

# Netreach Work: Implementing Web-based Harm Reduction Interventions with Online Drug Users



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**SUMMARY:** The globalisation process and new technologies paved the way for the emergence of empowered and global online drug cultures and shaped the way people purchase and use drugs, search for drug information, and discuss and share drug use practices and knowledge with their peers. This growing reality is opening up a new field of intervention, and harm reduction professionals should equip themselves to respond to this reality. This paper presents “netreach work” as an intervention framework that adapts the harm reduction and outreach philosophy and practices to the online environment. Two netreach interventions are presented and described: the harm reduction intervention of Fernando Caudevilla as Doctor X in the Deep Web marketplace forums and the planning and experience of the netreach intervention of Agência Piaget para o Desenvolvimento – APDES – under the European project “New Psychoactive Substances (NPS) among Problem Drug Users”. These interventions have the potential to reach online drug users. In this sense they can be a complementary methodology to enrich the outreach interventions and to respond to the challenges posed by both NPS and technological developments.

**KEY WORDS:** INTERNET – NETREACH WORK – HARM REDUCTION – ONLINE DRUG CULTURES

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## ● 1 INTRODUCTION

In the last decade the purchasing of drugs and the demand for them have been changing and have been strongly influenced by technological advances, especially the internet, that allow the democratization of information, knowledge exchange, and also new online drug marketplaces.

Barratt (2011) reported that among the group of people who use drugs, the subgroup of partygoers is more connected with technology, both offline – through electronic dance events in order to enhance the clubbing experience – and online – through the use of the internet. In the 1990s several websites and discussion forums (e.g. Erowid and Bluelight) emerged that advocated the right to use drugs and to obtain credible information about drugs (Powers, 2014, Barratt, 2011). In this sense, the internet enabled the emergence of online drug cultures – a set of practices that exist in the mediated interplay of micro-level interactions and macro-level social processes (Milner, 2011: 16).

In the last decade the role of the internet as a platform for buying and selling drugs has been increasing (Barratt, 2012). Currently, online marketplaces located in the Deep Web – the intentionally hidden part of the internet, not accessible through regular search engines (Mounteney et al., 2015) – are challenging the supply and demand of drugs. These markets are following the example of other online marketplaces (e.g. e-Bay) by depersonalizing the seller-buyer relationship, protecting the transaction by the use of cryptocurrency, and making it possible for the users to participate in the evaluation of the quality of the drugs they buy. The rise of these online drug markets led to the “empowerment of online communities where users could discuss drugs, share information and document personal experiences” (Pires et al., 2015: 60). Considering this, the third role of the internet is to allow online social interaction – specifically in discussion forums. “Internet forums are produced and reproduced as places where people are continually defining and negotiating cultural understandings and meanings” (Barratt, 2011: 184). Here the discourses of informed drug use are extensively used, reinforcing the acceptability and normalization of the behaviours and moving away from other kinds of drug use defined as problematic by these cybernauts. Denouncing the neoliberal value of self-control, harm reduction discourses are constant in these spaces, and enable an informed drug user to feel supported and develop a sense of belonging (Barratt, 2011, Soussan and Kjellgren, 2014; Móró and Rác, 2013). However, it is important to highlight the fact that these online dynamics do not necessarily reduce the harms related to drug use (Barratt, 2011).

## ● 2 NETREACH WORK: HARM REDUCTION IS GOING ONLINE

This paper intends to explore the potential of netreach work – web-based harm reduction as an intervention strategy to intervene with online drug users. Harm reduction can be defined as “policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop” (Harm Reduction International, 2015). The innovation of netreach work is the embracing of the internet and technology as intervention tools, since the harm reduction principles are still relevant.

Internet drug forums can be suitable environments in which to provide harm reduction information to drug users. In this space, netreach work has the potential to bridge the gaps that exist between professional and peer-led harm reduction initiatives, especially among online recreational drug users (Pires et al., 2015). Specifically regarding new psychoactive substances (NPS), the EMCDDA (2015:64) reported that “the Internet is also increasingly important as a platform for the provision of information and counselling. One development has been the use of “online-outreach” interventions to reach the new target groups. Examples include drug user-led initiatives, such as forums and blogs, which provide consumer protection information and advice.”

In 2009, the EMCDDA released a report describing some of the web-based initiatives implemented in Europe, and reported that this approach had the potential to reach users in their private settings. However, it was concluded that more research was needed to measure the effectiveness of such web-based approaches. In 2015, Pires et al. mapped and described some of the netreach initiatives implemented in Europe, for example self-assessment tests, peer-led discussion forums, mobile device applications (apps), etc. They concluded that the majority of these interventions are implemented by professionals working in teams and organizations intervening with drug users in party settings, reinforcing the idea that this target group has a higher level of engagement with technology when compared with other drug users’ communities. These teams go online and target drug users and provide harm reduction information and counselling, information about offline health services, and alerts and warnings about dangerous substances or adulteration patterns.

