RESPONSE TO THE AUSTRALIAN GOVERNMENT EXPOSURE DRAFT OF THE ONLINE SAFETY AMENDMENT (DIGITAL DUTY OF CARE) BILL 2026

Self Help Addiction Resource Centre (SHARC)

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Self Help Addiction Resource Centre

Acknowledgement of Country

SHARC acknowledges the Traditional Owners of the land on which our work is undertaken. Our office stands on the Land of the Bunurong people of the South-Eastern Kulin Nation. We pay our respects to Elders, past and present, and acknowledge them as the Traditional Custodians.

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Summary

SHARC welcomes the opportunity to respond to the exposure draft of the Online Safety Amendment (Digital Duty of Care) Bill 2026 (the Bill).

We support the intent of improving online safety and reducing genuine harms in digital environments. However, we are concerned that the Bill risks causing unintended harm to people who use alcohol and other drugs, people in recovery and the organisations that support them.

As drafted, the Bill creates risks that evidence-based public health information, harm reduction messaging, lived and living experience (LLE) advocacy, peer support, and public debate about drug policy could be restricted, deprioritised or removed from online spaces.

The Bill's definition of "seriously harmful material and conduct", particularly material that "encourages, promotes, urges or instructs illicit drug use", is overly broad. It lacks sufficient safeguards to distinguish between harmful content and evidence-based public health information and peer support.

Without amendment, the legislation is likely to produce an effect whereby platforms and organisations remove or suppress lawful content to avoid liability and significant penalties. This would undermine public health objectives, reduce community access to life-saving information and weaken the role of LLE participation in policy and service reform.

The Bill could also create risks related to privacy and surveillance. Privacy and anonymity are integral to harm reduction and peer-led initiatives.

The Bill should also align with existing government commitments. For example, the Bill does not currently support:

- Numerous National Drug Strategy objectives through the Bill's ability to restrict access to evidence-based public health information
- The recently published Federal Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia and its recommendations for new digital models of harm prevention, a nationally coordinated early warning system for illicit drugs, improved access to harm reduction services and education, and drug checking to support health-based surveillance. Each of these depends on the continued ability of AOD organisations to publish and disseminate drug-related information online

About SHARC

Established in 1995, SHARC is a community of people impacted by alcohol, drugs and gambling, including family, friends and supporters. We transform lives, services and society through our community's lived experience. We envision lived expertise at the heart of inclusive communities and services, where people proudly share their experiences and support one another in a society free from stigma and discrimination. We create change by being ourselves, supporting one another, sharing our stories, exchanging knowledge, advocating, and building allyships.

Our core programs include the following:

- **Residential Support Services** provides peer-led housing and education models for adults and young people
- **Family Drug and Gambling Help (FDGH)** delivers practical peer support for family and friends including a phoneline, support groups and training
- **The Association of Participating Service Users (APSU)** is the Victorian representative body for Alcohol and other Drugs (AOD) service users and their family, carers and supporters. APSU trains people to use their voices to change the alcohol and other drug and related systems and to work with organisations to safely and meaningfully engage with our 1000 community members
- **Peer Projects** provides support to Victorian AOD peer workers. The Victorian Government funds the delivery of peer worker training, a Community of Practice, and supervision to peer workers. Peer Projects also runs organisational readiness programs to build the capacity of organisations to create safe, productive and enabling environments for workers.

1. Potentially misclassifying harm reduction information as harmful content

Alcohol and other drug (AOD) organisations routinely publish practical, evidence-based information designed to reduce drug-related harms. This includes overdose prevention information, naloxone education, drug alerts, safer use messaging, early warning communications, treatment information and peer education resources.

Many of these materials and programs could be interpreted as "instructing" drug use under proposed section 25C(1)(k), despite their explicit public health purpose.

This creates a risk that:

- Harm reduction content is removed or restricted.
- Search visibility of public health information is reduced.
- Online services deprioritise or suppress legitimate health educational material.
- People seeking information turn instead to less reliable and less safe sources for AOD education, support and harm reduction advice. The likely result is poorer health outcomes and increased risk of preventable drug-related harms.
- People with experience of using drugs and their family members and supporters are further stigmatised, creating barriers to help seeking.
- Existing state and federally funded harm reduction and peer-led initiatives are less impactful due to an inability to promote initiatives across digital channels.

2. Impacting public health communication

The proposed penalties create strong incentives for online service providers to take a highly risk-averse approach.

In practice, platforms are likely to err on the side of content removal rather than undertake nuanced assessments of complex AOD content.

Further, the burden of proving information that is educational or harm reduction-focused may be too great for smaller organisations and volunteer-led initiatives.

