts and avoiding sweeping generalisations that are likely to be disconnected from the understandings of the communities in which these problems are identified. Sensitivity cannot be defined in isolation from the community to whom this resource is to be provided.

Injecting paraphernalia policy

Injecting paraphernalia policy was one the few dimensions of Australia's drug policy context that I identified AusDD participants reflecting favourably upon. Chapter 7, for example, acknowledged the proliferation of needle and syringe providers throughout Australia, noting that the lack of prescription and special permissions needed to acquire injecting equipment made it highly accessible within this country. However, assertion that paraphernalia prohibition policy does not serve the public interest (Jenner, 2011; Koester, 1994) does bear similarity to the policy critiques provided by AusDD participants. This was most clear in discussion of the 'bong ban' and the association of harms with reduced access to *Cannabis* paraphernalia. Assertions of the problematic social influence of prohibitive paraphernalia policy could also be seen in the application of risk to *Cannabis* prohibition policies. *Cannabis* policy was seen to restrict knowledge, waste resources, produce health issues, misrepresent

harm and encourage the criminalisation of the most common and least problematic form of Australian drug use.

Reflexivity

Reflexive research should be critical of the theory it draws on in order to transform prejudice (Ashford, 2009). My critical view of harm reduction that inspired this study has softened somewhat as the utility of this term for helping PWUD politically navigate a prohibitionist environment. My view is now more closely aligned with what Boothroyd and Lewis (2016) have described as 'harm reduction from below,' in which drug use is understood in emergent and constantly evolving ways. This bears similarity to our discussion of reflexivity and deliberative engagement as a bottom-up, processual approach to policy design. Both harm reduction and enabling environment policy designs were seen to have reflexive characteristics, but both also had a perspective that undermined their reflexive capacity. Enabling environments favoured responsibilised groups, while harm reduction favoured existing knowledges and meanings that produced responsibilisations concerning PWUD. Harm reduction fails to counteract responsibilisation while enabling environments fails to provide a critical perspective. The processual character of deliberative engagement was most reminiscent of reflexive policy of these designs.

An effective reflexive policy design potentiates a perspective in favour of majority and minority identities, not one or the other. Neither harm reduction nor enabling environments appear to have the self-critical or reflexive capacity that I have identified in play (Engel, 2014). However, it appeared that AusDD participants' deliberations did have this reflexive capacity, as evidenced by the flexibility of AusDD's informal policy, and this relied heavily on the harm reduction concept. While I have focused specifically on a drug using community, this research showed the capacity of responsibilised community participants to subvert and challenge traditional discursive meanings that responsibilised them. This leads me to suggest that perhaps the experience of prejudice increases the capacity or tendency to understand meaning as flexible, that is, perhaps the experience of responsibilisation increases comprehension of reflexivity, by encouraging the provision or creation of sensitivity. Experience of prejudice appears to assist people in engaging in cycles of conflict resolution and in exhibiting sensitivity.

Affirmation, activism and anonymity

The activism tactic of testing drug products and disseminating the results (Barratt, 2011) has been maintained by AusDD participants, as evidenced by the pill info reports subforum. This can be considered a form of activism for PWUD rights that attempts to manage the symptoms of prohibitive drug policy by improving knowledge about black market substances, rather than a form of activism that directly tries to influence drug policy directly. There was a notable lack of strategic drug activism strategies pursuing a direct policy influence approach. Only one such tactic was recognised across all the analyses I undertook, and this was outlined clearly in the *Cannabis* policy analysis under the *Cannabis* civil disobedience theme. Such an approach cannot be undertaken with anonymity, or even pseudo anonymity, because this strategy required publicly identifying as a person who uses *Cannabis*.

Some AusDD participants contrasted the liberalisation of sexuality policy with drug policy. Participants implied the lack of a discourse of positive affirmation relating to drug use, unlike contexts relating to sexuality where a 'pride' discourse has proliferated, reduced the capacity of participants to engage in activism. I can conceive of three factors that are likely to have contributed to the prevention of the establishment of such a discourse:

1) Most obviously, the establishment of such a positively affirming PWUD discourse is undermined by drug prohibition policy and the potential criminalisation that may stem from exhibiting pride. Yet, pride in sexuality did manage to emerge in the face of a comparably prohibitive policy context;

2) There may be greater degrees of prejudice between PWUD than exists between members of other responsibilised groups. AusDD was intended to be a supportive place for all types of PWUD. However, prejudice against specific drug using behaviours, in particular behaviours involving injection, methamphetamine and heroin, were still seen to occur;

3) I saw in the drug glorification theme of Chapter 7 that displaying 'pride' was seen to be inappropriate in some contexts. Such contexts included discussions focused on reducing usage and for the purposes of mediating with persons holding anti-drug ideologies. Future research could benefit from considering the contexts in which pride is considered appropriate or inappropriate in relation to other responsibilised groups.

Elcock (2013) has suggested that the term entheogen implies that a positive affirmation discourse for PWUD is becoming increasingly possible, and Tupper (2002) has suggested the

contributions that entheogens and psychedelics pose for human intelligence. Despite the advantage of entheogen discourses for PWUD via the positive representation of drugs, it is important to note that a perspective in favour of psychedelic/entheogenic drugs can compound negative representations of other drugs. This project's attention to processes of responsibilisation means that I must view this positively affirming psychedelic/entheogenic drug discourse much like some participants viewed medical *Cannabis* policy, a step in the right direction, but ultimately problematic, because most people who use *Cannabis* do not use it medically (Pederson and Sandberg, 2012). The right to take pride in drug use should not be restricted to particular drug behaviours because this results in the responsibilisation of those behaviours that do not ascribe to these particular consumption norms. If psychedelic drugs become legal and opiates do not, policy would be perpetuating the same drug policy problem whereby a person can be prosecuted for smoking *Cannabis* but is permitted to smoke cigarettes. While online anonymity has been seen to reduce accountability and reputability in forums (Loveland and Popescu, 2011), some participants seemed to receive greater credibility than others. This was due to their familiarity and presence within the forum, a capacity to demonstrate understanding of drug policy and drug research topics, and their ability to communicate. However, identifying this credibility also required other participants to have some familiarity with the forum.

