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# FEDERAL RESEARCH PROGRAMME ON DRUGS

## **POPHARS**

### **Drugs at the festivals: Perceptions of prevention, harm reduction, care, and law enforcement strategies**

BERT HAUSPIE (GHENT UNIVERSITY/HOGENT) – EDITH VAN DYCK (GHENT UNIVERSITY) – JEREMIE PIOLAT (MODUS VIVENDI) – NICOLAS VAN DER LINDEN (MODUS VIVENDI) – CAROL SACRE (MODUS VIVENDI) – TINA VAN HAVERE (HOGENT) – CHARLOTTE LONFILS (MODUS VIVENDI) – CATHERINE VAN HUYCK (MODUS VIVENDI) – KOEN PONNET (GHENT UNIVERSITY)

## **POPHARS**

**Drugs at the festivals : Perceptions of prevention, harm reduction, care, and law enforcement strategies**

**Contract - DR/00/85**

### **FINAL REPORT**

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Published in 2021 by the Belgian Science Policy Office (BELSPO)

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Hauspie, B., Van Dyck, E., Piolat, J., Van der Linden, N., Sacré, C., Van Havere, T., Lonfils, C., Van Huyck, C., & Ponnet, K. **Drugs at the festivals: Perceptions of prevention-, harm reduction-, care-, and law enforcement strategies. Final report.** Brussels, Belgian Science Policy Office 2021 – 130 p. (Federal Research Programme on Drugs)

## TABLE OF CONTENTS

Acknowledgments and list of members of the follow up committee .....	6
1. Situational context.....	7
1.1 Music festivals & drug related strategies.....	7
1.2 The four pillars of the Belgian drug policy .....	8
1.3 Drug-related interventions under study .....	9
1.4 General objective & research questions.....	10
2. Quantitative study .....	12
2.1 Methods:.....	12
2.1.1 Experience sampling method .....	12
2.1.2 Recruitment of participants.....	12
2.1.3 The objective & Research questions.....	14
2.1.4 Measures .....	14
2.2 Prevalence of substance use & Perceptions of drug-related interventions.....	19
2.2.1 The sample (N=305).....	19
2.2.2 Prevalence of substance use (lifetime & last year use) .....	19
2.2.3 Perceptions of drug-related interventions at music festivals.....	20
2.2.4 Conclusion.....	23
2.3 Substance use (norms), Perceptions & Impact of drug-related interventions at the festival.....	24
2.3.1 The sample (N=187).....	24
2.3.2 Substance use at the festival .....	25
2.3.3 Substance-use norms.....	26
2.3.4 Drug-related interventions at the festival .....	27
2.3.5 Perceived impact of drug-related interventions on personal substance use and related behavior .....	29
2.3.6 Perceptions concerning the impact of drug-related interventions: before and after the festival visit.....	35
2.3.7 Conclusion.....	38
2.4 On-the-spot observations .....	38
3. Qualitative study: Interviews with festival attendees .....	40
3.1 The objective & Research questions .....	40
3.2 Semi-structured interviews & recruitment of the participants .....	40
3.2.1 Recruitment of the festival attendees .....	40
3.2.2 Semi-structured interviews.....	41
3.3 Results of the Dutch speaking festival attendees .....	42
3.3.1 Perceptions about substance use (norms) .....	42
3.3.2 Perception, experience and impact of (health)care services at music festivals .....	44

3.3.3	Perception, experience, and impact of prevention and harm reduction actions at music festivals .....	46
3.3.4	Perception, experience and impact of repressive interventions at music festivals .....	52
3.3.5	Conclusion.....	54
3.4	Results of the French speaking festival attendees.....	55
3.4.1	Use of legal and illegal psychotropic drugs and how festival attendees perceive the use of these drugs. A normalization of the use of illicit drugs despite some critical awareness. ....	55
3.4.2	Festival attendees' perception of the drug related initiatives at music festivals .....	59
3.4.3	Conclusion: harm reduction paradigm and reinforcement .....	67
4.	Qualitative study: Interviews with festival stakeholders.....	69
4.1	The objective & Research questions .....	69
4.2	Semi-structured interviews & recruitment of the participants .....	69
4.2.1	Recruitment of the festival stakeholders.....	69
4.2.2	Semi-structured interviews.....	70
4.3	Results of the Dutch speaking festival stakeholders.....	71
4.3.1	Perceptions about substance use (norms) .....	71
4.3.2	Perception & experience of (health)care services at music festivals .....	73
4.3.3	Perception & experience of prevention and harm reduction actions at music festivals.....	75
4.3.4	Perception & experience of repressive actions at music festivals.....	78
4.3.5	Towards a better implementation of drug related strategies at festivals: barriers & facilitators.....	82
4.4	Results of the French speaking festival stakeholders .....	84
4.4.1	Perception of drug use at festivals by different festival stakeholders .....	84
4.4.2	Festival stakeholders' perception of the different drug-related interventions at music festivals.....	86
4.4.3	Conclusion.....	95
5.	Limitations .....	97
6.	Conclusion.....	98
7.	Recommendations .....	100
8.	References .....	102
9.	Attachments.....	107
9.1	Attachment A: Interview guideline for festival attendees .....	107
9.2	Attachment B: Interview guideline for festival stakeholders.....	111
9.3	Attachment C: Original citations of the Dutch speaking participants.....	115
9.4	Attachment D: Original citations of the French speaking participants .....	122

## **ACKNOWLEDGMENTS AND LIST OF MEMBERS OF THE FOLLOW UP COMMITTEE**

The POPHARS-project was commissioned and funded by the Belgian Science Policy (BELSPO). The study started on the 1st of March 2019 and ended on the 15th of September 2021. The POPHARS-project is a collaboration between three different research institutes: Ghent University (UGent), Ghent University of Applied Sciences and Arts (HoGent), and Modus Vivendi.

The research team wishes to thank all the members of the follow-up committee and network meetings for their feedback and advice in the context of the POPHARS-project. Following individuals participated in these meetings:

- Jochen Schrooten (VAD)
- Nicky Dirkx (HoGent)
- Katia Huard (FOD VGZ)
- Frederic Gustin (RÉLia – Risquer Moins Liège)
- Liesbeth Spaas (Openbaar ministerie Antwerpen)
- Caroline Volders (Openbaar ministerie Antwerpen)
- Yves Debouvry (Nasty Mondays)
- Ingrid Glusmann (CAL Luxembourg)
- Johan Tackx (Reggae Geel)
- Peter Blanckaert (Sciensano – BEWSD)
- Jessica De Maeyer (HoGent – E-QUAL)
- Stéphane Leclercq (Fédito Bruxelles)
- Sébastien Alexandre (Fédito Bruxelles)
- Peter Muyshondt (Local police Rupel)
- Matthieu Méan (Modus Vivendi – Modus Fiesta)
- Charlotte Colman (UGent)
- Shawny Vanhoutteghem (VAD – Safe 'n Sound)
- Erik Helderweert (VAD – Safe 'n Sound)
- Lotte Voorham (Trimbos Instituut)
- Ferry Goossens (Trimbos Instituut)
- Carlo Smits (Local police Bruges)
- Lies Gremeaux (Sciensano)
- Nina Delbecke (Openbaar ministerie Antwerpen)
- Aziz Naji (BELSPO)

Moreover, the research team wishes to thank everyone who collaborated in this study, with a special thanks to all respondents – both festival attendees and festival stakeholders – who voluntarily participated as part of the data collection.

Finally, a sincere gratitude to all researchers and master students who were (partially) involved during this research project, in particular, Thomas Piérard (researcher at Modus Vivendi), Olivia Himpe (master student at UGent), Louise Gousseau (master student at UGent), and Anna Bianchi (master student at ULB).

## 1. SITUATIONAL CONTEXT

### 1.1 MUSIC FESTIVALS & DRUG RELATED STRATEGIES

Around the globe, music festivals are attracting a wide range of people – especially adolescents and young adults – considering such events as places for leisure, entertainment, and socializing (Dilkes-Frayne, 2016; McCarthy, 2013; Martinus et al., 2010). Since these highly anticipated events are generally regarded as an interruption from daily activities, they have been proven archetypal settings for the use of alcohol and other drugs (Bullock et al., 2018; Dilkes-Frayne, 2016; Borlagdan et al., 2010; Luckman, 2003). Research indeed demonstrated festival audiences to use illicit drugs, tobacco, and alcohol more commonly than their age-matched cohort in the general community (Dilkes-Frayne, 2016; Hesse et al., 2012; Lim et al., 2010; Martinus et al., 2010; Lim, et al., 2008; Duff, 2005; Measham et al., 1998). So far, drug policy strategies at festivals, designed to reduce drug use and related harms, have not always demonstrated to be effective or yet remain uninvestigated in terms of effectiveness. Not uncommonly, drug related fatalities sparked a powerful debate concerning the effectiveness of current drug policies (Groves, 2018).

Accordingly, on-site health care services are required to tackle a wide range of drug-related harms, such as illnesses, injuries, intoxications, and mental health presentations. Moreover, music festivals frequently have a higher incidence of patient presentations and drug-related harms when compared to similar kinds of mass gatherings (Bullock et al., 2018; Dilkes-Frayne, 2016; Hutton et al., 2014). Taking these observations into account, it is rather self-evident that music festivals are common targets for policing (Hesse et al., 2012; Lim et al., 2010; Martinus et al., 2010; Wilson et al., 2010).

Prevention and harm reduction efforts are frequently recommended as suitable ways to approach the reality of recreational drug use in the context of music festivals. Often, related strategies apply a pragmatic scope in terms of drug policy and can be set up in various ways. For instance, Palamar et al. (2016) focused on festival and nightclub attendees in the electronic dance music scene and suggested that prevention and harm reduction services need to be geared toward this population, especially targeting the frequent attendees. However, others have concluded that a more extended recreational environment – hence, one beyond mere electronic dance music – is associated with frequent drug use, and accordingly, stress the importance of targeted prevention in various recreational venues, tailored to the specific needs of the setting and its attendees (Van Havere et al., 2011). Hence, music festivals were indeed proven to be key sites for targeted prevention and harm reduction activities (Dilkes-Frayne, 2014; Hesse et al., 2012; Lim et al., 2010; Martinus et al., 2010; Wilson et al., 2010).

