

This is the peer reviewed version of the following article:

Barratt, M. (2016). Bluelight.org A harm-reduction community that supports public health research. *Journal of Substance Use*, 22(1), 1-2.

which has been published in final form at

<https://doi.org/10.1080/14659891.2016.1208779>

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UNFORMATTED MANUSCRIPT published online in Journal of Substance Use, August 26, 2016. [doi: 10.1080/14659891.2016.1208779](https://doi.org/10.1080/14659891.2016.1208779)

Bluelight.org: A harm-reduction community that supports public health research

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Type: Letter to the editor

Word count: 699

This letter is a response to the article recently published in this journal, entitled 'Craigslis as a source for heroin: a report of two cases' by Tofighi, Babak, Perna, Desai, Grov, and Lee (2016). In this article, Tofighi and colleagues represent the international harm reduction community *Bluelight.org* (hereon *Bluelight*) as a website used for sourcing drugs. *Bluelight* was implicated in one of two case studies presented. Both cases involved heroin users based in New York City who had sourced their drugs through the internet. *Bluelight* was one of large number of websites mentioned: the patient described being redirected to *Bluelight* when searching for a potential dealer on *Craigslis*. After arriving at *Bluelight*, the patient described obtaining information about local open-air markets, and being actively assisted in accessing heroin by others in the *Bluelight* community. In the second case, the authors report that the patient "was familiar with, but avoided other online platforms utilized for drug sales, including *Bluelight* and Silkroad, following reports of arrests of drug dealers that used these sites".

Readers of this article who are unfamiliar with *Bluelight* may get the impression that *Bluelight* is some kind of online drug market or drug dealing website. Yet this article's conclusions were based only on two case studies, with no attempt to review the existing literature regarding *Bluelight*. For example, a survey of the *Bluelight* user community in 2011 (N=897) found that community members were mainly males in the twenties from the US, UK, Australia and Canada (Chiauzzi, DasMahapatra, Lobo, & Barratt, 2013). Drugs most used in the last month were alcohol (64%), cannabis/marijuana (52%), nonmedical use of prescription opioids (31%), 'designer drugs' including ecstasy/MDMA (24%) and psychedelics including LSD (21%), while only 11% reported last month use of heroin. To 'learn how to use drugs more safely' was the most highly endorsed reason for visiting *Bluelight* (Chiauzzi, et al., 2013). In a qualitative piece, Barratt, Allen and Lenton (2014) describe *Bluelight*'s role in disseminating harm reduction information in Australia in response to a death following ingested of an ecstasy pill that was adulterated with para-methoxyamphetamine (PMA). In this example, the *Bluelight* community worked to share pertinent information with the public that could help them to avoid adulterated drugs that may cause unexpected and relatively dangerous effects. A

number of other articles cite *Bluelight* as a valued source of harm reduction information for people who use drugs (Pereira & Scott, 2016; Soussan & Kjellgren, 2014) and as a leading-edge source of data used to monitor new drug trends (Deluca et al., 2012; Young, Dubeau, & Corazza, 2015).

Bluelight goes to great lengths to avoid hosting discussions about drug sources. Moderators delete all discussions that could be related to sourcing drugs as quickly as they can. Of course it is not possible to remove all sourcing within seconds, therefore some people may see it before it is deleted, and as described in this paper, sourcing may occur through private messaging, which is something *Bluelight* is unable to completely prevent. While not doubting the veracity of the claims made by Tofighi *et al.* relating to a single case study of drug sourcing through *Bluelight*, there is a lack of balance in the way *Bluelight* is represented. There is no mention of the research literature about *Bluelight*'s other positive functions for drug-using communities, as reviewed above. There is no mention of the site's 'no sourcing' policy. There is also no mention of the ongoing collaborations that *Bluelight* has been forging with researchers, and as far as I am aware, there were no attempts to engage with *Bluelight* by the authors of this article.

The ethos of *Bluelight* is best illustrated through *Bluelight*'s mission statement 'Reducing harm by educating the individual' through 'open dialogue that empowers the individual to be the primary agent of her own physical, mental and emotional wellbeing' (Bluelight.org, 2016). While this statement is an ideal and does not necessarily describe all of the activities that occur on what is the most popular online drug-use community globally, I contend that the depiction of *Bluelight* made by Tofighi *et al.* is incomplete and therefore unfairly represents *Bluelight* through omission of work *Bluelight* does in the harm reduction and trend monitoring fields.

Declaration of interest

I hold a voluntary role as Director of Research at *Bluelight.org*, using the pseudonym Tronica.

Acknowledgements

I am the recipient of a National Health and Medical Research Council Early Career Researcher Fellowship (APP1070140). The National Drug and Alcohol Research Centre and the National Drug Research Institute are supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. I also acknowledge the contribution of the Victorian Operational Infrastructure Support Program received by the Burnet Institute.

Keywords

internet, online community, harm reduction, drug sourcing, drug trend monitoring

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