PWUD should not require the anonymity of online forums to be able to engage in advocacy for their own rights. While anonymity and isolation permitted protection of participants from law enforcement and stigma, it also undermined the capability of participants to generate action (Janssen and Kies, 2005). It seemed there was minimal interaction between participants and minimal collective action outside of AusDD. Unfortunately, until all PWUD can publicly display pride in their drug use without experiencing prejudice, anonymous online spaces will continue to be vital for providing PWUD with care and support. The same is likely the case for other responsibilised groups (McCosker, 2017; McCosker and Hartup, 2018). It appears that PWUD experiencing the greatest symptoms of marginalisation, such as those choosing to inject methamphetamine, will require these spaces for some time as a positively affirming discourse is not yet accessible. This study concurs that internet use may make participants more politically responsive to contexts of marginalisation (Gatson, 2007), because the informal policy of AusDD appears to manage PWUD in a far more supportive way than the formal drug policy of Australia. The AusDD community provides valuable

support not only to PWUD, but also to the friends and families of PWUD as well as persons associated with other responsibilisation.

AusDD implies that forums specifically focused on drugs are more supportive of PWUD than forums that do not focus on drugs (Kjellgren, 2009; 2013b; 2014a; Ekendahl, 2014; Månsson, 2014). Online contexts are important deliberative spaces (Gatson, 2007), and such spaces catering to PWUD rather than to the general public allow a greater degree of deliberative discussion to take place because open discussion is promoted while prejudice is condemned. Prejudiced views seem more likely to emerge in general public discussion than in discussion between PWUD.

Bright, Marsh, Smith, et al. (2008) have studied discourses relevant to drug use and come to similar conclusions to me, being that drug policies should aim to attend to their unintended consequences. However, Bright, Marsh, Smith, et al. (2008) also state that such designs could be undermined by the contemporary discursive landscape. My research suggests that the discursive landscape of AusDD may support policy that exhibits characteristics of reflexivity, as evidenced by the concern of AusDD policy with environmental impacts of drug behaviours and rule flexibility, as well as the tentative and strategic use of harm reduction.

'What insights can AusDD and its participants offer to policy makers concerned with illicit drug harm reduction?'

Unlike Rosino (2013), Chapter 3 has showed the importance of learning to avoid certain terminology due to their support of responsibilisation, such as in the case of the terms 'abuse' and 'addict.' Discussion of the lexical choice 'harm reduction' and Chapters 4 and 5 illustrated that AusDD is a space in which participants learn to accentuate PWUD rights and responsibilities in relation to policy. Forums supporting PWUD are a valuable resource for drug policy makers because they contain the most accessible data concerning the informal policies of PWUD, and these informal policies are likely to be influential on liberalised drug policy designs. Of course, there are difficulties in connecting the policy of an online forum to policies on a national or international scale, but the digital is an increasingly common component of human life (Lupton, 2015). Within digital environments, self-regulated communities are easier to imagine.

Rather than attributing *Cannabis* harm to irresponsible consumption, prohibitionist policy design and individual contexts (Månsson, 2014), numerous participants in my study

understood perceptions of harm to stem from ideological positions, as illustrated in review of 'harm reduction' as a lexical choice in Chapter 3. In this sense within AusDD 'harm' was much more of a floating signifier than '*Cannabis*.'

For many years, the Australian National Drug Strategies have focusing on reducing drug use as a primary goal, and for this reason incorporates supply reduction alongside harm reduction activities, restricting access to valued drug resources. In this thesis I have criticised the efficacy of such policy due to its contribution to responsibilisation. Yet AusDD policy intends to support PWUD whilst mediating with a prohibitionist policy context. This results in AusDD also restricting the distribution of valued drug resources, although to a lesser extent than the Australian National Drug Strategies. This is conscious strategy for avoiding the criminalisation of both Bluelight staff and forum participants. If policy makers want to support drug use, an alternative policy design to harm reduction is needed, even though harm reduction policy was established in a similar context, as a policy alternative to prohibition (Stimson and O'Hare, 2010). Unfortunately, even if using Lenton and Single's (1998) definition, harm reduction inherently responsibilises PWUD. This policy design can never provide comprehensive PWUD support because harm reduction compounds responsibilisation by neglecting identification of drug use benefits (Race, 2009). This thereby emphasises the harms associated with drug use, potentiating a health bias, reducing individual authority over consumption, encouraging risk aversion and neglecting PWUD who do not encounter harm.

An alternative policy design I considered within this thesis was that of enabling environments. AusDD informal policy appeared closer to enabling environments policy than did formal Australian drug policy because AusDD could be seen to provide a larger and more diverse array of drug resources. However, my analysis suggests AusDD participants were not aware of the enabling environments design, and there was no discussion of nuanced alternative drug policy designs. There is also a lack of such designs in the literature. Further conceptualisation of detailed alternative drug policy designs besides prohibition is necessary in order to make drug policy more supportive of PWUD, because at the moment both PWUD and people who don't are uncertain how to achieve this. Consideration of the enabling environments policy design suggested that PWUD communities could provide care more effectively than formal drug policy authorities. For this reason, this project urges drug policy makers to consider the value of empowering informal PWUD policies by enabling the participation of PWUD communities in formal policy design.

Unlike the WWV and NIF, considering AusDD as a deliberative forum meant there was no predetermination of voting issues, and participants had a greater role in deciding these issues. Unfortunately, establishing a voting process was beyond the scope of this project. Effective deliberative engagement requires emphasis on the needs of participant deliberators, although the more difficult challenge is to ensure these deliberations impact on policy (Dryzek and Tucker, 2008; Boswell, et al. 2018). This analysis has shown that the needs of PWUD can be emphasised by considering their everyday conversations as deliberative engagement. However, such deliberations will struggle to have an impact on formal policy because that requires reform at international, federal and state levels. As such, the process of drug policy change reflects a disregard for the expertise of PWUD in favour of the expertise of others (Ritter, Lancaster and Diprose, 2018).

A unique relationship between academics and government is a strategy that has been used to improve the uptake of deliberative engagement within Australia (Carson, 2007). Assessing the output of this thesis as a product of deliberation (Dryzek, 2015), inclusion of diverse affected stakeholders and discourses, has clearly been achieved. To an extent, engagement has also been achieved through the promotion of this project and its findings across diverse media platforms. However, the consequentiality of this deliberation is limited. While I have identified the core topics of AusDD, effective deliberation would enhance collective decision making by entreating participants to vote on actions relative to each of these topics. Unfortunately, this was beyond the scope of this thesis.

