

PILL TESTING IN AUSTRALIA AND ONLINE PEER EDUCATION

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I am wearing two hats here today – I am representing the Pill testing organisation *Enlighten*, which is based in Victoria and we are the only people that do pill testing within Australia at the moment. I am also representing the online communities: *Bluelight* and *Pillreports.com*. These are all examples of peer education, and the important difference is, this is peer education initiated by peers.

So far today we have been talking about peer education that has been initiated by governments; but what happens in the rest of the world, outside in the wonderful lands these people come from? With all these millions of people who are taking drugs, do they just sit around waiting for the government to organise a peer system for them? No, they organise it themselves. This is what has been happening for the last 5 years and we have spent the last 5 years being perceived as the underground - which is very odd, because the place where we organise ourselves is the Internet, and nothing is underground on the Internet.

We have always been visible, and now with *Bluelight* and *Pillreports.com*, and with the pill testing that we are doing here in Australia, we are becoming more visible and we want to become integrated, and use what we have learned in peer education - that we have had to learn ourselves, the hard way, over the last 5 years - and offer those lessons to the more mainstream government health organisations.

We feel we have a lot to offer, and that is why I am stressing the importance of a two-way dialogue here, because we feel the most important part of peer education is that dialogue that happens between the peers. Unfortunately, this is not what the government is doing. All government education is one way. This is why, as the research Paul Dillon will be presenting shows, the government has zero credibility with drug users - particularly with the young where they have no credibility whatsoever.

Now if the government is serious about making some changes in this area they have to change some of their approaches. What we are doing is offering some of the approaches from what we have learned out there in the last five years, looking after ourselves, as no one else has.

I will touch briefly on pill testing that we have been doing here, I will not go into too much detail, but I will just stress the differences between what we do here in Australia and what happens in Amsterdam and other parts of Europe. What we do here is illegal, entirely illegal, but it is a peer-based initiative where the users themselves decided this needed to be done.

During the late 90's and particularly in 2000-2001, ecstasy use in Australia exploded and it came out from the rave sub-culture. As a result the general population began using this drug. Now the subculture it came from, the dance scene, has always been

known to look after itself and to look after those people in it; the caring and peer education was already part of the culture there. So when it was realised that ecstasy use was exploding within Australia, the users themselves realised that something had to be done.

Now pill testing was already a proven concept, having been done in Amsterdam for ten years before we even thought about it. In 1997 it was starting to be done in America by the Dancesafe Project. They had successes, particularly 1997- 1998, using their pill testing and the Internet and other media to clamp down the explosion of DXM pills. There were some fatalities on the west coast due to DXM pills, but they quickly stopped it, and everyone got the message out there - peer education was getting the message out about DXM, the importance of not mixing with MDMA and those basic things. Just as I was saying about 2001 about PMA in Europe - if you quickly get the message out and you get the information out to the users, you can save lives, directly. But unfortunately, we have the situation where our government in Australia and governments in other countries, believes that sharing this information is a dangerous thing; governments hoard the information, because they believe that users with risky behaviours are just going to do it anyway, so what is the point?

This is the frighteningly dangerous attitude that we are trying to attack; we are trying to show the examples of what we have been learning in the peer education and those successes, and trying to show to the government, that a two way flow of information is the most important thing that is going to keep people safe.

(Referring to screen) This is us pill testing at an event; we just go to an Earthcore or some other Australian event such as what we call the “Bush Doof”, which is the outdoor event - these are generally free of thinking areas where we can do our illegal activity - because what we are doing, when we are handling pills, is breaking the law; but what we are trying to do is keep people who are breaking the law a little bit safer, so that is why we are doing it. It is activism essentially.

(Referring to screen) This is us in our little tent. We are entirely self funded, no one is paying us any money to do this, we are just simply paying for the photocopying ourselves, buying the kits, and selling those to get a bit of money for the printing – we are entirely self sufficient. We do the basic testing, but because we are by ourselves we do not have the lab testing on which to rely.