Wilson et al. (2010) suggested opportunities for drug education and harm reduction. In particular, targeting festival attendees could serve as a useful way to concentrate resources and provide drug education. Moreover, peer led approaches towards education could be particularly suitable when engaging with young people who socialize with other people who use drugs (PWUD) and for whom certain types of illicit drug use are normalized. In this context, Ruane (2018) suggested to implement peer support methods at music festivals, more specifically making use of *psychonauts* (i.e., peer supporters with substance experience), who's general grasp of drug experience proved to be advantageous over other festival support workers overall. As a result of such investigations, peer-to-peer strategies are being employed more and more frequently, mainly targeting prevention and reduction of excessive and harmful consumption in nightlife settings. However, it still remains to be investigated how such approaches are perceived by PWUD (as well as other stakeholders) and whether they obtain the intended effects.

Others proposed to implement a drug testing service as harm reduction strategy, integrated as an on- or off-site service in party settings (De Brennan, 2020; Valente et al., 2019; Measham, 2019; Barratt et al., 2018; Day et al., 2018; Mema et al., 2018; Groves, 2018; Martins et al., 2017, Munn et al., 2016). However, the specifics of possible benefits and/or harms corresponding with drug testing services still remain vague and would benefit from further investigation (Munn et al., 2016). On the one hand, the impact of drug testing has been questioned due to limitations of certain on-site tests to accurately detect harmful substances (e.g., Marquis tests only obtain limited information



regarding drug purity) and its artificial ‘shine of safety’ regarding a range of illicit and potentially harmful drugs (EMCDDA, 2006; Winstock et al., 2001). As such, drug testing remains rather controversial in a range of countries or regions worldwide (Munn et al., 2016). On the other hand, several studies indicated that on-site drug testing can be successfully implemented to identify adulterants and other unexpected substances of which PWUD are generally unaware (McCrae et al., 2019; Measham, 2019; Valente et al., 2019; Mema et al., 2018; Martins et al., 2017). Moreover, in case of an unexpected result regarding the tested substance’s composition, clients often reported to be less willing or even unwilling to actually consume the substance (Valente, et al., 2019; Martins et al., 2017) and were often inclined to discard it (Measham, 2019; Mema et al., 2018). In order to further test and improve their utility and effectiveness, Martins et al. (2017) urged to incorporate more robust outcome measures in future research on drug testing services.

Law enforcement strategies – sometimes better known as *zero tolerance policy* – denote another important pillar in terms of drug policy at music festivals. Some have asserted that such strategies have minimal or no deterrent effects and that police presence – especially accompanied by detection dogs – at festivals could even contribute to health-related harms, including overdose (Malins, 2019; Grigg et al., 2018; Hickey et al., 2012;). Nevertheless, police declared such strategies to have “a strong deterrence factor” (NSW Government, 2011) and stressed their value for discouraging drug use and reducing harm at festivals (Begley, 2015). This divergent notion has been further explored by Hughes et al. (2017), showing that, compared to ‘no police presence’, any police presence induced, on average, a 4,60% reduction in overall illicit drug offending; particularly reducing the willingness to possess or carry drugs at the festival. However, it also encouraged some perverse impacts, such as drug consumers opting to buy drugs within festival grounds (main site and/or camp site) rather than bringing it themselves, as such expanding dealing opportunities. Similar research findings suggested that only very high rates of policing accompanied by detection dogs are capable of reducing drug use intensity, however, this was associated with a fourfold increase in negative health consequences (Dray et al., 2012).

## **1.2 THE FOUR PILLARS OF THE BELGIAN DRUG POLICY**

The drug policy in Belgium is based on the ‘four pillar approach in drug policy’ (Vander Laenen et al., 2011); i.e., prevention, harm reduction, treatment (care), and enforcement (repression).

*Prevention* of legal and illegal drugs is based on the model of Mrazek and Haggerty (1994), which makes a distinction between universal prevention, selective prevention, and indicated prevention. While universal preventive interventions are targeted to the general population, selective and indicated preventive interventions are targeted to high-risk individuals or specific subgroups. Applied to the nightlife setting, this means that prevention targeting this selection of the population can be categorized under selective and indicated prevention (Van Havere, 2012).

The primary focus of *harm reduction* is relying in the first place on the reduction of drug-related harm rather than drug use per se (Lenton & Single, 1998). It is based on the pragmatic recognition that people use drugs even despite strong efforts to prevent the initiation or continuation of drug consumption (Van Havere, 2012).

The pillar of *treatment* approaches experimental and experienced PWUD on a personal level (Vander Laenen et al., 2011). Further in this study, this pillar is appointed as (health) *care*. Medical problems related to substance use do occur in nightlife settings (Calafat et al., 2009). Therefore, interventions targeting emergency rooms, medical, and first-aid services are covered as well. An increasing number of Belgian organizers introduce first aid services at their events.

The last pillar, *enforcement*, aims in the first place to reduce the distribution and production of drugs by means of repressive governmental action (Vander Laenen et al., 2011). Other terms which are referring to this pillar are ‘law enforcement’ or ‘repression’. Calafat et al. (2009) describe this category as licensing, law enforcement, and underage

checks. In general, law enforcement focuses on reducing the offer of illegal drugs at festivals (e.g., checks at the festival entrance).

### **1.3 DRUG-RELATED INTERVENTIONS UNDER STUDY**

In Belgium, numerous prevention, harm reduction, health care and/or law enforcement strategies are currently implemented in nightlife settings, including the music festival scene. This study focuses on these different interventions and their perceived impact on the behavior of PWUD at music festivals. For the purpose of this study, 15 different drug-related actions are included. All of them (mainly) focus on substance use and are, at least to a certain extent, implemented in the music festival scene.

A description of the different drug-related interventions is listed below:

- *Festival stewards* are mainly deployed as volunteers by the festival organization and have a preventive task. The stewards have to keep an eye on the festival- and camp area in terms of safety (e.g., to check if all festival attendees are doing fine). Moreover, festival stewards are sometimes used to control the tickets of the festival attendees at the entrance of the festival, especially at smaller sized festivals with fewer resources.
- *Information concerning the alcohol and drug policy in force at the festival* can be provided by the festival organization. When implemented, the festival audience knows what is allowed or forbidden at the festival in terms of legal or illegal substance use (e.g., information at the bar which increases awareness and knowledge with regard to the alcohol law in Belgium). Moreover, festival attendees have a better idea what to expect in terms of drug-related actions available at the festival. This information can be provided in different ways: briefly described on the festival ticket, described in detail on the festival website, using banners at the entrance of the festival, etc.
- *Information banners/screens concerning alcohol and other drugs* specifically focus on informing festival attendees about substance use in a highly visible way; from a general message as 'Keep an eye on your friends' to a specific warning about contaminated drugs.
- *Information stands working from a harm reduction principle* are drug-related actions introduced by Safe 'n Sound and Modus Fiesta. Through a mobile information stand, their primary purpose is to inform PWUD about the consequences and risks, as well as the harm reduction measures to be taken related to a specific licit or illicit drug. Often, peer educators stand behind the information stand to brief their fellow peers, who mainly work as volunteers. If part of an integrated approach, peer education can be a (cost) effective intervention (Noijen et al., 2006). In general, peer education is a frequently implemented intervention in nightlife settings (Calafat et al., 2009).
- Sometimes, *outreach harm reduction teams* are specifically implemented at (larger) festivals. The aim of this drug-related action is similar to that of drug information stands working from a harm reduction principle, but the way of working is different. An outreach harm reduction team, or mobile team, approaches individuals instead of them having to take the initiative to visit the information stand. Next to informing festival attendees, the mobile team is also checking the festival area for attendees who need help in light of drug-related or other health related problems.
- *Free water services*
- Rather rare is the implementation of *drug testing services* at Belgian festivals. Other frequently used terms used in literature are *drug checking* or *pill testing*. In the nineties, these actions were introduced within a limited number of events (EMCDDA, 2006), ever since no solid legal framework has been provided by the federal government, which means that drug testing is neither officially recognized nor forbidden in Belgium (Libois et al., 2019). However, a small number of new experimental projects were introduced in the last two

decades, integrated within research and/or harm reduction activities. Drug testing is a harm reduction service facilitating PWUD to test the quality of their drugs.

- *Relax zones/areas for non-medical care* (e.g., bad trip management) have been implemented already by Modus Fiesta and Safe 'n Sound. Such harm reduction services are installed for people who have used drugs and consequently experience some difficulties, usually linked to the use of psychedelic drugs. Nonetheless, people who used drugs and who experience (serious) medical problems are referred to the first aid service or emergency service.
- *First aid services or mobile first aid teams* (e.g., Red Cross, Het Vlaamse Kruis, etc.)
- *Amnesty bins* are sometimes foreseen; however, only limited effect has been obtained through their use until now. This drug-related intervention allows festival attendees who are in the possession of illicit drugs to throw away their illegal drugs without juridical consequences. Other terms are, for example: *mercy bin* or *drop box*.
- *Paying a fine to the police* (i.e., *Onmiddellijke Minnelijke Schikking (OMS)*, règlement à l'amiable immédiat). The code of law provides the possibility for the offender to pay a certain amount of money to the federal public service of finances. Consequently, this payment cancels the further prosecution. At festival settings, this specific procedure is being used when illegal drugs are found which are intended for personal use of adult suspects (Spaas et al., 2019).
- *Plainclothes police at the festival area*. Such a police intervention happens secretly in order to detect criminal acts, such as drug dealing, at the festival area. Another term is *undercover agent*.
- *Police in uniform at the festival area*. Such a police intervention is a visible action where police officers are present in uniform at the festival area.
- *Police interventions with sniffer dogs* can be implemented at music festivals. Sniffer dogs or drug detection dogs are deployed to check specifically for the possession of illegal drugs on the festival attendees. When a sniffer dog points out a person, he or she is taken separately by a police officer, who proceeds with a full body check of the suspect.
- *Control at the entrance or festival area by security staff* is often implemented in nightlife settings, including music festivals. They are mainly deployed to do a safety check on the festival visitors in order to check for weapons or other prohibited items during such an event.