Of course, suggesting the introduction of participatory and deliberative drug policies is quite radical in the current political climate, and may be unproductive for many policy makers to suggest, but the methodological underpinnings of this thesis encourage its recommendation (Hodgetts, Stolte and Groot, 2014). The flexibility of the meaning of harm reduction permits both pro and anti-drug ideologies to define this meaning differently. Harm reduction is the discursive path of least resistance for contemporary advocacy of PWUD rights, especially in the context of AusDD where discursive politics are far less fixed. Harm reduction should be viewed as an intermediary term that integrates some PWUD rights into a public drug policy discourse at a time when this discourse is not ready to accept PWUD rights more broadly.

I found that AusDD participants viewed harm reduction much like they viewed medical *Cannabis* policy. Despite the fact that it maintains the trend of responsibilising many PWUD, medical *Cannabis* policy is an accessible way of legitimating substance consumption without

challenging norms that condemn illicit drug consumption. Instigating alternative drug policy in a society of people who don't use drugs that have been educated in drug prohibition is difficult. Harm reduction and medical *Cannabis* policies assist in providing incremental challenges towards prohibitionist trends. Despite their limitations, harm reduction policies are currently necessary. What is important is that drug policy makers understand these limitations and value the knowledges, skills and informal policies of drug communities. By drawing on their own specialist resources, PWUD can be included in their own politicisation, and this is a fundamental necessity for combatting the responsibilisation of drugs. Hopefully harm reduction policies are a step in the direction of deliberative drug policy designs that enhance PWUD agency, and reflexive policy designs more generally.

Conclusion

Online contexts were seen to influence drug understandings by making it easier to engage in drug discussion. This improved the capacity of PWUD to interact outside of prohibitionist contexts. It also assisted in the development of alternative drug discourses and unique skills for supporting PWUD within such a context. The online contexts relating to AusDD and Bluelight are also uniquely supportive of a broad range of drug use behaviours.

The experience of drug effects was an important component of the way AusDD participants understood drugs. While research concerning PWUD tends to emphasise this component, AusDD participants illustrated that there was much more to know about drug use than drug effects. Research concerning PWUD has also suggested that PWUD understand self-control to be central to drug use, but I found that AusDD participants de-emphasised the significance of self-control while drawing attention to broader social responsibilities. Unlike claims of some researchers, AusDD participants actively discouraged drug consumption in particular contexts. They also went to significant efforts to provide care and support to other PWUD, criticising prejudice due to the understanding that different drug use behaviours should be valued and treated equally.

Medical and health criticisms were a strong influence upon how drugs were understood. Many, if not most participants rejected the use of medical discourses to understand drugs because these discourses were isolated from PWUD, furthered their criminalisation and reduced the efficacy of health services. Most sociocultural theories used by researchers for understanding drug use appeared to have little relevance to AusDD participants. There were

problems with all of these theories, but conceptualisation of cultures of intoxication comes closest to representing participants' understandings of drugs, due to the emphasis of pleasure and individuality. However, unlike AusDD participants, cultures of intoxication theory did not identify broad social responsibilities regarding drug use.

Attention to the discourses relating to PWUD on which these theories have depended highlights this same limitation regarding social responsibilities. Participants also noted that there was no positively affirming discourse relating to PWUD and were observed attempting to establish a discourse in response to these concerns. An important component of their emergent discourse was flexibility. Attention to lexical choices showed that participants understood drugs in distinct and diverse ways because the meaning of drug use was dependent on unique biopsychosocial relationships.

Participants reflected minimally on formal Australian drug policy, but there was a wealth of discussion concerning informal policies of the AusDD community. Injection paraphernalia policy was one of the few policies reflected positively on by AusDD participants. The informal policies supported more fluid and less static politics than formal policies. Informal policies were seen to be valued by participants who rejected drug authorities that responsibilised drugs, with many wishing to be independent authorities over their own drug use. There was a deficit of conceptual drug policy designs. The further development of such designs can benefit from attention to informal policies, honest public discussion and capacity for the positive self-affirmation of PWUD.

For policy makers concerned with harm reduction, the simplest lesson from this project is that harm reduction is about the expansion, not restriction, of resource provision. The more complicated insight is that harm reduction policies should only be understood as an intermediary step in pursuit of PWUD rights. This is because harm reduction ultimately reproduces drug responsibilisation. The most important thing about harm reduction is not the design itself, but what it represents, the possibility of prohibition alternatives. The informal policy of AusDD was evidence of the efficacy with which a PWUD community could use deliberative engagement. Policy makers should look to informal policies of PWUD to consider how PWUD communities reduce harm, because these communities provide more care for PWUD than formal drug policy.

I have contended that in order to combat the responsibilisation of drugs, policy should be conceived of as an ever-evolving experiment. Comprehensive elimination of responsibilising

governance is likely impossible and even policies that successfully resolve these responsibilisations are likely to create new responsibilisations in turn. I have drawn a variety of policy recommendations from my analysis and I acknowledge the potential responsibilisations that these recommendations may produce. I have identified problems concerning formal Australian policy, in general, as well as problems concerning Australian drug policy specifically. I critiqued government policy for its lack of support, care and inclusion of 'abnormal' people and their values, as well as its maintenance of static policies. With regards to drug policy, I have responsibilised the drug policy designs of prohibition and harm reduction and suggested that policies designed in accordance with principles of health and medicine cannot resolve the marginalisation of PWUD. The representation of responsibilisation is based on the assumption that formal policy has tended to maintain sociocultural structures, discouraging change and compounding the status of responsibilised people. That representation also relies on the assumption that prohibition inherently responsibilises PWUD and exacerbates the harms associated with drug use. While harm reduction seeks to address this, I have contended that ultimately it produces the same outcome. I also take for granted that combatting PWUD responsibilisation is a drug policy aim. This advocacy has evolved out of my own experience, research and interest in policy change and alternative policy design. This representation is heavily informed by years of participation in online communities supporting people who use drugs, and of course, an analysis of AusDD. As a result, I portray drugs, drug use and policy change as unproblematic. This representation encourages the reform of Australian politics both regarding drug policy and policy more broadly. It recommends that people challenge their personal values and encourages this as an ongoing practice and provides a negative portrayal of medicine and health. This responsibilisation relies heavily on discourses relied on by PWUD, which many people do not access. My responsibilisation of Australian drug policy and policy more broadly can be rightly challenged for its sole concern with a minority of people. The policy changes that are advocated for may not provide obvious benefits for most people, who do not use drugs, and would require a challenge to predominant sociocultural values. The provision of consumption authority to PWUD, particularly from a medical perspective, can also be criticised as a potentially hazardous policy experiment. My aversion to medical authority may be unwarranted. Perhaps the poor treatment of PWUD within clinical settings is not the result of health ideologies, but an outcome of the influence of prohibition.