For lived and living experience organisations such as SHARC, this could mean:

- An inability to disseminate lifesaving harm reduction content
- Reduced visibility of peer education content
- Increased censorship of lived experience perspectives
- Reduced capacity to engage communities online
- Restrictions on emerging digital health and support initiatives.

3. Undermining peer support and lived and living experience participation

Peer connection and lived and living experience leadership are fundamental components of contemporary AOD policy and practice.

Many people seek information, support and community through digital spaces before engaging with formal treatment or support services. Online peer engagement can reduce isolation, increase help-seeking and support harm reduction.

The Bill's broad definitions and uncertain application to forums, discussion groups, AI-enabled tools and other digital services could discourage or restrict these valuable forms of participation.

The voices of people with LLE must not become collateral damage in efforts to improve online safety.

4. Restricting drug policy debate and advocacy

SHARC is concerned that the Bill may inadvertently suppress legitimate public discussion about drug policy reform.

Advocacy relating to harm reduction, decriminalisation, drug checking, overdose prevention and other evidence-informed reforms could be interpreted as promoting drug use.

This has implications for:

- Researchers
- Advocates
- Community organisations
- Parliamentarians
- People with lived and living experience.

There is a risk that public participation in democratic debate about AOD health reform and drug policy may be stymied because of this legislation.

5. Disproportionate burden on community organisations

The proposed obligations regarding risk assessment, compliance activities, complaints management and content moderation may be manageable for large technology companies but are likely to be onerous for small not-for-profit organisations like ours.

Many AOD organisations operate with limited resources while delivering essential services aligned with national and state policy priorities.

Additional regulatory requirements may divert resources away from frontline support, advocacy, education and community engagement.

This burden is particularly concerning given the lack of clarity about whether health and harm reduction organisations are intended to fall within the scope of the Bill.

6. Data privacy and surveillance

We are concerned the enforcement of the Bill may lead to data privacy and surveillance concerns. Privacy and data protection are important components of a safe online environment.

Harm reduction services are frequently accessed anonymously because of the criminalised status of drug use and the elevated legal risk of identification. We are concerned that compliance measures – including risk assessments, complaint records, or any future identity verification requirements for "user empowerment tools" – could increase the collection of identifiable, and potentially health-related, information.

We suggest the Bill avoid creating incentives for identity verification as a condition of accessing harm reduction content. We further recommend any data collected for compliance purposes be subject to meaningful consultation with affected communities before implementation.

Recommendations

SHARC recommends that the government:

1. Removes or substantially amends section 25C(1)(k) relating to material that "encourages, promotes, urges or instructs illicit drug use."
2. Explicitly exempt evidence-based public health, harm reduction, health promotion and overdose prevention information from the operation of the Bill.
3. Exclude AOD organisations, peer organisations and community health organisations from the definition of "online service" where they are providing public health or harm reduction information.
4. Require the development of clear statutory protections for lived and living experience communication, peer engagement and democratic advocacy.
5. Require a clear, accessible appeal and redress mechanism for lawful public health content that is removed, restricted or shadow banned, and require guidelines under s26E be co-designed with AOD organisations and people with LLE of drug use.
6. Scale risk assessment and compliance obligations (s26A) to organisational size and resourcing, consistent with the European Union's proportionate, tiered approach under the Digital Services Act 2022 (EU).
7. Amend s25B so that a "safe online environment" expressly includes an environment in which users are protected from unreasonable or disproportionate interference with their privacy.
8. Ensure the Bill does not incentivise identity verification or increased collection of identifiable information as a condition of accessing harm reduction content, given the criminalised status of some drug use in Australia.
9. Consider amending s25H(e)(ii) to create a duty to adopt the least privacy-intrusive means reasonably available, and an express requirement to consider the necessity and proportionality of any design measures that collect data about people, particularly for the purposes of creating a "safe online environment". This may include considerations or requirements around data minimisation, purpose limitation, restrictions on re-identification and dataset linkage, limits on retention and onward disclosure, secure storage, deletion requirements, and appropriate oversight and audit mechanisms, created in consultation with people with LLE and other experts.

Conclusion

SHARC supports efforts to create safer digital environments for Australians. Online safety should not, however, come at the cost of public health, harm reduction, democratic participation or lived and living experience leadership.

The current draft risks limiting access to life-saving information, weakening peer support, reducing the visibility of lived and living experience voices, exposing our communities to privacy risks and creating significant barriers for organisations working to reduce alcohol and other drug harms.

We urge the Government to amend the Bill to explicitly protect public health and harm reduction information and ensure that efforts to improve online safety do not inadvertently increase harm through the stifling of messaging, education and peer supports that save lives.