#### **1.4 GENERAL OBJECTIVE & RESEARCH QUESTIONS**

The aim of this study is to obtain a comprehensive understanding of how festival attendees – in particular PWUD – and festival stakeholders perceive drug-related interventions implemented at Belgian music festivals, and to provide knowledge on the perspectives of PWUD, facilitating well-considered interventions. Additionally, an extra emphasis is put on perceptions of substance use and substance use norms at music festivals in Belgium, in order to contextualize these drug-related interventions. For this purpose, the study is divided into two parts (while also interconnecting these parts along the line to look at matches and mismatches between both). This results into the following research questions:

##### **Gaining insights into the perceptions of prevention, harm reduction, health care and law enforcement strategies and perceptions of substance use (norms) by festival attendees.**

- RQ1: How do festival attendees perceive substance use (norms) present at music festivals in Belgium?
- RQ2a: How do festival attendees perceive the implemented drug-related interventions (prevention, harm reduction, health care, law enforcement) at music festivals in Belgium?
- RQ2b: How do festival attendees perceive the possible impact of these interventions on their use of substances and related behavior?

**Gaining insights into the perceptions of the implemented drug-related interventions and perceptions of substance use (norms) by festival stakeholders** from prevention, harm reduction, health care, and law enforcement strategies, and other festival stakeholders.

- RQ3: How do festival stakeholders perceive substance use (norms) present at Belgian festivals?
- RQ4a: How do festival stakeholders perceive their efforts in a context of drug use at music festivals in Belgium?
- RQ4b: How do festival stakeholders perceive the efforts of other drug-related interventions at music festivals in Belgium?

In this report, a quantitative and qualitative study is integrated in order to attempt to answer the aforementioned research questions. In the quantitative study, the experience sampling method is introduced to gain insights in the perceptions of substance use (norms) and perceptions of drug-related interventions according to the festival attendees. In the qualitative part, semi-structured interviews are used to study the perceptions of substance use (norms) and perceptions of drug-related interventions by both the festival attendees and festival stakeholders.

## 2. QUANTITATIVE STUDY

### 2.1 METHODS:

#### 2.1.1 EXPERIENCE SAMPLING METHOD

In this study, using the experience sampling method (ESM), we specifically targeted festival attendees and their perceptions regarding drug-related interventions at music festivals in Belgium. Festivals in the Dutch- as well as the French speaking community of Belgium were included. Festival attendees who met following selection criteria were included in our research: (i) having reached the age of 18 years or older; (ii) currently living in Belgium; (iii) planning to attend a music festival in Belgium within the next two or three months; and (iv) being in possession of a smartphone with internet connection.

The experience sampling method is a reliable method for collecting self-reported data in a real-world environment. It uses a tool to 'page' respondents to fill out a short survey at given times. This method reduces recall biases and increases ecological validity as the research setting is a real-world environment (Csikszentmihalyi & Larson, 2014).

Applied to our research, respondents filled out a short questionnaire before (T1), during (T2), and after (T3) the festival visit (see Figure 1). Beforehand, the respondents were notified through a 'push SMS' with a link to the online questionnaire, which was set up via Qualtrics using a mobile friendly interface. Furthermore, all respondents received an extra reminder SMS to complete the questionnaire.

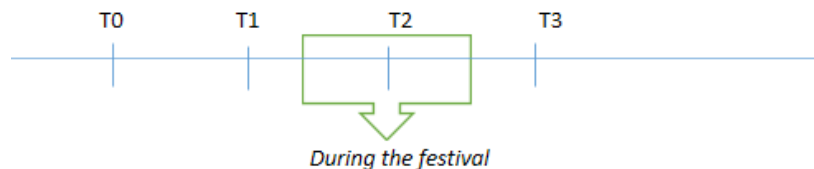


Figure 1: Timeline of the different survey moments

#### 2.1.2 RECRUITMENT OF PARTICIPANTS

Participants for the ESM-study were recruited online, mainly by using Facebook advertisements (ads). To be able to arrange Facebook ads, a Facebook page was created by the POPHARS research team: 'The Belgian Festival & Drug Survey'. Through the Facebook page, the research team was able to communicate by posting text messages, pictures, videos, etc. By sponsoring specific messages, it was possible to reach a much bigger audience. To set up those Facebook ads, criteria were implemented to specify the target group (in other words: who is able to see the ads in their 'news feed'). The following criteria were taken into account: (i) having reached the age of 18 years or older; (ii) currently living in Belgium; (iii) being interested in music festivals<sup>1</sup>. Moreover, an extra criterium was taken into account for the first recruitment wave specifically: (iv) being interested in a specific big music festival in Belgium which annually takes place in August (i.e., Pukkelpop).

Moreover, our own communication departments, several festival organizations, and other partner organizations were notified about the recruitment of participants for the 'Belgian Festival & Drug Survey'. They were asked to spread our call for recruitment through their communication channels and social media channels.

<sup>1</sup> While making a Facebook advertisements 'detailed targeting' allows to specify the target group. For example, the interests of the Facebook users can be specified in this request. As part of our research, 'music festivals' were indicated as 'detailed targeting' information. By consequence, we only reached Facebook users who stipulated they were interested in music festivals.

A prize draw<sup>2</sup> was set up as part of an incentive strategy to motivate festival attendees to participate in our study and to complete the three different questionnaires (T1, T2 and T3).

In total, two calls were launched to recruit respondents through Facebook ads. During the first wave, at the end of July 2019, people were able to register for a period of one week. One month later, at the end of August 2019, the second wave was launched and registration was open for five extra days.

During the recruitment, a first small questionnaire (T0) had to be completed by potential participants. Firstly, they had to give their informed consent as described in the ethical application<sup>3</sup>. Secondly, four screening questions were asked (cf. the selection criteria as mentioned earlier in this chapter) and more information was surveyed concerning their planned festival visit (name of the festival, date they plan to attend the festival, number of visiting days). Lastly, the participants had to provide their mobile phone number. Phone numbers were crucial for this study for two reasons: Firstly, it enabled the research team to send a ‘push SMS’ to each participant during the different moments related to the participants’ festival visit (as described earlier). Secondly, the research team was able to merge the data collected during the different moments (T1, T2, and T3) by the phone number as the key variable. By consequence, the answers of each participant could be linked to one another.

In total, 2936 recorded (partial) responses were collected through Qualtrics. The first – and most successful – recruitment wave generated 2427 responses, while the second wave generated 509 responses. All these recorded (partial) responses were subjected to data cleaning. Only responses from which following data could be derived were eligible:

- The response included a planned festival visit within the next coming months<sup>4</sup> (not later and not in the past);
- The response included a correct festival date (thus no empty entries were allowed);
- The response included a valid phone number.

After data cleaning, both recruitment waves generated respectively 437 and 54 participants, which meant that finally 491 respondents were eligible and willing to participate in the ESM-study. As mentioned earlier, these participants were requested to complete a short questionnaire at three different moments related to their festival visit. An inevitable drop out of respondents after each questionnaire was determined (see Figure 2). Of all participants, 305 participants (62,18% from total) completed the first survey (T1), which took place a few days before their festival visit. Subsequently, 213 of them (43,38% from total or 69,84% from 305) also completed the second survey (T2), which had to be completed during the festival visit of the participant. Finally, 187 participants (38,09% from total or 87,79% from 213) completed all three questionnaires (T1, T2 and T3).



Figure 2: Number of participants who completed the questionnaires consecutively

<sup>2</sup> The prize draw contained a Lenovo tablet, 2 JBL Bluetooth speakers, and 10 Bol.com vouchers worth €50.00

<sup>3</sup> The POPHARS research project was ethically approved by the ethics committee of the Faculty of Political and Social Sciences (University of Ghent).

<sup>4</sup> More specifically, a planned festival visit within the next three months for the first recruitment wave, and a planned festival visit within the next two months for the second recruitment wave.

### 2.1.3 THE OBJECTIVE & RESEARCH QUESTIONS

The aim was to obtain a comprehensive understanding of how festival attendees perceive drug-related interventions implemented at music festivals, and to provide knowledge on the perspective of PWUD, facilitating well considered interventions. More specific, to gain insight in the perceptions concerning prevention, harm reduction, care and law enforcement strategies and perceptions of substance use (norms) by festival attendees.

Given the specific research design of the experience sampling method, participants of the ESM-study were able to indicate their perceptions towards the drug-related interventions at different moments (see Figure 1). This enabled the research team to look if certain perceptions differed in relation to the occurrence of a specific event or experience.

By consequence, following research questions were determined:

- RQ1: How do festival attendees perceive substance use (norms) present at music festivals?
- RQ2a: How do festival attendees perceive the implemented drug-related interventions (prevention, harm reduction, health care, law enforcement) at music festivals?
- RQ2b: How do festival attendees perceive the possible impact of these interventions on their personal use of substances and related behavior?
- RQ2c: Does the perceptions change when festival attendees encounter the specific drug-related interventions?

### 2.1.4 MEASURES

#### 2.1.4.1 Questionnaire (T1)

In the first questionnaire of the ESM-study (T1), the participants were surveyed about different topics.

**Socio-demographics.** Year of birth was questioned through the use of a dropdown menu. Sex was surveyed through following answering options: Male (1); Female (2); Other (3). Educational level was questioned via these answering options: None, primary school or lower degree secondary school (year 3 finished) (1); Secondary school (year 6 or 7 finished) (2); Higher education (bachelor, master, doctorate) (3). Current occupation was surveyed via following options: Full-time work (1); Part-time work (2); Student (3); Just graduated (4); Neither in education, employment or training (5) (multiple answers could be selected).

**Nightlife profile.** First of all, number of past-year festival attendance was surveyed through a numeric dropdown menu from 0 until 25+. Secondly, music style preference was assessed by presenting following categories: Rock/Metal/Punk; Electronic music (techno, house, drum 'n bass, ...); Jazz/Blues; Urban (R&B, hip hop, rap); World (latin, reggae, ...); Schlager; Pop; Classic; Country/Folk ; Other (multiple answers could be selected).

**Substance use profile.** Frequency of use was questioned through a seven-point Likert scale ranging from 1 = *never* to 7 = *daily*. In total, eight different substances (and alcohol) were surveyed: alcohol, cannabis (marihuana, weed or hash), cocaine, speed/amphetamines, ecstasy/MDMA, magic mushrooms, LSD, ketamine, other drug(s)<sup>5</sup>. The selection of these eight specific substances was based on earlier findings from nightlife research focused on the Belgian context (ALAMA, 2019 ; Rosiers, 2019 ; Van Havere et al., 2011).

