



Submission to the Senate Environment and Communications References Committee

Inquiry into Internet Search Engine Services Online Safety Code

Australian Injecting and Illicit Drug Users League (AIVL)

22 September 2025

About us

The Australian Injecting and Illicit Drug Users League (AIVL) is the national peak body representing state and territory peer-based organisations of people with living-lived experience of drug use. AIVL is funded by the Australian Department of Health, Disability and Ageing to reduce the impacts of blood borne viruses (BBV) among people who use drugs. AIVL leads programs and projects, and promote and advocate for the wellbeing, health and rights to health of the more than four (4) million Australians who use drugs.

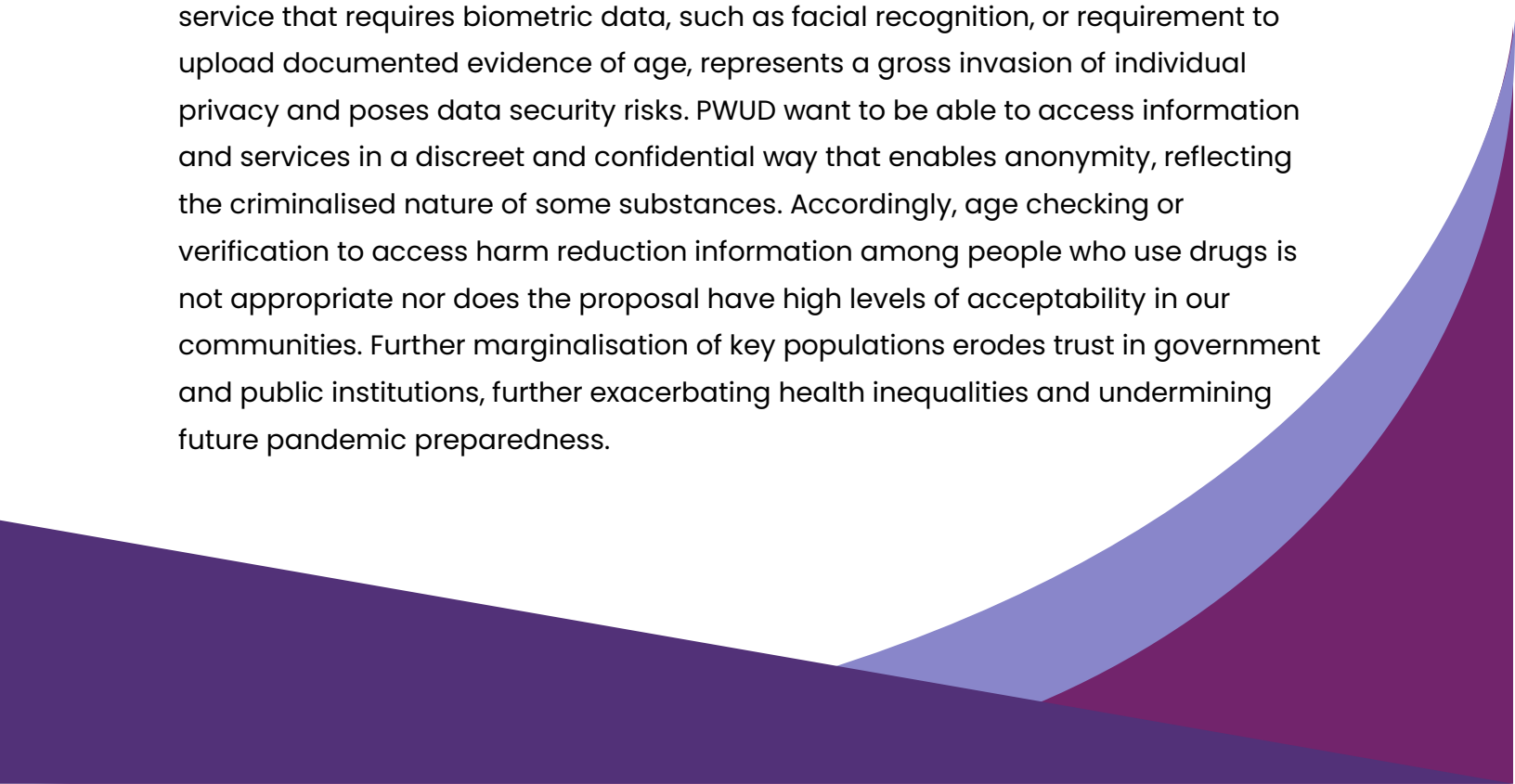
As a national BBV peak organisation, we endorse and support the submission made by Scarlet Alliance, on behalf of Australia's sex worker communities.