To illustrate netreach work, we will describe two web-based harm reduction interventions that can be considered innovative:

- an intervention implemented by Fernando Caudevilla (aka Doctor X) in DarkNet forums. This is an innovative intervention mainly because it was implemented by a physician, a drug expert, in drug discussion forums on the Deep Web.

- an intervention implemented by APDES under the EU-funded project “NPS in Europe”. This intervention was innovative since it tried to target specifically NPS users and also because it was designed to be an action research intervention in order to intervene directly with drug users while evaluating the suitability, effectiveness, and impact of the strategy.

### ● 2 / 1 Dr. X – season in Deep Web forums

Fernando Caudevilla has been running threads in drugs forums located on the Deep Web and associated with Deep Web marketplaces (such as Silk Road, Silk Road 2.0, and Evolution Marketplace). On these sites he was participating in threads about Drugs and Health, presenting himself as Doctor X, an online professional able to provide reliable information and advise drug users from a harm reduction perspective (“Ask a Drug Expert Physician about Drugs and Health”). In a very short period of time, this thread became one of the most popular in the Silk Road forum. During a 22-month period, by 3 February 2015, Doctor X had received 136,407 visits and answered 1,146 questions: 931 in the public forum, accessible to any visitor, and 215 as private messages from people who, for whatever reasons, wanted to ask their questions with more intimacy. The majority of the questions received were about traditional drugs (such as MDMA, cocaine, and cannabis), but there were also questions about NPS.

*“When taking NBomes my girlfriend gets red splotches on her face, legs, neck, back, and stomach (vasoconstriction). It usually happens towards the end of the trip and gets worse when we stay up and trip all night, usually redosing once. The tabs are no more than 1200ug each. Is there a reason this happens to her and not me? Is there any way to help with this? I know it is not life-threatening unless it gets really bad and she gets stuck in her pants or something. But I keep her out of her pants a lot so that’s no worry lol. But seriously. She is also anaemic; does this have anything to do with it? Now that I think about it, it has happened with MDMA, and it happened on M1 as well, I think (which was sent to me as MDMA)”* (Evolution Forum, 12 December 2014).

Considering the questions received, Fernando Caudevilla was able to provide information about drug use, pharmacological interaction, the risks of drug use in particular conditions (contraindications), toxicity, and harm reduction measures.

The experience of a drug information and counselling service in Deep Web marketplace forums, provided by a professional physician specializing in drugs and harm reduction, is an opportunity to reach drug users in the places where they are.

### ● 2 / 2 APDES’ pilot netreach intervention

Besides coordinating the European project “NPS in Europe”, APDES was also one of the implementing partners.<sup>1</sup> The implementing partners should be involved in two phases of the project implementation, specifically the local implementation of the Rapid Assessment & Response (RAR)<sup>2</sup> to assess the local realities in terms of the supply and demand of NPS, followed by the implementation of a pilot intervention to respond to the needs and target groups that had previously been identified. In Portugal, APDES used this multi-mixed methodology and implemented focus groups in Lisbon and Oporto. These focus groups targeted professionals and peers working with PUDH or other populations (such as recreational drug users and men who have sex with men). The analysis of the focus groups demonstrated that drug users still prefer more traditional drugs. The use of NPS was more significant when the smartshops were open, mainly because of their physical availability, legal status, and the belief that they were more secure and pure. However, several NPS users reported negative experiences using these drugs, and as they have good access to their drugs of choice (mainly MDMA, cocaine, and cannabis), they do not need to search for substitutes. Additionally, because of the Portuguese decriminalization model, users reported that they did not need to be creative to find legal substitutes. After the closedown of the smartshops, therefore, NPS use diminished, not only because of the reform of the law but especially because of the perceived availability and quality of more traditional drugs. However, NPS did not disappear: there is a group of drug users, especially psychonauts, who intentionally seek and use these drugs.

After the RAR, the pilot intervention, netreach work, intended to reach and intervene with these users was launched. Its implementation comprised the following phases:

- Netreach training: APDES defined the CHECK!N team – a Portuguese outreach team working in the party setting which would be responsible for the implementation of this pilot intervention. Composed of six outreach professionals, this team attended a 12-hour training session focused on NPS, online drug communities, the Deep Web, and the specific features of netreach work. Given his expertise, Fernando Caudevilla also provided the implementing team with two hours of online training;
- Needs assessment: the implementing team had to identify all the Portuguese forums with threads fo-

1/ The other implementing partners were: Sanamin (Czech Republic), Monar (Poland), Carusel (Romania), and Praksis (Greece).