**Intentional use of illegal drugs at the festival.** This concept was operationalized through three different items, which were scored along a five-point Likert scale ranging from 1 = *disagree* to 5 = *agree*. The items were preceded by "Thinking about illegal drugs ..."

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<sup>5</sup> If the respondent used several substances, the participant was requested to stipulate the most used party drug.

- I intend to use any of these drugs at the first coming festival I attend;
- I want to use any of these drugs at the first coming festival I attend;
- It's my purpose to use any of these drugs at the first coming festival I attend.

Linked to Ajzen's (1991) **Theory of Planned Behavior (TPB)**, different concepts were added to the questionnaire related to the use of illegal drugs.

**Attitude.** The participants' attitudes towards the use of illegal drugs were tested through three different five-point scales: "The use of illegal drugs at festivals is . . .?". Scale 1: *not acceptable – acceptable*; Scale 2: *unsafe – safe*; Scale 3: *irresponsible – responsible*.

**Subjective norm.** This concept was surveyed through two different items, who were scored along a five-point Likert scale ranging from 1 = *disagree* to 5 = *agree*.

- People who are important to me would approve of me taking illegal drugs at festivals;
- People who are important to me would consider it normal that I take illegal drugs at festivals.

**Perceived behavioral control.** Similar as for the operationalization of the subjective norm, two different items were questioned by using a five-point Likert scale ranging from 1 = *disagree* to 5 = *agree*.

- It is easy for me to obtain illegal drugs at festivals;
- I am confident that I can obtain illegal drugs at festivals.

**Prototype similarity.** Two items assessed the prototype similarity. The first item: "How similar do you think you are to somebody who takes illegal drugs at a festival?" was scored through a five-point Likert scale, ranging from 1 = *not at all* to 5 = *totally*. Three different five-point Likert scales were assessed for the second item: "We would like to know what you think about someone who takes illegal drugs at a festival. We don't suggest anyone in particular, just someone of the same age who might do this. Can you state which characteristics you find suitable?". Scale 1 ranging from *unsympathetic – sympathetic*; Scale 2 ranging from *uncool – cool*; Scale 3 ranging from *unpopular – popular*.

**Willingness.** Again, two items assessed the concept, who were scored along a five-point Likert scale ranging from 1 = *unlikely* to 5 = *likely*. The items were preceded by "Imagine you are at a festival. An acquaintance offers you an illegal drug for free. What would you do ..."

- I would take the drug;
- after some hesitation, I would take the drug.

Finally, drug-related interventions were assessed by a specific group of participants; only respondents whose answer was situated between 3 = *neither agree nor disagree* to 5 = *agree* concerning (one of) the questions assessing the respondents' intentional use of illegal drugs at the next festival visit, were surveyed about the following two items.

**Intentional use of drug related services.** Firstly, 10 different drug related services<sup>6</sup> were assessed by the selected group of participants. It was checked whether they would make use of one or more of the following services for drug-related issues, in case they would have been available at the festival they were planning to visit. The drug-related services were questioned via following answer options: *Yes*, *No*, and *I don't know it*. The question was preceded by "If needed, I would make use of ..."

- First aid service or mobile first aid team (e.g., Red Cross);
- Festival stewards (part of the crew organization);
- Drug-related information stand working from a harm reduction principle (e.g., Safe 'n Sound or Modus Fiesta);

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<sup>6</sup> Repressive actions were excluded for this question.



- Relax zone/area for non-medical care (e.g., bad trip management);
- Drug testing service (to test the quality of your drugs);
- Mercy bin/Amnesty bin/Drop box (bin to drop your illicit drugs before the entrance of the festival without juridical consequences);
- Information concerning the alcohol and drug policy in force at the festival (e.g., on the website of the festival);
- Information banners/screens concerning alcohol and other drugs (e.g., warnings about contaminated drugs, information about combi use, driving under influence, ...);
- Outreach harm reduction team (e.g., Modus Fiesta);
- Free water service.

**Perceptions of drug-related interventions at festivals.** Secondly, the group of participants who indicated to have the intention to use illegal substances during their next festival visit (or were still undecided about it), was surveyed about their perception of 15 different drug-related interventions at the festivals. Participants' perceptions about each drug-related intervention were assessed through two different five-point scales, ranging from 1 to 5 (for both five-point Likert scales: 3 = *no impact*): "Due to [a specific drug-related intervention] users will use ...": Scale 1: *less illegal substances – more illegal substances*. Scale 2: *in a less risky way – in a riskier way*.

Moreover, participants who indicated they didn't know a specific drug-related service in the previous question were not invited to answer the question concerning the perception of the related service. Following drug-related interventions were included in this research:

- Control at the entrance or festival area by security staff;
- Police intervention with sniffer dogs;
- First aid service or mobile first aid team (e.g., Red Cross);
- Festival stewards (part of the crew organization);
- Information stand working from a harm reduction principle (e.g., Safe 'n Sound);
- Relax zone/area for non-medical care (e.g., bad trip management);
- Drug testing service (to test the quality of your drugs);
- Mercy bin / Amnesty bin / Drop box (bin to drop your illicit drugs before the entrance of the festival without juridical consequences);
- Paying a fine to the police (i.e., *Onmiddellijke Minnelijke Schikking (OMS)*, règlement à l'amiable immédiat);
- Plainclothes police at the festival area;
- Police in uniform at the festival area;
- Information concerning the alcohol and drug policy in force at the festival (e.g., on the website of the festival);
- Information banners/screens concerning alcohol and other drugs (e.g., warnings about contaminated drugs, information about combi use, driving under influence, ...);
- Outreach harm reduction team (e.g., Modus Fiesta);
- Free water service.

#### 2.1.4.2 Questionnaire T2

The second questionnaire of the ESM-study (T2) was completed by the participants of the ESM-study during their festival visit. This short questionnaire only contained six specific questions concerning substance use and substance use norms.

**Substance use at the festival among the friends of the participant.** First of all, following questions were operationalized through three different items, which were scored along a five-point scale ranging from *None, Some, About half, Most to All*.

- How many of your friends are using alcohol during the festival?
- How many of your friends are using cannabis during the festival?
- How many of your friends are using other drugs during the festival?

**Substance use norms.** The concept was operationalized through three different items, who were scored along a five-point Likert scale ranging from 1 = *disagree* to 5 = *agree*. An extra answering option was *I don't know*.

- Cannabis use is omnipresent at the festival.
- Other drug use (excluding alcohol or tobacco) is omnipresent at the festival.
- It is easy for me to obtain cannabis or other drugs (except for alcohol or tobacco) at the festival.

#### 2.1.4.3 Questionnaire T3

The participants of the ESM-study received the third and last questionnaire (T3) a few days after their festival attendance. The content of this last questionnaire was mainly dedicated to the drug-related actions at the festival.

**Substance use at the festival.** First of all, the participants' substance use during the festival visit was surveyed. The same list of eight substances was questioned as in the first questionnaire (T1): alcohol, cannabis (marihuana, weed or hash), cocaine, speed/amphetamines, ecstasy/MDMA, magic mushrooms, LSD, ketamine, other drug(s). The list of substances was preceded by "Did you use following substances during the festival you recently attended?". The answer options were either *Yes* or *No*.

**Experience with & perceived impact of drug-related interventions at the festival.** The first question concerning drug-related interventions at the festival was open for all respondents. 15 different drug-related interventions are included (the same list as in the first questionnaire T1):

- Control at the entrance or festival area by security staff;
- Police intervention with sniffer dogs;
- First aid service or mobile first aid team (e.g., Red Cross);
- Festival stewards (part of the crew organization);
- Information stand working from a harm reduction principle (e.g., Safe 'n Sound);
- Relax zone/area for non-medical care (e.g., bad trip management);
- Drug testing service (to test the quality of your drugs);
- Mercy bin / Amnesty bin / Drop box (bin to drop your illicit drugs before the entrance of the festival without juridical consequences);
- Paying a fine to the police (i.e., *Onmiddellijke Minnelijke Schikking (OMS)*, règlement à l'amiable immédiat);
- Plainclothes police at the festival area;
- Police in uniform at the festival area;
- Information concerning the alcohol and drug policy in force at the festival (e.g., on the website of the festival);
- Information banners/screens concerning alcohol and other drugs (e.g., warnings about contaminated drugs, information about combi use, driving under influence, ...);
- Outreach harm reduction team (e.g., Modus Fiesta);
- Free water service.

*Drug-related interventions noticed at the festival.* The first question surveyed the presence – and to a smaller extend also the visibility – of these drug-related interventions: “Did you notice following interventions or services at the festival you recently attended?”. The answer options were *Yes, No or Not sure*.

*Drug-related interventions encountered at the festival.* The subsequent question was assessed by a specific group of participants receiving a customized question. Only the respondents who noticed the specific drug-related interventions<sup>7</sup> at their festival visit were invited to answer the following question: “Did you get in touch with or make use of these interventions or services at the festival you recently attended?”. The answer options were either *Yes or No*.

*Perceived impact of the encountered drug-related interventions at the festival.* The third question focused on perception of the perceived impact of the specific drug-related interventions in relation to the consumption of PWUD. Only the drug-related interventions the participant indicated as encountered at the festival were assessed by the respondent. Furthermore, the participants’ perceptions about drug-related interventions at the festival were operationalized in the same way as in the first questionnaire (T1). The assessment happened through two different five-point Likert scales, ranging from 1 to 5: “Due to [a specific drug-related intervention] users will use ...”. Scale 1: *less illegal substances – more illegal substances*. Scale 2: *in a less risky way – in a riskier way* (3 = *no impact*). This enabled the comparison of participants’ perceptions about drug-related interventions before and after the festival visit and whether these perceptions changed after encountering specific drug-related interventions.

***Impact of drug-related interventions at the festival on the personal use of illegal substances.*** Finally, a specific selection of respondents was invited for this last topic. Similar as in the previous question, only the drug-related interventions the participant had encountered at the festival were assessed. In addition, only respondents who used one or more illegal substances<sup>8</sup> at the festival were targeted. For each drug-related intervention under question, six items were operationalized using six different five-point scales, ranging from 1 to 5 (3 = *no impact*). Following items were preceded by: “Due to [a specific drug-related intervention] ...”