The lab testing is an integral part of the pill testing process, the referencing between the reagent tests done on site and the lab test. Unfortunately, because we do not have the lab test, our system is immediately flawed - we admit that. But we believe doing this as a small thing, some chipping away at harm reduction - harm reduction is a matter of degrees - if we can do this, hopefully one day the government will supply us with that information and then we will have a system of working together, but until that time, we are completely ‘ham strung’ - and that is the problem.

(Referring to screen) The pill up there we see, that is a Demazin cold and flu tablet, which some poor guy came up to us at an event and asked us to test. One of the things we stress about pill testing is that it can save you in a lot of different areas. For example: we sometimes show people pill testing for the first time – they have never have seen it – and they have already bought their pill, and we say “listen, if you buy

his kit and go home, and test with your dealer - you can decide then before you have paid the money”, then that whole argument of: ‘they are going to take it anyway, because they are paid for it’, becomes irrelevant. You also save yourself getting ripped off - paying \$35 of two cents worth of pseudoephedrine.

The online community was where activism came from. Bluelight was set up in about 1997-98, we had about 20 people, now we have about 100,000 registered users, with millions of users coming to us everyday, we are huge. We have to upgrade the server every 6 months and we are now just changing over to 3 servers. The philosophy behind Bluelight has always been about the sharing of information, because back about five years ago there was very little information out there for people who were using ecstasy. The information that was there was on government websites, and that was very biased, completely biased, because they would have a list of 30 of the typical symptoms of somebody taking an ecstasy tablet, and there would be two positive ones: increase feeling of joy, empathy, and then 28 listings of everything that goes wrong with you.

The Australian drug foundation, in 1998, had listed as one of the common side effects of ecstasy as ‘kidney failure’. Common? No wonder there is this disconnect when people come to this site, they see there is a disconnect between that and their reality, and they immediately discount everything the government tells them: “they lied to me about this, so will probably lie about everything else.” This is unfortunate because some of the things the government tries to tell us are important, but it gets lost in the noise of all these little white lies; they are altruistic white lies sure, but they are lies nonetheless, and it immediately sets up distrust.

And as I said, if the communication is one way, there is no chance to respond. One of the big things in Bluelight is we have been trying to promote the idea of getting people to become interactive with the media and the government. In websites like this, people will put up the latest thing, for example: the *Herald Sun* article, talking about “the drug menace”, and people come on asking how can they can say this and that; now we ask them “well, did you e mail them?” did you phone them? You can do that you know, here is the *Herald Sun’s* web-page, and here is the phone number for the switchboard; if you ask to speak to that journalist, you will get through, journalists like taking phone calls – here is their email address, respond, become interactive. That is the whole idea of the Internet; it is about a two-way conversation. We are trying to say “you take that as a tool of activism, you can respond to the media, and not just get your own say, but educate them as well.”

The last GHB crisis we have gone through the media here, every single article has started off by calling it GBH, which no user calls it, at all, it is an invention of the press for hysteria and that sort of thing. We just suggested to everyone that they write them all an email and say “this is ridiculous, using scare tactics, talk about the drug honestly”, and we have actually been getting results. I sent the Australian Drug Foundation and e-mail about the kidney failure information, and they took it off their web page. So the two-way dialogue is absolutely crucial for this and that is another thing about this - us becoming more open with *Bluelight* - we are now opening ourselves up to research. Many of the research papers that are presented here about Australian drug use; we supplied the people for that research. For the last couple of years we have had a very strong relationship, particularly with *NDARC*, of advertising

the research that has been done. But we are also doing it for places all over the world, including *Texas A&M*, a couple of universities in England – and this is just from the last couple of – while I get on average about one request a week now, which is fantastic.

We are supplying hundreds of thousands of users because they want to share the knowledge and they want to educate; they do not want to be seen as stereotypical freaks, as the gutter-trash, or as the guy in the body bag in the rain - we do not want to be seen as that, we are just people who integrate drugs into our lives. This is part of the sharing and the communications that *Bluelight* does. What is disappointing though, is that in the last couple of years, we have done heaps and heaps of research, and once again, the traffic is all one way. I have not had a single piece of content offered to me by a research organisation, or a government institution – nothing.