In the next and final chapter, I summarise my key findings concerning AusDD participants' understandings of drugs, drug use and drug policy, and the implications of these understandings for harm reduction policy makers. I review the contributions this thesis makes to research concerning PWUD, responsibilisation, policy and digital contexts. I also discuss some possible implications for practice, research and drug policy. Finally, I acknowledge the study's limitations and suggest some directions for future research.

Chapter 9: Conclusion

This conclusion chapter summarises the findings of my research concerning how AusDD participants understood drugs, drug use and drug policy, as well as the implication of these understandings for harm reduction policy. Following this summary, I explicitly outline the three key contributions I have made to research through this thesis. These contributions include i) the provision of a pioneer study concerning online, Australian PWUD and their relationship with Australian drug policy; ii) methodological innovation that addresses a research gap concerning the relationship between politics and discussion forums; and iii) a broad review of alternative, conceptual drug policy designs. Finally, after reviewing the implications of this research for practice, research and policy, I acknowledge the limitations of this study and recommend directions for future research.

Understanding drugs and drug use

Drug experiences were one of the most common discussion topics throughout the research data, but interpreting participants' understanding of drugs purely based on drug experience discussion undermines recognition of the socio-political context of PWUD. This socio-political context was central to how participants understood drugs, as participants resisted defining drugs in ways that relied upon prohibition. Unlike past research concerning PWUD, this project found AusDD participants to regularly discourage drug use. PWUD were not as hedonistic or selfish as they are often portrayed by dominant drug discourses. AusDD participants were seen to regularly have altruistic concerns for the welfare of other PWUD and encouraged others to value different types of drugs and consumption behaviours equally. The significance of self-control for PWUD was also not as great as past research implied. Participants valued the capacity to control drug use, but also acknowledged that for some people, self-control was impossible. Participants saw a social responsibility for supporting these people, although the specifics of this responsibility were unclear. The experiences of people lacking self-control were also valued because of their unique perspectives and their capacity for providing insight concerning less understood contexts. Participants were observed responsibilising themselves, in ways that that had neo-liberal, individual and critical qualities. This appeared comparable to reflexive responsibilisation, but the potential for such responsibilisation in PWUD communities to produce further stigma and health complications should be investigated further.

AusDD was seen to expand discourses relating to PWUD and increase the political power, skills and information accessible by PWUD. Yet, while technology has assisted in the proliferation of drug information, it did not appear to completely resolve deficits in regard to participant understandings of the relationship between drugs and drug policy, or regarding drug composition. Future technology may also result in growing divides between PWUD communities. Some forums supporting PWUD tend to value certain drug behaviours over others. Bluelight and AusDD do not. They are fairly unique in this regard, although some other online platforms such as Drugs-Forum and Erowid pursue similar inclusive goals. Hopefully, the egalitarian way that AusDD participants appeared to understand drugs will be maintained despite online contexts becoming increasingly fragmented and diverse.

Discourses have a powerful influence upon the way people understand drugs. The way that AusDD participants understood drugs appeared distinct because participants were aware of the limitations of contemporary drug discourses. AusDD was seen to be a space where alternative drug discourses were drawn upon, supporting the emergence of alternative ways of understanding drugs. This AusDD discourse had a certain characteristic that existing discourses concerning drugs did not appear to, the emphasis of broad social responsibilities concerning drugs. This was a vital dimension of AusDD participants' understanding of drugs. There were two other important characteristics of the AusDD drug discourse that received some limited acknowledgment by existing drug discourses, pleasure and positive affirmation. Both of these characteristics were also part of consumer and individual identity discourses. However, these existing discourses fail to acknowledge social responsibilities concerning drug use (Dwyer and Moore, 2010).

Contemporary discourses on drugs are limited due to their reliance on ideologies grounded in prohibition, medicine and health. Participants tended to understand drugs in ways that were critical of such ideologies, and criticisms of medicine and health were particularly prominent. Medical and health ideologies were seen to be ineffective for understanding drugs. Participants acknowledged the lack of relevance of health and medical research to PWUD communities, the failure of medical *Cannabis* policy to support people who use *Cannabis*, the failure of health and medical research to obtain representative samples of PWUD communities, and the prejudiced treatment of PWUD by health and medical professionals, particularly regarding the provision of drug treatment services and drug replacement therapies. Despite the predominant critique of medicine and health, many AusDD participants

understood that medical and health discourses were the most accessible pathway for changing prohibitive drug politics.

A perception of a need for change is most illustrative of the way AusDD participants understood drug use. Lexical choices illustrated that participants understood drugs as highly flexible. Participants understood that the meaning of drugs was contingent on the political perspective from which drugs were being defined. Terms that carried responsibilising connotations were rejected as well as re-appropriated. While policy encouraged understandings of drugs as static, participants understood that this was not an effective way to understand drugs.

AusDD participants asserted that drug prejudice needed to be challenged, and AusDD provided a space for this challenge to take place. Discussion was more supportive and critical of drug responsibilisation than other drug contexts addressed by past research. AusDD participants were engaged in ongoing cycles of conflict resolution, and for participants the meaning of drugs was perpetually in flux.

Participants' awareness of the socio-political context of drugs encouraged their attention to broader contexts of drug use beyond drug effects and experiences. Attention to this context de-emphasised the value of self-control and accentuated value of social responsibilities concerning drug use. Participants were observed using an alternative drug discourse that transcended reliance on prohibition, medicine, health, consumerism and individualism. AusDD participants understood that the meaning of drugs was most effectively understood as flexible, and cycles of conflict resolution enabled by ongoing debate helped maintain this flexible characteristic.