- Scale 1: I used *less illegal substances – more illegal substances*;
- Scale 2: I used *in a less risky way – in a riskier way*;
- Scale 3: I bought my illegal substances *less from an unknown dealer at the festival – more from an unknown dealer at the festival*;
- Scale 4: I drank *less alcohol – more alcohol*;
- Scale 5: I switched *less to other drugs (legal highs or designer drugs) – more to other drugs (legal highs or designer drugs)*;
- Scale 6: I was *less aware of my use of illegal substances and associated risks – more aware of my use of illegal substances and associated risks*.

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<sup>7</sup> Only the drug-related interventions who were answered by the respondent with ‘Yes’ in the previous question (Did you notice following interventions or services at the festival you recently attended?) are surveyed.

<sup>8</sup> The use of illegal substances as surveyed earlier in the questionnaire T3: the use of cannabis (marihuana, weed or, hash), cocaine, speed/amphetamines, ecstasy/MDMA, magic mushrooms, LSD, ketamine, or another illegal drug specified by the respondent.

## 2.2 PREVALENCE OF SUBSTANCE USE & PERCEPTIONS OF DRUG-RELATED INTERVENTIONS

### 2.2.1 THE SAMPLE (N=305)

In this chapter, findings of all participants ( $N=305$ ) who completed the first questionnaire (T1) will be discussed (see Table 1). Three-quarters of the respondents completed the questionnaire in Dutch, while only a small part of the participants completed the questionnaires in French or English. Furthermore, the average age was 27,71 years and median age was 25 years (range: IQR 22 – 32 years). The minimum and maximum age was respectively 18 and 61 years. More male than female respondents participated in the ESM-study, whereas just one participant indicated 'other' in terms of gender.

More than half of the participants accomplished higher education, although another substantial part of the respondents completed secondary school. Just a small part of the sample finished school with a lower educational level than the two levels just mentioned. Most of the respondents indicated as current occupation<sup>9</sup> either full-time employment or student, whereas a smaller part of the participants mentioned part-time work, just graduated, or neither in education, employment, or training.

Demographics (N=305)		
	N	(%)
<b>User language</b>		
EN	5	(1,64%)
FR	70	(22,95%)
NL	230	(75,41%)
<b>Gender</b>		
Male	185	(60,66%)
Female	119	(39,02%)
Other	1	(0,33%)
<b>Age (in years)</b>		
Min – Max	18 – 61	
Mean (SD)	27,71 (8,13)	
<b>Highest education</b>		
None, primary school or lower degree secondary school (year 3 finished)	12	(3,93%)
Secondary school (year 6 or 7 finished)	125	(40,98%)
Higher education (bachelor, master, doctorate)	168	(55,08%)
<b>Current occupation</b>		
Full-time work	147	(48,20%)
Part-time work	29	(9,51%)
Student	115	(37,70%)
Just graduated	11	(3,61%)
Neither in education, employment or training	12	(3,93%)

Table 1: Demographics of the participants who completed T1

### 2.2.2 PREVALENCE OF SUBSTANCE USE (LIFETIME & LAST YEAR USE)

Lifetime use and last-year use of eight different substances was assessed. Both for lifetime use and last-year use similar patterns were unveiled (see Table 2). Alcohol was the most used substance among the sample of festival attendees. Concerning the use of illegal substances, cannabis was the most used substance, followed by ecstasy/MDMA and cocaine. In terms of last-year use, ketamine was more popular than amphetamines/speed. Psychedelics – more specifically, magic mushrooms and LSD – had the lowest prevalence rate regarding last-year

<sup>9</sup> Multiple answer options were possible.

use. In terms of lifetime use, ketamine, magic mushrooms, and amphetamines/speed had almost the same prevalence rate, whereas LSD had the lowest prevalence rate.

Substance use (N=305)		
Type of substance	Lifetime use (%)	Last year use (%)
Alcohol	99,02%	95,41%
Cannabis	89,18%	69,84%
Ecstasy / MDMA	60,66%	44,59%
Cocaine	45,90%	30,16%
Ketamine	34,43%	18,69%
Amphetamines / Speed	33,11%	12,13%
Magic mushrooms	34,10%	9,18%
LSD	26,23%	6,23%

Table 2: Lifetime use and last-year use of eight different substances

### 2.2.3 PERCEPTIONS OF DRUG-RELATED INTERVENTIONS AT MUSIC FESTIVALS

As mentioned earlier, drug-related interventions at music festivals were the central research topic of the POPHARS-project, as well as for the ESM-study. These interventions are often implemented to approach people who use illegal substances in particular (cf. repressive actions or harm reduction actions at festivals). Therefore, questions on perceptions of drug-related interventions were specifically dedicated towards the group of people who (potentially) use illegal substances at the festival. To obtain a notion of who these potential PWUD were, through the first questionnaire (T1), three different items were related to specific questions about intentional use of illegal substances at the next festival visit of the participant. The items, which were scored along a five-point Likert scale ranging from 1 = *disagree* to 5 = *agree*, were preceded by “Thinking about illegal drugs ...”

- I intend to use any of these drugs at the first coming festival I attend;
- I want to use any of these drugs at the first coming festival I attend;
- It’s my purpose to use any of these drugs at the first coming festival I attend.

The emphasis was put on respondents who (slightly) agreed or who neither agreed nor disagreed with at least one of the items. By consequence, 208 participants (68,20%) were shown to have had the intention to use illegal substances at the festival, or who were still undecided about it. Only this subgroup ( $n=208$ ) received further questions about drug-related interventions at music festivals during the first questionnaire (T1).

#### 2.2.3.1 Intentional use of drug related services

A clear majority of the participants who intended to use illegal substances at their next festival visit (or who were still undecided about it), would make use of most drug-related services when they believed this was necessary. A free water service would have been used by nearly all participants (99,04%). The intentional use of three other services peaked above 80%: a relax zone/area for non-medical care (86,54%), a first aid service or mobile first aid team (83,17%), and a drug testing service (82,69%). Moreover, information banners/screens focusing on alcohol and other drugs (73,08%), an information stand working from a harm reduction principle (66,35%), information concerning the alcohol and drug policy in force at the festival (64,42%), and an outreach harm reduction team (60,10%) would have been used by more than half of the participants if needed. Only two drug-related services would have been used by less than half of the sample. Intentional use of festival stewards (43,27%) was reported by almost half of the respondents, while only one fifth of them would have made use of a mercy/amnesty bin (21,15%) (see Figure 3).

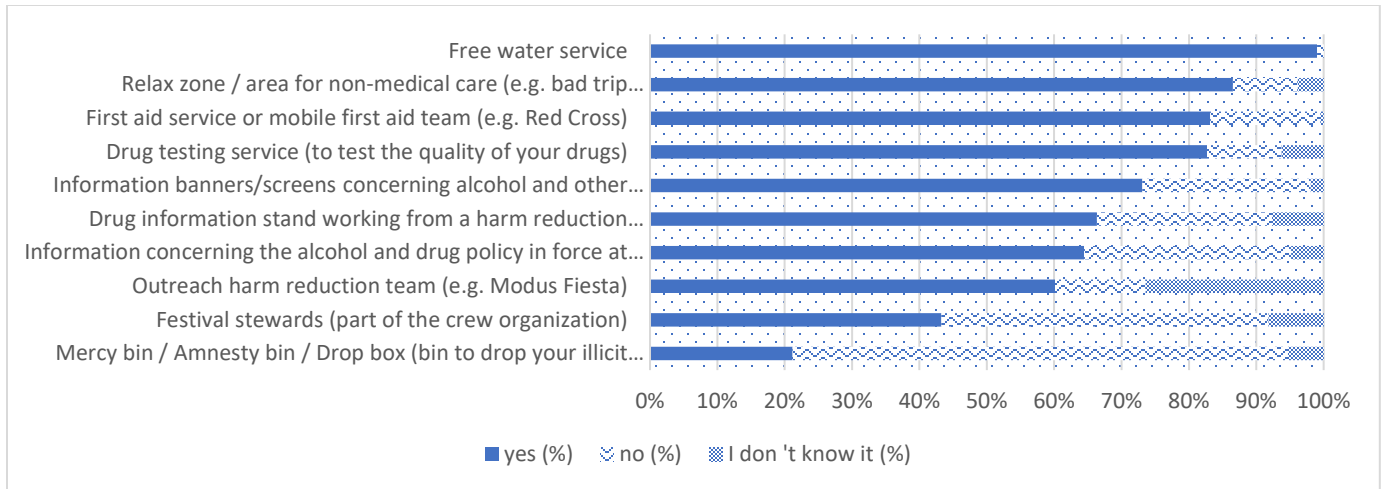


Figure 3: Intentional use of drug related services at the next festival visit

Furthermore, participants had the possibility to indicate whether they had knowledge about each drug-related service. Especially harm reduction services were unknown to participants: outreach harm reduction teams (26,44%), information stands working from a harm reduction principle (7,69%), and drug testing services (6,25%). Moreover, more than 5% of the respondents were unfamiliar with festival stewards (8,17%) and mercy/amnesty bins (5,29%).

### 2.2.3.2 Perceptions of drug-related interventions (pretest)

The final question, which was related to the perception of drug-related interventions of those who intended to use illegal substances at the festival (or who were still undecided about it), was assessed on two items. Moreover, respondents who indicated they were unacquainted with specific drug-related services were excluded for the more detailed question related to drug-related services.

The first item surveyed participants' perceptions concerning the impact of the drug-related interventions at festivals, focusing on whether they believed such interventions would have impacted usage extent (i.e., using less or more illegal substances). A majority of the participants indicated for each drug-related intervention that it would have no impact (see Figure 4). Nevertheless, the drug-related interventions with the highest perceived impact consisted of police intervention with sniffer dogs and police in uniform at the festival area. Respectively, 42,31% and 36,54% of the respondents indicated that, due to these drug related actions PWUD, they would have used (slightly) fewer illegal substances.