This is where I get a little bit angry and say, if there are people here that I have helped to supply with research candidates, why is nothing coming back? And it does not even have to be that; it can be anybody in the health profession, or in the government, or whatever. You worry about the creditability of information available online. Well why not try being part of the solution? Anybody can post on the internet, that is the great thing about it, you can do it under your own name – which would be great, to see someone putting Dr such-and-such from the institute of such-and such; people will respect authority like that if it is given on a non-judgmental forum like *Bluelight*. Also, you can post anonymously, which a lot of people are doing - a lot of health care professionals and government people are posting anonymously - which is good because the good information is getting in there, and good information drives out bad information, always, and it is very important, so I am just asking: please can we get this more two-way?

Pillreports.com was an offshoot of *Bluelight*. We set up a database for pill testing results, for the rest of the world who could not get access to lab testing results - which is 99% of the world. Now, subjective user reports are, by their very nature, flawed; but once again, in Australia, this is all we have got. Dr Cate Quinn will give a presentation about what is in ecstasy pills, she will show the results she has, and she will also talk about how the state and federal forensic labs in Australia have now linked their information on what their tests show; they do tests in what they have seized from big raids.

There is no system in Australia where a user can send in a pill to be tested, which means that they miss out entirely on everything that gets out on the street. Things that people are actually taking, they have no idea about, but the big raids and seizures, that is what they analyse. But, it would be far better if we could bring those things together, even if they could just share the information on the dangerous pills, I would be happy and I would put up whatever information the government supplied me with, for example: what is actually in specific pills - because that information will save lives. Their argument is, that if we put up on the website that the red star pills are dangerous, then people will think that all the other ones are okay. This is just a gross misrepresentation of the intelligence of the people taking drugs. But that is the party line.

So, we are trying to get this two-way information thing up and going, but the thing about it is, if there is the option for someone to send a pill into the government, that helps support the perception that the government actually cares; when they give information back, trust is developed, and that credibility gap that now exists, it shrinks - once a dialogue is seen to be taking place. But it really needs for the government to take the bold initiative, to do this, and to set up the dialogue - before anything like that can happen; otherwise they will continue to be seen as having no credibility at all.

We are dealing here with the Internet and the Internet treats censorship as damage, and routes around it. The thing about it is that information wants to be free, information is going to get out there, people desire information and they are going to find it one way or another - that is how *Bluelight* came to be; because the information was just not being supplied, the users themselves got together, self-organised, found the information and distributed it amongst themselves. That active distribution encouraged more people to find out more things, and that is why we are now a massive website.

These days more and more you see this idea coming through of full disclosure and the use of the Internet. We already have the case now where many law courts around the world, and in Australia particularly, the moment there is a decision made in the court, the entire transcript is put on the web for everyone to see. This is happening more and more. It cost very little now to put this information out there to make it accessible, total disclosure. The thing is, why are governments like ours not doing it with things like this pill testing, where there are immediate harm reduction benefits? It is just not making sense, well, it does make sense if you consider the idea of moral panic, and all the issues surrounding that, and that is really what it comes down to. But if anything is actually going to be done to help people, you have got to get over that.

Somebody did. The DEA did, what a wacky, freaky left-wing organisation they are – but they took an important decision; this is *Microgram*, this is the journal of their forensic laboratories that they regularly publish. It used to be just an in-house thing that only went to police departments around the world. But they made a decision last year that, since this information is out there anyway, people were duplicating it, and sending each other email copies and this sort of thing – it was out there anyway so there was no point hiding it. The D.E.A. made that decision, and now anybody can access this, and that has full spectrographic readings of the drugs that are seized, different ways that things are being imported - all this information out there, because they have realised that the information is going to get out there anyway. Now I just ask that other government organisations look at this as an example that, the two-way dialogue - if you set it up - you can grab back the credibility gap that exists. Unless you are prepared to exchange information, nothing is going to happen and nothing will change

Thank you.