Understanding drug policy

I was surprised to find that one of the most common themes in my analysis concerned the disassociation between PWUD and formal drug policy. Participants engaged in minimal discussion of the policy timelines pertaining to the most prominent Australian drug policy changes over the past seventeen years. Participants were often uncertain of the formal political implications of their own drug behaviours. Another predominant theme throughout the analyses was the identification of formal drug policy problems. It seems the greater the extent of responsibilisation of PWUD by drug policy, the greater the extent of responsibilisation of drug policy by participants. This disassociation between PWUD and

formal drug policy was not the sole responsibility of PWUD themselves. While participants often appeared uninterested in formal drug policy because it criminalised them, prominent policy actors were also observed influencing participants' understandings of drug policy by spreading misinformation.

Harm reduction and prohibition were the conceptual policy designs most discussed in the data. Harm reduction received the most attention, although there was also extensive criticism of this design. Legalisation and recreational use did not receive this same criticism, but they were less complex, 'empty' policy designs without specific design elements beyond the rejection of prohibition. Advocacy for legalisation and recreational use implied more about the advocate's critical view on prohibition than it did about their support of a distinct regulatory alternative. Enabling environments was the conceptual policy design most emphasised by the methodology of this project, although it received no discussion by participants. Attention to the enabling environments concept highlighted the extensive resource provision of AusDD. While this project contends that no single policy design can resolve all the problems associated with drugs, enabling environments policy was useful for understanding the informal policies of AusDD without relying on the much-criticised harm reduction concept. Injecting paraphernalia policy was one of the few formal Australian drug policies reflected upon positively by AusDD participants, due to the proliferation of needle and syringe providers in our national context. However, this bore ironic contrast to one of the most criticised policy issues, the 'bong ban,' which conversely reduced access to drug paraphernalia. My analysis showed that participants perceived contradictions between formal policies provision of injection paraphernalia and concurrent restriction of smoking paraphernalia.

Due to the disconnection between formal drug policy, alternative drug policy designs and AusDD participants, I looked increasingly towards the informal policies regulating the AusDD community to learn how participants understood drug policy. This highlighted that the AusDD community was being guided by an informal deliberative drug policy permitted by the concept of harm reduction. The flexibility of this informal policy appeared to be enhanced by digital context and practices of experience narrative sharing.

The deliberative engagement practices of AusDD participants provided more extensive care for PWUD than was provided by formal Australian drug policy. This care took shape in the provision of a diverse array of resources to PWUD. Sensitivity was an important resource

because it countered prohibitive Australian drug policy broadly, which encouraged responsibilisation of PWUD. Sensitivity involved participants engaging in open discussion with non-judgemental attitudes for the purposes of support and conflict resolution. My own attempt at designing informal policy to enhance the provision of sensitivity showed the importance of connecting this design with the dynamic between responsibilisation and sensitivity in specific contexts.

AusDD participants regularly expressed the desire to be autonomous authorities over their drug consumption behaviours. An interest in independent self-management stemmed from criticisms of the two primary drug authorities of the present, medicine and prohibition policy. Participants were interested in self-sufficient drug behaviours because the primary drug authorities tended to be prejudiced against PWUD. Some participants asserted the inefficacy of anyone but themselves determining the drug consumption patterns due to unique personal biochemistries and environmental contexts.

While drug policy designs of prohibition, harm reduction and enabling environments do not appear particularly reflexive, the informal deliberative engagement of AusDD exhibits reflexive qualities to a significant degree. The discursive politics of AusDD evidenced this. These politics were far less fixed than the discursive politics pertaining to formal Australian drug policy, and this seemed to enhance flexibility and provision of support by AusDD. I found that participants understood the significance of permitting new and critical meanings of drug policy, and this appeared to allow for the more effective management of unanticipated outcomes of drug policy design.

Perhaps the experience of responsibilisation by PWUD increases comprehension of reflexive conflict resolution cycles and encourages their provision of sensitivity. Internet use may also have made participants more politically responsive to contexts of marginalisation. If this is the case, groups who experience responsibilisation and their associated online communities will have a lot to offer future policy design.

However, there are also limitations to using forums for the purpose of liberalising policy pertaining to responsibilisation. Participants identified a need for PWUD to engage in positive self-affirmation without relying on the anonymous spaces of the internet. Forums catering specifically for PWUD were seen as more supportive than forums in which drug discussion was a single dimension of content. Forums catering specifically to PWUD were seen to accentuate deliberative discussion and undermine drug responsibilisation. While this

enhanced capacity for activism, support and advocacy, it also reduced the potential impact of these practices because PWUD specific forums were isolated from anti-drug ideologies. Such forums are in this sense both enabling and limiting, but until all PWUD can publicly discuss their drug use in positive terms without experiencing prejudice, anonymous online spaces will continue to be vital for providing PWUD with care and support. While neo-liberal responsibilisation of the internet impacts negatively on health and stigma by reducing access to platforms such as AusDD, the hope is that, like harm reduction, these PWUD specific forums are an intermediary step towards PWUD rights, and that their character will change reflexively as the relationship between drug use and society evolves. Understanding the specific responsibilities of stakeholders in drug use, other than for people who use drugs and for formal government generally, will be central to this evolution.

Implications for harm reduction policy

Unfortunately, the discursive impact of formal Australian drug policy has resulted in the meaning of harm reduction being understood in prohibitionist terms. This is most clear in the national drug strategies' pursuit of supply and demand reduction alongside harm reduction. Harm reduction, as it was initially conceptualised, is concerned with increasing access to resources, not decreasing them. The result of the misuse of this design by government has meant that there are policy makers in favour of prohibition who are also interested in producing harm reduction policy. There are limited implications of this study for these policy makers, beyond the discouragement of their prohibitionist ideology due to its unethical and prejudiced character as well as the inefficacy of prohibition in achieving its policy aims. Rather than reducing drug use and the associated problems, prohibition increases these things.