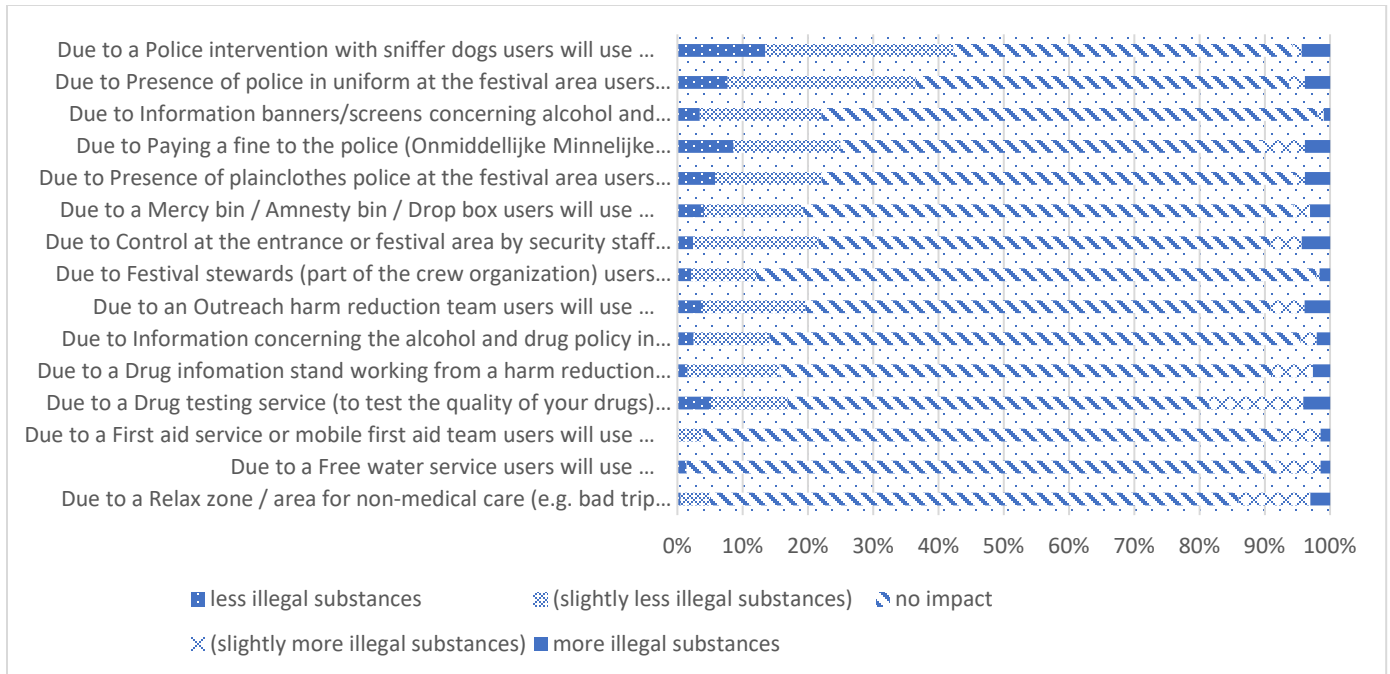


Figure 4: Perceptions of drug-related interventions at festivals regarding illegal substance use extent

For the second item, the emphasis was put on participants' perceptions regarding the impact of such interventions on substance use-related risks (see Figure 5). A totally different pattern was found concerning this specific item compared to the previous one. First of all, most drug-related interventions had a clear impact in terms of belief of having the potential to lead to a less risky or riskier way of consuming. Especially the perception about the impact of a drug testing service was pronounced. More than four fifths of the participants (86,15%) indicated to believe that 'due to a drug testing service, users will use in a (slightly) less risky way'. The perception on the impact of five other prevention and harm reduction services showed a similar pattern, however less pronounced than the perception concerning drug testing services. Still, for the following drug-related actions, the majority of the respondents believed that these interventions would have led to a less risky way of using illegal substances: outreaching harm reduction teams (69,93%), free water services (67,31%), information stands working from a harm reduction principle (67,19%), relax zones/areas for non-medical care (59,50%), and information banners/screens concerning alcohol and other drugs (57,84%). A rather opposite pattern was found for five repressive interventions. For the following drug-related actions, more than half of the participants believed that users would have used in a (slightly) riskier way: police intervention with sniffer dogs (64,42%), control at the entrance or festival area by security staff (54,33%), and police in uniform at the festival area (50,48%). For these drug-related actions, almost half of the participants were convinced they would lead to (slightly) riskier way of consuming: plainclothes police at the festival area (45,19%) and paying a fine to the police (44,71%).

In contrast to the first item, only four drug-related interventions were indicated by the majority of the respondents as having 'no impact' regarding risk of use: mercy/amnesty bins (74,62%), festival stewards (63,35%), information concerning the alcohol and drug policy in force at the festival (58,08%), and first aid services or mobile first aid teams (53,62%).

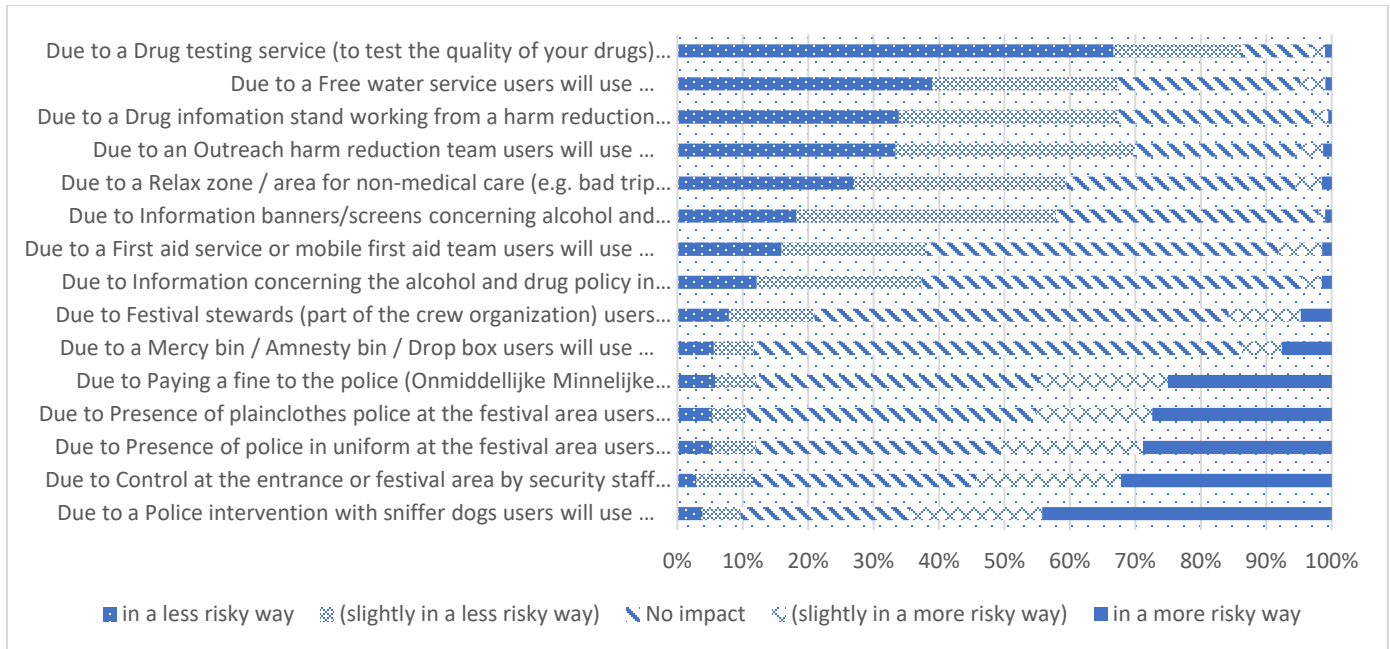


Figure 5: Perceptions of drug-related interventions at festivals regarding substance use-related risks

#### 2.2.4 CONCLUSION

In this chapter, we focused on the results concerning substance use and the perception of drug-related interventions among festival attendees. These findings are based on the first questionnaire of the ESM-study (T1), which was completed by 305 participants before their festival visit.

With regard to substance use at music festivals, similar patterns were found among participants of the ESM-study when compared to the Belgian results from the ALAMA nightlife project (ALAMA, 2019), the Flemish results of the VAD-nightlife research (Rosiers, 2019) or the results of the monitoring of substance use at festivals in Wallonia performed by Modus Vivendi asbl (e.g., Modus Vivendi ABSL, 2020). However, most prevalence rates were (slightly) higher among the participants of the ESM-study compared to the other nightlife studies. In other words, the ESM-study has reached a group of festival attendees with a high prevalence rate in terms of substance use.

Perception of drug-related interventions was assessed by participants of the ESM-study who intended to use illegal substances at their next festival visit or who were still undecided about it. Obviously, most of the participants in this study intended to use most of the drug-related services at festivals, if they believed this to be necessary for them. Nevertheless, only about 20% of the respondents indicated to be willing to make use of mercy or amnesty bins. Furthermore, more than 25% of all participants indicated to be unfamiliar with the concept of an outreach harm reduction team.

The majority of the participants believed that drug-related interventions, repressive actions included, would have had no impact on extent of substance use. However, police intervention with sniffer dogs and police in uniform at the festival area were believed to achieve the best result in the direction of using fewer illegal substances.

A totally different pattern was found for participants' perceptions of drug-related interventions being able to impact substance use-related risks. First of all, harm reduction actions were clearly believed to result in reducing substance use-related risks. This is in strong contrast to repressive interventions, which a substantial part of the participants perceived to (slightly) increase substance use-related risks.



## 2.3 SUBSTANCE USE (NORMS), PERCEPTIONS & IMPACT OF DRUG-RELATED INTERVENTIONS AT THE FESTIVAL

### 2.3.1 THE SAMPLE (N=187)

This chapter is dedicated to the findings of all participants who completed the three questionnaires (T1, T2 and T3) which were related to the participants' planned festival visit. In total, 187 respondents filled out all questionnaires. In general, this sample (see Table 3) did not differ substantially with the sample of all 305 respondents (Table 1) who completed the first questionnaire (T1).