2/ This methodology was created by Jean-Paul Grund, in close collaboration with the Department of Addictology at Charles University (Czech Republic).

cused on drug use, and specifically on NPS use, and describe each of them in ethnographic terms. A total of eight forums were identified: two forums specialized in one or several drugs; the others were focused on trance music or general issues;

- Implementation: each implementer had to intervene in one or two forums, feeding some of the discussions with information and harm reduction messages, or creating new discussion topics related to NPS and harm reduction. However, three months is not enough time to draw conclusions about the outcomes of the intervention;
- Evaluation: the evaluation was focused on the learning outcomes of the implementation team, and also their professional perception of the relevance, utility, potential, and limitations of netreach work. This evaluation combined online ethnographic data with a focus group with the implementing team.

Concerning the evaluation, the implementing team considered this experience enriching and believe that this is an effective approach to reaching people who would otherwise remain hidden: people using drugs in their private settings or searching for drug-related information online. However, they argued that three months is not enough time to create and implement a consistent netreach strategy. They also highlighted the fact that resources such as funding and knowledge (about NPS, dosage, effects, contraindications, etc.) are needed to connect with online drug users and to be considered a reliable source of information. *“The CHECK!N team is clearly in an advantageous position to do it. But bigger investment would be necessary (...) this would require much time, money, and knowledge in many areas”* (FG excerpt, PM, 2015).

Since the Portuguese forums have low levels of participation, the implementers felt the necessity to go global. *“(...) It makes perfect sense to do netreach on a global scale, not specifically by country. Our perception is that users go to international forums and not to Portuguese forums”* (FG excerpt, ID, 2015).

Finally, the implementers considered that it made no sense to implement netreach activities targeting only NPS users. They should also address drug users in general.

### ● 3 DISCUSSION

These “virtual outreach techniques” – defined in this paper as netreach work – are perceived as reliable and effective and can provide useful information for drug users, although many aspects deserve further and deeper evaluation. They also have their own limitations and disadvantages, as messages in an internet forum provide very limited information in comparison with a real, face-to-face interview and intervention. In this sense it is important to remember that

many drug users are reluctant to ask their questions in standard health services because they feel they will be judged, or are afraid of moral prejudices on the part of practitioners. Additionally, in many parts of the world, services oriented towards drug users are simply non-existent. Global netreach interventions could thus work as a reliable means of helping these users reduce the risks of their drug use.

Considering these two experiences, it is important to highlight that the implementers should introduce themselves as a credible and professional source of information. To do so, they should be connected to some offline service and be professionals working in the drugs field. This identification is very important to guarantee that online drug users can distinguish professionals from non-professionals among those who offer harm reduction support online.

As regards the specific issue of interventions on the Deep Web, professionals should possess a thorough understanding of the dynamics of online marketplaces and also of different kinds of drugs, considering that the users of these networks are highly knowledgeable about drugs, so their doubts and needs could be really specific.

### ● 4 CONCLUSION

This paper explored the impact of technology, especially the internet, on the way people are buying and using drugs and searching for information. The netreach concept was presented as an intervention approach that adapts the outreach philosophy to online settings. Considering its relationship with technology and the use of internet facilities, the target groups of this intervention are mainly recreational drug users, partygoers, and psychonauts, with outreach teams working in party settings being in a privileged position to design and implement netreach activities. However, and according to the EMCDDA (2009), web-based interventions should be managed by trained and experienced counsellors, protection of privacy should be guaranteed, and interventions should be linked to offline services so that users in need may be referred to the existing health and social services. It is also important to highlight the fact that netreach work should not be used as a substitute for outreach work: this web-based approach could help professionals connect with online drug-using communities and monitor emerging trends in drug use, but it cannot replace the multifaceted nature of face-to-face outreach contacts. These two approaches are complementary, not mutually exclusive.

Considering the specific features of netreach work, it is also recommended that the intervention should be national or global rather than hyperlocal, particularly in the era of globalization in which we can talk about EU or global citizens who travel, buy drugs, and connect with other drug users all around the world.

Netreach is a specific work area that needs time and specific resources. In this sense, more funding is needed in order to implement consistent and effective netreach interventions.

Finally, research and evaluation of netreach practices are needed to measure the effectiveness and impact of these interventions in influencing changes in behaviour.

**The roles of the authors:** Cristiana Vale Pires was the implementation coordinator of the APDES Local Pilot Intervention and co-conducted this study. She designed the netreach methodology and wrote the Local Pilot Intervention report. Helena Valente co-designed and co-conducted this study. She reviewed the Local Pilot Intervention report. Fernando Caudevilla co-conducted this study. He participated in the implementation of the Local Pilot Intervention by providing training.

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**Role autorů:** *Cristiana Vale Pires byla koordinátorkou implementace lokální pilotní intervence realizované organizací APDES a podílela se na provádění studie. Je tvůrkyní metodiky terénní práce v prostředí internetu a autorkou zprávy o implementaci lokální pilotní intervence. Helena Valente se podílela na tvorbě designu a realizaci této studie a podílela*

*se rovněž na finální verzi zprávy o implementaci lokální pilotní intervence. Fernando Caudevilla se podílel na realizaci této studie. Jako školitel se rovněž účastnil implementace lokální pilotní intervence.*

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