For policy makers interested in improving support for and cohesion between PWUD and society more broadly, this study has study has highlighted the importance of avoiding use of responsibilised terms when writing policy. The use of the terms 'abuse,' 'addict' and 'drug' carry negative connotations about consumers of psychoactive substances, and framing these consumers in a way that does not reduce their social status is a vital for drug policy that aims to counteract the responsibilisation of these consumers. Even the term 'harm reduction' was seen to carry negative connotations about PWUD. Should the goal of harm reduction be the establishment of PWUD rights, policy will be inherently limited by these connotations. This is because harm reduction: 1) neglects attention to the benefits of drug use; 2) emphasises

drug harms; 3) potentiates a health bias; 4) reduces individual authority over consumption; 5) encourages risk aversion; and 6) neglects PWUD who do not encounter harm.

This brings me to another important implication of this study for harm reduction policy makers, the significance of harm reduction is as a mediation tool between pro and anti-drug ideologies. An alternative policy design will be required to replace harm reduction in the future to continue pursuing this goal. There is a lack of discussion of such alternative policy designs both within the research literature and AusDD discussion. The enabling environments policy design was useful for considering the political functioning of AusDD without relying on problematic policy designs of prohibition and harm reduction. The perspective of enabling environments is in favour of PWUD, which combined with the lack of observable instances of this policy design being applied in real life contexts, would make it difficult to apply this design within the current Australian political climate.

However, attention to informal policies that did not rely on explicit government formalisation brought attention to the fact that AusDD relied on deliberative engagement. This drug policy design, like the enabling environments design, also has a perspective in favour of PWUD, although this perspective is applied self-critically for the purposes of social cohesion. Furthermore, AusDD provides an observable instance of a deliberative engagement design being applied in an existing community of PWUD to provide more effective support than formal drug policy.

In this thesis, I encourage harm reduction policy makers to view harm reduction policy as an intermediary step towards the participant inclusive regulation of groups of PWUD. Harm reduction can help integrate some drug rights into a dominant discourse that is not yet ready to accept drug rights more broadly. It may be unproductive for policy makers to advocate for the policy participation of communities of PWUD within the current political climate, but this end goal is useful for providing a guiding design principle for those interested in producing harm reduction policy.

Contributions to research

This thesis makes an original contribution to research in the three following ways:

i. Online, Australian PWUD and Australian drug policy

This project has expanded the literature concerning the relationship between Australian PWUD and Australian drug policy beyond urban (Duff, 2009; 2005a; 2005b), injecting

(Hughes, Ritter, Cowdery, et al., 2014) and young PWUD (Hughes and Lancaster 2013) to include PWUD active in an online context. This new context has proved to be a unique opportunity for Australian drug policy researchers because it allows for the observation of PWUD regulating themselves in ever day contexts, without relying on researcher imposition. This context is significant because the responsibilised status of PWUD can make the role of researchers problematic, and because there is a substantial quantity of available, unused data on social media.

ii. An innovative methodology for studying online discussion forums

Drawing on principles of thematic analysis (Braun and Clarke, 2006), as well as past research concerned with PWUD (Duff, 2009; Hughes and Lancaster, 2013; Hughes, Ritter, Cowdery, et al., 2014), drug discourses (Tupper, 2008a; Bright, Marsh, Bishop, et al., 2008) and research of political discussion within online forums (Graham, 2008) led to the identification of policy discussion in online discussion forums through attention to four types of search terms, those relevant to 1) policy processes and products; 2) policy designs; 3) broad sociocultural groupings; and 4) formal policy timelines.

This project has shown a means of recognising informal policies of communities that those attending only to formal policy might consider disconnected from policy and/or unregulated. Attention to political processes and broad sociocultural groupings were particularly valuable in this regard. The capacity for identifying these informal policies has potential to contribute to future research concerned with responsibilisation.

This methodology could also be extended to parallel approaches of deliberative forums that permit participants to vote on action relating to identified themes. Such an approach could be applied to other social media used by responsibilised groups and social media more broadly, taking advantage of the opportunity the internet offers to expand deliberative engagement (Dahlberg, 2007).

iii. Contrasting alternative drug policy designs

This study fits within a field of research that seeks to consider a variety of policy design alternatives to prohibition (Wodak and Moore, 2002). The primary conceptual drug policy designs currently apparent across discourses are prohibition and harm reduction. In this thesis I have helped give emphasis to lesser recognised design alternatives, enabling environments, deliberative engagement and participatory policies.

Few other studies have investigated alternative drug policy design in such detail (Rhodes, 2002; Duff, 2009; 2010; 2011; 2012; Månsson, 2014; Hughes, Ritter, Cowdery, et al., 2014; Hughes and Lancaster, 2013) and this is the first study to pay attention to informal and vernacular drug policies, and to be attentive to drug policy within the context of an online forum. These new designs are important because of harm reductions' association with PWUD responsibilisation. Responsibilisation in general would likely benefit from framing policy as an inclusive, reflexive process.

The identification and valuation of deliberative engagement as an alternative drug policy design is useful for drug policy makers because the policy design can be pursued via policy processes within current formal political systems. Deliberative engagement can challenge responsibilisation without requiring a complete political overhaul. The identification of informal deliberative engagement is also of importance for researchers concerned with PWUD because it challenges perceptions of PWUD communities as anarchic and hedonistic glorifiers of drug consumption (Wax, 2002). Such claims were not supported by this study. I found that AusDD participants exhibited altruistic and egalitarian qualities and were seen to provide extensive support to one another despite the restriction of necessary resources by prohibition.

Implications

The findings in this study also have potential implications for practice, research and policy. Each is described below in turn.

i. Practice

This study implies that everyone has responsibilities for drug use, not just the individual drug consumer. A presumed lack of social drug responsibility is the unfortunate outcome of prohibitive and neoliberal ideologies. There is a need for an alternative public drug discourse that doesn't rely on negative terminology and is able to identify positivity in relation to drug use. The current dominant discourse compounds the disadvantage PWUD already experience as a result of prohibition (Tupper, 2008a; Green and Moore 2013; Dwyer and Moore 2013; Barratt, 2011). Referring to specific consumption practices in context, rather than making generalisations about drugs or types of drug use may be a useful strategy for this.