Demographics (N=187)		
	N	(%)
<b>User language</b>		
EN	2	(1,07%)
FR	41	(21,93%)
NL	144	77,01%
<b>Gender</b>		
Male	111	(59,36%)
Female	75	(40,11%)
Other	1	(0,53%)
<b>Age (in years)</b>		
Min – Max	18 – 55	
Mean (SD)	27,80 (8,17)	
<b>Highest education</b>		
None, primary school or lower degree secondary school (year 3 finished)	7	(3,74%)
Secondary school (year 6 or 7 finished)	72	(38,50%)
Higher education (bachelor, master, doctorate)	108	(57,75%)
<b>Current occupation<sup>10</sup></b>		
Full-time work	85	(45,45%)
Part-time work	19	(10,16%)
Student	75	(40,11%)
Just graduated	6	(3,21%)
Neither in education, employment or training	7	(3,74%)

Table 3: Demographics of the participants who completed T1, T2 and T3

In terms of substance use, similar patterns were observed for the sample of 305 respondents and the final sample of 187 respondents (see Table 4). Despite, small differences were seen in terms of lifetime use and past-year use. Substance use among the group of 187 festival attendees was slightly lower for most of the substances compared to the bigger sample. Concerning lifetime use, the biggest differences were observed for use of ketamine (-3,41%) and ecstasy/MDMA (-2,90%), while the smallest differences were seen for use of alcohol (-0,09%) and cocaine (-0,45%). In terms of past-year use, the most pronounced differences were found in use of cannabis (-4,60%), ecstasy/MDMA (-3,41%), and ketamine (-3,18%). The use of the hallucinogens was almost equal in both samples.

<sup>10</sup> Multiple answer options were possible.

Type of substance	Lifetime use (%)			Past-year use (%)		
	N=187	N=305	Differences	N=187	N=305	Differences
Alcohol	98,93%	99,02%	-0,09%	93,58%	95,41%	-1,83%
Cannabis	87,17%	89,18%	-2,01%	65,24%	69,84%	-4,60%
Cocaine	45,45%	45,90%	-0,45%	28,88%	30,16%	-1,29%
Amphetamines / Speed	31,55%	33,11%	-1,56%	10,70%	12,13%	-1,44%
Ecstasy / MDMA	57,75%	60,66%	-2,90%	41,18%	44,59%	-3,41%
Magic mushrooms	32,62%	34,10%	-1,48%	9,09%	9,18%	-0,09%
LSD	24,60%	26,23%	-1,63%	5,35%	6,23%	-0,88%
Ketamine	31,02%	34,43%	-3,41%	15,51%	18,69%	-3,18%

Table 4: Differences in substance use between the two samples

### 2.3.2 SUBSTANCE USE AT THE FESTIVAL

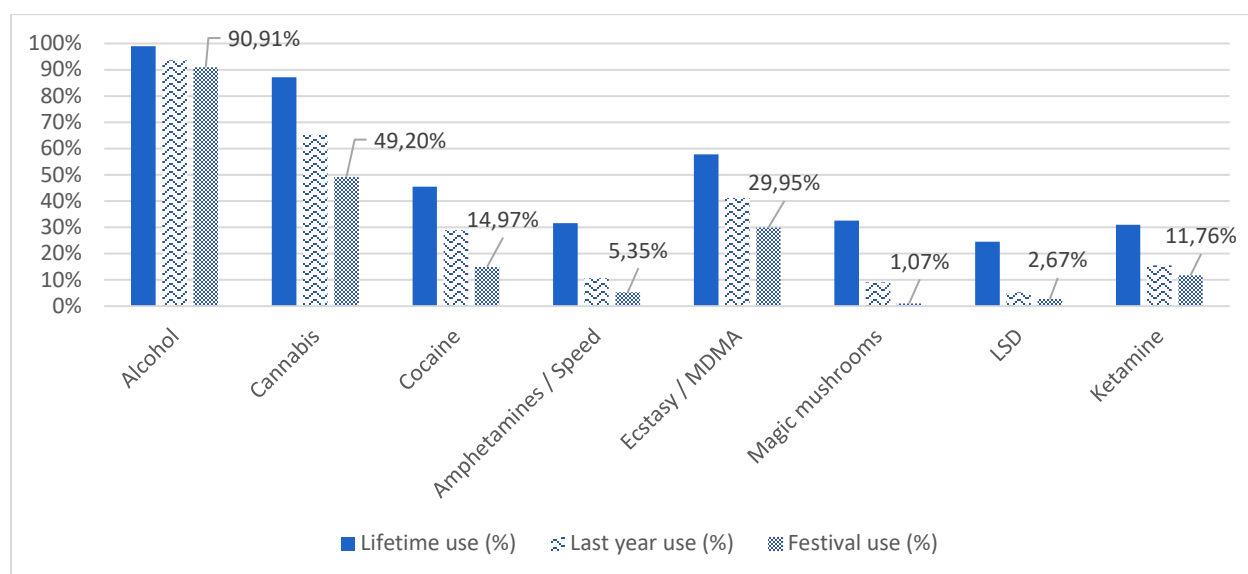


Figure 6: Substance use of the sample of 187 festival attendees (specific percentage of festival use is indicated in the chart)

Substance use at the festival was surveyed a few days after their visit. Eight different substances were assessed by the respondents (see Figure 6). As expected, alcohol was the most used substance (90,91%), while almost half of the attendees (49,20%) indicating to have used cannabis at the festival. Regarding stimulants, ecstasy/MDMA was used most often (29,95%), followed by cocaine (14,97%), while the use of speed/amphetamines (5,35%) was the lowest. Ketamine had been used by 11,76% of the festival attendees, whereas the typical hallucinogens – magic mushrooms (1,07%) and LSD (2,67%) – were used by only few participants. Moreover, 12 respondents (6,42%) indicated they used at least one other drug<sup>11</sup> during their festival visit. 2C-B and mephedrone were indicated most often used by respectively four and three respondents, followed by GHB and poppers, which were both specified by two respondents. In total, 117 festival attendees (62,57%) had used one or more illegal substances during their festival visit (see Table 5).

<sup>11</sup> In the questionnaire it was asked to indicate the most used substance at the festival if the respondent used more than 1 other substance.

Number of illegal substances taken during the festival	N	%	%
0 illegal substances	70	37,43%	37,43%
1 illegal substance	58	31,02%	62,57%
2 illegal substances	29	15,51%	
3 illegal substances	22	11,76%	
4 illegal substances	7	3,74%	
5 illegal substances	1	0,53%	
TOTAL	187	100,00%	100,00%

Table 5: Number of illegal substances taken during the participants' festival visit

Before the festival visit, the participants were asked whether they intended to use illegal substances at their next festival visit. The focus was put on the respondents who (slightly) agreed or neither agreed nor disagreed with at least one of the three items measuring intentional use of illegal substances at the festival. By consequence, the other respondents were categorized as having no intention to use illegal substances at their next festival visit. In total, 120 respondents (64,17%) intended to use illegal substances at their next visit or were still undecided about it. In Table 6, these findings are compared with the actual use of illegal substances at the festival. 105 respondents (87,50%) who intended to use illegal substances or were still undecided were shown to have used illegal substances at the festival. From a different point of view, 105 participants (89,74%) of those who used illegal substances at the festival, intended to use illegal substances at the festival or were still undecided about it before their festival visit took place.

Intention of illegal drug use at the next festival visit	Use of illegal substances during the festival (n)		
	No	Yes	TOTAL
No intentional use of illegal drugs at the next festival visit	55	12	67
Intentional use of illegal drugs at the next festival visit (or still undecided)	15	105	120
TOTAL	70	117	187

Table 6: Comparison between intentional use versus actual use of illegal substances at the festival

### 2.3.3 SUBSTANCE-USE NORMS

During the festival visit, participants of the ESM-study were asked to fill out a short questionnaire (T2) on their friends' substance use, as well as substance use norms at the festival, in terms of the omnipresence of illegal substance use and availability of illegal substances at the festival.

Concerning the first item, most of the participants had friends who used substances at the festival. However, differences were observed between use of alcohol, cannabis, and other drugs. More than half of the festival attendees indicated that all of their friends were using alcohol during the festival, while only a small part of the respondents specifies that for cannabis or other drugs (see Table 7).

How many of your friends are using ... during the festival?	Use of illegal substances during the festival (n)		
	alcohol	cannabis	other drugs
None	2,14%	18,72%	37,97%
Some	6,42%	34,76%	29,95%
About half	3,74%	16,58%	8,02%
Most	32,09%	21,39%	17,11%
All	55,61%	8,56%	6,95%

Table 7: Substance use of friends at the festival

Further, Figure 7 clearly shows that a substantial part of the respondents perceived an overall use of cannabis or other drugs during their festival visit, especially with regard to cannabis, as more than three-quarters of the festival attendees (slightly or fully) agreed that cannabis use was omnipresent. Overall, although to a lesser extent, they were also convinced of the omnipresence of other drugs.

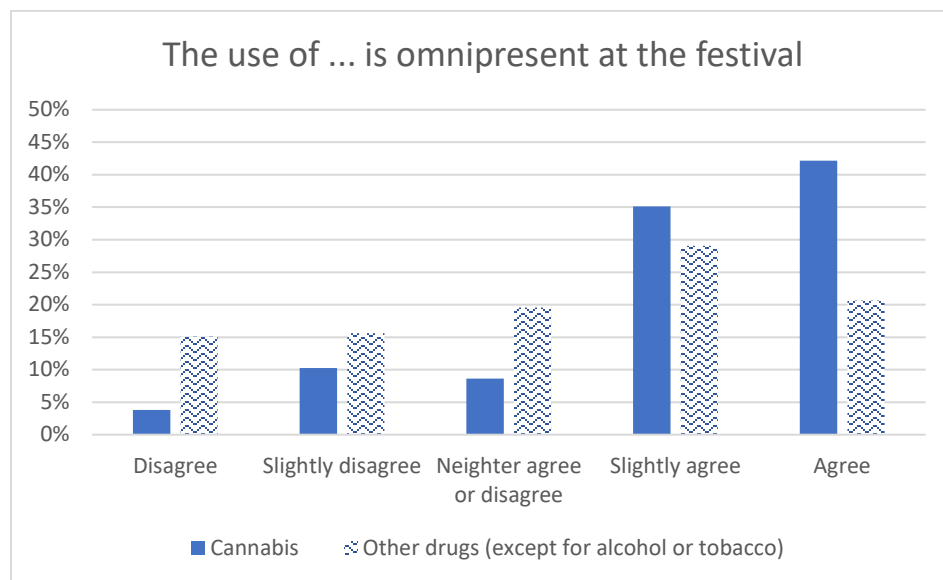


Figure 7: The omnipresence of substance use at the festival

Lastly, more than one third (34,68%) of the festival attendees reported to be able to easily obtain cannabis or other illegal drugs at the festival (see Table 8). From a different point of view, the availability of cannabis or other illegal drugs at the festival seemed not really a problem for more than two thirds (67,63%) of the respondents who (slightly) agreed to be able to easily obtain these substances.