Introduction

AIVL welcomes the opportunity to contribute to the Senate Environment and Communications References Committee's inquiry into the Internet Search Engine Services Online Safety Code. Our submission primarily concerns how the implementation of the Code and internet search engine services (ISES) will treat evidence-based alcohol and other drugs (AOD), BBV and STI harm reduction, health promotion and education. We are concerned that information about AOD use, BBV and STIs, will be deemed 'harmful' and access will be restricted to young people and adults alike. Deeming harm reduction and sexual content as harmful risks further entrenching stigma and discrimination toward people who use drugs and different key populations like people living with HIV and sex workers, which is counterproductive to health promotion and health equity.

Our position

AIVL believes that children should not be exposed to genuinely harmful content, however, the design of the Code has been rushed and gives international multinationals ISES the license to censor content that is otherwise legal. Adults too will be subject to age checks, not just children and young people. Any age checking service that requires biometric data, such as facial recognition, or requirement to upload documented evidence of age, represents a gross invasion of individual privacy and poses data security risks. PWUD want to be able to access information and services in a discreet and confidential way that enables anonymity, reflecting the criminalised nature of some substances. Accordingly, age checking or verification to access harm reduction information among people who use drugs is not appropriate nor does the proposal have high levels of acceptability in our communities. Further marginalisation of key populations erodes trust in government and public institutions, further exacerbating health inequalities and undermining future pandemic preparedness.





Australia's efforts to prevent and delay the uptake of substances use among young people has been successful, with prevalence rates of alcohol, cannabis and tobacco use declining over time.¹ Rates of substance use outside of alcohol, cannabis and tobacco has remained very low among this cohort, however, there are some young people who use substances other than alcohol, cannabis and tobacco, and a very small number who consume substances by injecting.² Young people especially need access to evidence-based harm reduction information as they do not have the benefit of engagement with needle and syringe programs (NSPs) (most NSPs require people be over 18 years old to access the service, although some youth services provide NSP services) nor do young people have established networks with peers that can provide credible and accurate peer-based harm reduction. Young people want information that is non-judgemental and many access their information through social media.³ There is a risk that ISES consider information about substance use and sexual health information as 'harmful' content and is blocked and/or the E-Safety Commissioner considers the material to be 'refused classification'⁴ and prohibited due to the presence of information or images relating to injecting drug use.

Finally, people who use drugs, people living with BBV, and key populations including sex workers, already experience high levels of stigma and discrimination in the media, in health settings, and at an interpersonal level.⁵ Should ISES deem websites about substance use or sexual content as 'harmful', there is a risk of further entrenching stigma and discrimination, and infers our communities are harmful, perpetuating stigmatising myths. Stigmatisation in this way is counter to the *National*

¹ Commonwealth of Australia, *National Drug Strategy 2017 - 2026* (Strategy, Department of Health, 2017); Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2019* (Report No 32, AIHW, 2020).

² Dan Howard, *Special Commission of Inquiry into Crystal Methamphetamine and Other Amphetamine-Type Stimulants: Volume 1b* (Final Report, January 2020) 173–175.

³ Youth Action, *Take a Health and Harm Minimisation Approach to Vaping: Young People's Voices about the Programs and Services Need to Prevent the Uptake and Continued Use of e-Cigarettes* (Report, Youth Action, November 2023).

⁴ According to the Australian Classification Scheme.

⁵ T Broady et al, *Stigma Snapshot: People Who Inject Drugs 2021* (2022)

<http://handle.unsw.edu.au/1959.4/unsworks_80543>; Timothy R. Broady et al, 'Stigmatising Attitudes towards People Who Inject Drugs, and People Living with Blood Borne Viruses or Sexually Transmissible Infections in a Representative Sample of the Australian Population' (2020) 15(4) PLOS ONE e0232218 <<https://doi.org/10.1371/journal.pone.0232218>>.



BBV and STI strategies and the *National Drug Strategy 2017-2026*, which aim to reduce stigma and discrimination for our communities.

Conclusion

AIVL encourages the committee to consider the need to balance protecting children and young people from harm, with the needs to access evidence-based harm reduction, health promotion and health education information about substance use and the privacy of individuals. Outsourcing censorship to internet search engine services risks overreach, while lacking public accountability and oversight. With the current design of the Code, we are concerned it will not achieve its intended aims.

We look forward in working with the government to improve health outcomes for our communities with supportive evidence-based policies.

Highest Regards,

John Gobeil

Chief Executive Officer

AIVL-Australian Injecting & Illicit Drug Users League Ltd.