While my study has supported the contention that digital communities can help minority groups establish alternatives to responsibilising discourses (Lingel and Boyd, 2013; Boylorn,

2013; Mehra, 2004; Bosch, 2008) it has also shown that restriction of alternative discourses to digital contexts can reduce the capacity of these discourses to impact on broader social contexts. While discussion forums can provide a safe and private space for discussion between members of responsibilised groups, finding a way to integrate this discussion with broader dominant discourses in a non-prejudiced way is important to counteract prejudice.

ii. Research

Researchers interested in studying PWUD should aim to avoid framing research in accordance with disciplines of medicine and health (Monaghan, 1999). This is because these disciplines tend to reinforce prohibitionist ideologies and compound the responsibilisation of PWUD by restricting their consumption authority. While I have contended that research concerning PWUD should be undertaken by PWUD, this is difficult (Meyer, 2005) and requires some ingenuity on the behalf of researchers. As a researcher, I have come uniquely close to identifying with PWUD (Ettorre, 2013; Harris, 2015; Wakeman, 2014), and while it can be hazardous (Blackman, 2007), I hope to see future researchers can more openly consider their membership with this group, and its impact on their research.

This study has shown that digital technologies can improve the power of marginalised groups (Lingel and Boyd, 2013; Boylorn, 2013; Mehra, 2004; Bosch, 2008). It encourages researchers to consider how digital technologies might be better incorporated into politics, as this will likely assist decentralised power redistribution strategies (Kaye and Spataro, 2017). These strategies are important for reflexive policy frameworks with which I have been concerned.

Informal policies relating to (particularly online) communities affiliated with PWUD and responsibilisation are likely to prove a useful resource for researchers and policy makers interested in deliberation. While I was an existing participant, consideration of the process of becoming a participant in AusDD or another forum supporting people who use drug use would be a valuable addition to research (Lally, 2015).

iii. Policy

The provision of rights in relation to drugs may be another strategy for undermining drug responsibilisation. Within the context of Canada, the Canadian Charter of Rights and Freedoms has been central to the protection of PWUD. Canadians' access to medical cannabis, supervised injection services and ayahuasca churches have been secured in

reference to this charter. While Australia does not have a federal equivalent charter or bill of rights, there is a state equivalent in Victoria. For examples, Greg Kasarik has undergone numerous instances of civil disobedience involving the possession and consumption of psychedelics, in the hopes of appealing his criminalisation in reference to Victoria's Charter of Human Rights and Responsibilities and his right to spiritual and religious freedom. The establishment and recognition of drug rights could have significant implications for the responsibilisation of PWUD.

This thesis has argued that there is demand amongst PWUD for drug policy that is diverse, flexible and supportive of difference, and that deliberative engagement is a strategy for satisfying this demand. Policy makers should conceptualise the character of drugs as fluid and produce policy that supports this understanding (Barratt, Seear and Lancaster, 2017). Policy makers should try to make drug policy cohesive with the ways that PWUD understand drugs. The immense disconnection between PWUD and formal Australian drug policy reduces the efficacy of policy and compounds the responsibilisation of PWUD.

Many communities of PWUD are likely to already use deliberative engagement designs and processes. Policy makers should aim to enhance these existing regulation processes by improving their visibility and connection with society and formal policy. To do this, like researchers concerned with PWUD, drug policy makers will need to move away from ideological positions of health and medicine. However, these ideological positions may be of intermediary importance for the cohesion of PWUD rights with social norms. This is the case for harm reduction, and policy makers producing harm reduction policy must be aware of the problematic and temporary role of this design, or they will continue to responsibilise PWUD (Rhodes, 2002; Duff, 2009; 2010; 2011; 2012).

Discussion forums have been seen to produce changing, informal and emergent politics, and broader political systems may be able to draw on this resource should they wish to continue to manage power distribution and combat responsibilisation. The prospective secure vote software pertaining to the Flux and IBDD projects (Kaye and Spataro, 2017) is an example of how politics might better incorporate discussion forums in order to produce a more reflexive policy dynamic.

There is a need to continue the search for new drug policy designs, particularly intermediary alternatives to designs relying on medicine and health. This should be a perpetual state for policy makers. Politics should be a constantly evolving experiment that is able to respond to

unanticipated consequences as they become apparent. Policy makers should embrace deliberative engagement, as well as future, currently unknown alternative policy designs that will be required to counter the unanticipated contexts of the future.

Policy makers should also be aware of the systemic problems associated with contemporary Australian politics. These politics need to change in order to support flexible policy that self-critically engages in conflict resolution cycles, and this is the type of policy that is necessary for managing responsibilisation . Without these systemic changes, any new drug policy design is unlikely to resolve the responsibilisation of PWUD.

Limitations

There are several potential limitations that can be identified in the approach of this research project. These included: the limited inclusion of participants in research practices; focus on a single forum; the neglect of PWUD who did not use such forums; changes to the research site following data analysis; and the inability to review all posts in the data.

With more resources, this project could have incorporated participants to a greater extent. The private database approach might have been useful, as might have been the training of participants as researchers, such as in peer ethnography (Price and Hawkins, 2002). Alternatively, design in accordance with principles of emancipatory research would have required participants to be involved at all levels of the research project (Barnes, 2003). Unfortunately, the resources required to pursue such approaches were beyond the scope of this project, but I still hope that the research approach employed has helped produce an alternative and empowering discourse for discussing PWUD and drug policy in a way that is inclusive and does not rely on the presumptions of medical and prohibitionist institutions.

Despite the advantages of the internet for researching responsibilisation as a technique of governance, some groups are likely to be underrepresented in these contexts due to the technological requirements of access. While elderly and homeless persons have less online access, there were some instances of participants identifying as homeless and discussing past experiences of homelessness, so this demographic was not entirely absent from the sample. Surveys drawing upon the Bluelight forums for participants found that most participants were Caucasian males in their 20s from America, the United Kingdom, Australia and Canada (Chiauzzi, DasMahapatra, Lobo, et al., 2013). However, in my study it was impossible to know much about the background and circumstances of each participant, characteristics such

as age, location and gender were typically unclear. My sample cannot be presumed to be representative of all PWUD and there is unfortunately no way of knowing how representative the sample may have been. However, it was not my intention to access such a sample due to my concern with in-depth analysis rather than generalisable findings. This project did not try to determine to what extent the research context may have limited participant diversity. The extensive number of participants meant that trying to conceptualise sample demographics was outside of the scope of this study.

My focus on a single forum undermines the capacity to draw conclusions from this project regarding forums supporting PWUD more broadly. However, The PMP, Rednet, Barratt (2011), the Real Drugs in a Virtual World project, much of the work of Kjellgren (2009, 2013a, 2014b, 2015) and Brown and Altice (2014) have already considered a broad range of forums supporting PWUD in their research. There is a need for in-depth qualitative analysis of individual online PWUD communities (Móró and Rácz, 2013). While my experience of extensive participation across a variety of social media platforms supporting PWUD before and during the research for this thesis meant that I came to the research with this perspective, it has also improved my capacity to understand AusDD within this broader context.

This study has not considered PWUD who do not use internet forums, and their perspectives may contrast to those who do use internet forums. Unfortunately, obtaining data on these groups without relying on self-reporting mechanisms or treatment services is difficult. Both these strategies are problematic for sampling PWUD populations. A non-prejudiced approach to research concerning PWUD emphasises the importance of retrieving data from everyday contexts of drug use. There are a limited number of studies of online communities of PWUD, and social media platforms are one of the few ways of attaining everyday data that is accessible to researchers.

There were some changes within the AusDD forum after data were collected and analysed. Drug discussion concerning Asian contexts is now included in the forum, and for this reason the forum is now titled Australia and Asia Drug Discussion. Due to time constraints, my research was not able to consider the impacts of this change. However, considering the contention that AusDD participation declined due to a restrictive Australian policy context, the impacts of Asian PWUD and their context upon AusDD content would have been an interesting point of consideration.

Reducing the data corpus using search terms posed the threat of excluding important posts due to my ignorance of terminology. I tried to combat this by making lengthy and detailed lists of search terms, and if I had the resources, I would have preferred to read every post in the data corpus. This study also has a perspective that favours PWUD, and this is not representative of predominant sociocultural views of PWUD. However, these predominant views are unethical, and this perspective aims to counter the corresponding responsibilisation of PWUD. I have gone to efforts to highlight this perspective and explain its subjective context. While anti-drug values are in no way objective, neither are pro-drug values and this should be acknowledged. However, my research orientation is important for giving a voice to marginalised PWUD whose knowledge and opinions are typically repressed.

This perspective also undermined my capacity to answer the question 'what insights can forums supporting PWUD offer to policy makers concerned with harm reduction?' This was because ultimately, my view of harm reduction was highly critical. The insights I offer may not be so useful for policy makers with anti-drug views, because my advocacy for the deliberative politicisation of PWUD is quite radical. I have argued that harm reduction policy should be an intermediary step in the pursuit of deliberative engagement, but this may encourage anti-drug policy makers to disregard my suggestions. I have tried to be balanced in my approach to this issue and to have sensitivity towards all perspectives concerning drug use, but as some AusDD participants noted, the liberalisation of drug policy can be slowed by pro-drug ideologies due to their direct challenging of popular opinion. Hopefully, this limitation does not reduce the value of my work within this thesis for policy makers.

Directions for future research

The analysis of specific online resources is an expanding area of research concerning PWUD. Forums have been the most common type of social media considered by such research (Kjellgren and Soussan 2015; Móró and Rácz, 2013; Barratt, 2011; 2014b). Other social media resources considered in this context include Twitter (Dwyer and Fraser, 2016; Hanson, Burton, Giraud-Carrier, et al., 2013; Hanson, Cannon, Burton, et al., 2013) and Facebook (Schwinn, Schinke, Hopkins, et al., 2013), but there is need for further research in these areas. Other online resources have included cryptomarkets (European Monitoring Centre for Drugs and Drug Addiction, 2016; Barratt, Lenton, Maddox, et al., 2016; Barratt, Ferris and Winstock, 2014) and the online platforms of organisations supporting PWUD (Wightman, Perrone, Erowid, et al., 2017; Witte, 2015). Tumblr also offers a rich cache of PWUD data,

but this is yet to be drawn upon by scholarly research (Thomas, 2016). Discursive data from the history of the internet and now historically popular platforms such as Myspace would also be worth considering. These platforms offer additional data sets to which my innovative sensitive and inclusive approach to online drug policy research could be applied.

For researchers wishing to draw upon social media to better understand PWUD, be aware that these online forums and social media platforms appear to be increasingly fragmented as well as interrelated. Future research will face the challenge of locating these diverse and often private communities and determining if they are representative of populations of PWUD. Of course, policy liberalisation would likely make this research much easier, but prior to this liberalisation research stands to provide the greatest benefit to PWUD.

I have discussed the underutilisation of theorisations of life trajectories within research concerned with PWUD that aims to combat PWUD responsibilisation, and the over utilisation of these theorisations in medical and health disciplines for the purposes of drug prevention. While the quasi-anonymous, digital and primarily textual context of AusDD makes it hard to theorise the life trajectories of participants (Hser, Longshore and Anglin, 2007; Darke, 2011), AusDD and a number of social media platforms relevant to PWUD permit the review of particular participants' activity on the platform. Barratt, Lenton, Maddox, et al.'s (2016) approach of mapping digital environment flows could be useful here. Consideration of the life trajectories of participants active on social media supporting PWUD would be a useful point of contrast to research concerning the life trajectories of PWUD who receive treatment.

Should harm reduction and medical discourses be used to move past prohibition, then alternative logics will be required to move past the limitations of these discourses. Future research concerned with sensitive drug policy should consider how drug authorities can be decentralised and deliberative whilst also empowering marginalised perspectives. I suggest researchers concerned with this question look to the informal policies which accompany these perspectives and consider how these policies manage authority.

Future research concerning PWUD, and perhaps responsibilisation research more broadly would also benefit from investigating how forum participants learn to participate in and provide cultures of care. This could include attention to contexts in which PWUD communities agree or disagree with drug consumption behaviours. This would likely illustrate the complex deliberative politics these communities have in place, which

prohibitionist values make it difficult to recognise. Despite the marginalised position of PWUD, my analyses showed that AusDD participants provided extensive support for one another. A better understanding of how this provision occurs would be useful both for policy makers and drug service providers. This study leaves us with the question; 'how can the informal or vernacular policies of PWUD and other responsibilised communities be empowered in the face of formal policy which they contradict?' Empowering such groups using deliberative engagement designs would be a valuable policy experiment, and future research should explore this further.

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