It is easy for me to obtain cannabis or other drugs (except for alcohol or tobacco) at the festival			
	N	%	Valid %
Disagree	9	4,81%	5,20%
Slightly disagree	22	11,76%	12,72%
Neither agree or disagree	25	13,37%	14,45%
Slightly agree	57	30,48%	32,95%
Agree	60	32,09%	34,68%
Sub total	173	92,51%	100,00%
Missing values	14	7,49%	
TOTAL	187	100,00%	

Table 8: Perceptions about the availability of cannabis or other drugs (except for alcohol or tobacco) at the festival

### 2.3.4 DRUG-RELATED INTERVENTIONS AT THE FESTIVAL

In total, 15 potentially present drug-related interventions at music festivals were assessed. In the questionnaire completed after their festival visit (T3), participants were in the first place asked whether they had noticed one or more of these interventions during their festival visit (see Table 9). Clearly, most respondents had noticed first aid

services or mobile first aid teams (92,51%), followed by festival stewards (81,28%), and control at the entrance or festival by security staff (75,40%). More than half of the participants detected the following interventions: information concerning the alcohol and drug policy in force at the festival (55,08%) and free water services (53,48%). The 10 other drug-related actions were noticed by less than half of the respondents.

In terms of police interventions, the presence of police in uniform was spotted most often (47,06%), followed by police intervention with sniffer dogs (30,48%), and plainclothes police (22,99%). Paying a fine to the police (12,83%) was least often discerned by the participants. As good as one third (33,16%) of those being unsure about noticing an intervention referred to the presence of plainclothes police at the festival area. Obviously, this finding is rather unsurprising, since it is the purpose and specific task of plainclothes police to discreetly intervene.

Regarding harm reduction actions at the festival, information stands were noticed most often (35,29%), followed by outreach harm reduction teams (23,53%), and relax zones/areas for non-medical care (22,46%). Drug testing services were noticed the least often (5,88%).

Number of festival attendees who noticed a drug related intervention at the festival (N=187)						
	Yes		No		Unsure	
	N	(%)	N	(%)	N	(%)
First aid service or mobile first aid team	173	(92,51%)	5	(2,67%)	9	(4,81%)
Festival stewards (part of the crew organization)	152	(81,28%)	17	(9,09%)	18	(9,63%)
Control at the entrance or festival area by security staff	141	(75,40%)	37	(19,79%)	9	(4,81%)
Information concerning the alcohol and drug policy in force at the festival	103	(55,08%)	66	(35,29%)	18	(9,63%)
Free water service	100	(53,48%)	70	(37,43%)	17	(9,09%)
Presence of police in uniform at the festival area	88	(47,06%)	84	(44,92%)	15	(8,02%)
Information banners/screens concerning alcohol and other drugs	78	(41,71%)	89	(47,59%)	20	(10,70%)
Drug information stand working from a harm reduction principle	66	(35,29%)	95	(50,80%)	26	(13,90%)
Police intervention with sniffer dogs	57	(30,48%)	114	(60,96%)	16	(8,56%)
Outreach harm reduction team	44	(23,53%)	109	(58,29%)	34	(18,18%)
Presence of plainclothes police at the festival area	43	(22,99%)	82	(43,85%)	62	(33,16%)
Relax zone/area for non-medical care (e.g., bad trip management)	42	(22,46%)	113	(60,43%)	32	(17,11%)
Mercy bin/Amnesty bin/Drop box	34	(18,18%)	125	(66,84%)	28	(14,97%)
Paying a fine to the police (OMS)	24	(12,83%)	127	(67,91%)	36	(19,25%)
Drug testing service (to test the quality of your drugs)	11	(5,88%)	150	(80,21%)	26	(13,90%)

Table 9: Drug-related interventions noticed by the festival attendees during their festival visit

Only the festival attendees who noticed a specific drug-related intervention during their festival visit were able to provide more information regarding the observed intervention. These respondents were asked: “Did you get in touch with or make use of these interventions or services at the festival you recently attended?”

An overview of how frequently drug-related actions were encountered by the sample of festival attendees is provided in Figure 8. Additionally, the results per drug-related intervention was calculated based on the number of respondents who noticed the particular drug-related intervention (as reported in Figure 8). Control at the entrance or festival area by security staff was encountered most often (58,29%), followed by a free water service (43,32%). The least often encountered interventions consisted of plainclothes police at the festival area (4,81%), paying a fine to the police (3,74%), mercy or amnesty bins (2,14%), and drug testing services (1,60%).

Based on the number of respondents who spotted a specific drug-related intervention, free water services were used by most of the respondents (81,00%), followed by control at the entrance or festival area by security staff (77,30%), and information banners/screens focusing on alcohol and other drugs (57,69%). With regard to harm reduction interventions at the festival, some made use of relax zones/areas for non-medical care (47,62%) and information stands (46,97%). Drug testing services were used less often (27,27%). Regarding police interventions, some of them got in touch with sniffer dogs (29,82%) and police fine settlement (29,17%). Finally, some participants also obtained experience with a first aid service or mobile first aid team (14,44%) and mercy/amnesty bins (11,76%).

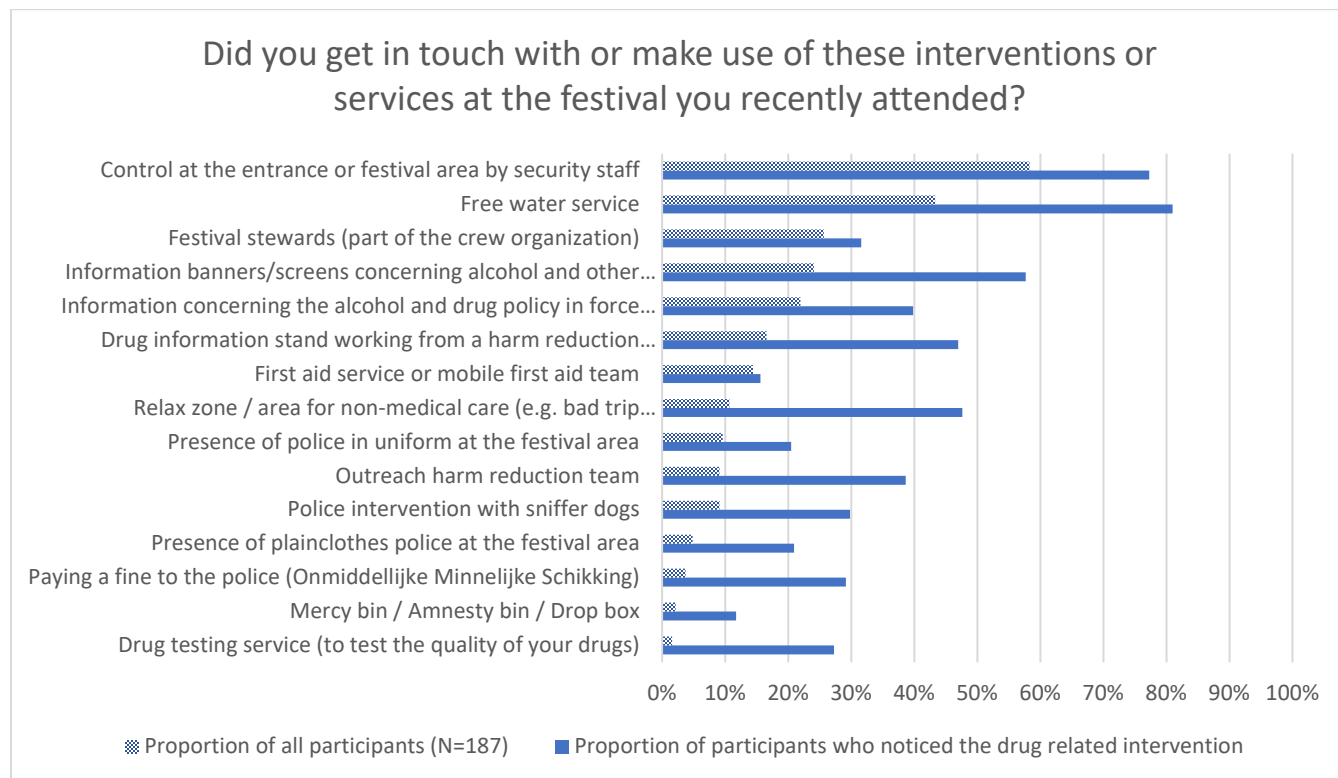


Figure 8: Proportion of festival attendees who encountered drug-related interventions during their festival visit

### 2.3.5 PERCEIVED IMPACT OF DRUG-RELATED INTERVENTIONS ON PERSONAL SUBSTANCE USE AND RELATED BEHAVIOR

As the ESM-study targeted experience, only participants who encountered drug-related interventions and used one or more illegal substances during their festival visit were able to provide more information regarding the impact of these specific drug-related interventions on their personal substance use and related behavior. As a result, the total number of respondents who met the criteria just mentioned, was often quite low (see Table 10).

Drug-related intervention	N
Control at the entrance or festival area by security staff	68
Free water service	53
Information concerning the alcohol and drug policy in force at the festival	32
Information banners/screens concerning alcohol and other drugs	31
Festival stewards	30
Information stand working from a harm reduction principle	26
First aid service or mobile first aid team	15

Relax zone/area for non-medical care	15
Police intervention with sniffer dogs	13
Outreach harm reduction team	12
Presence of police in uniform at the festival area	8
Presence of plainclothes police at the festival area	7
Paying a fine to the police	6
Mercy bin/Amnesty bin/Drop box	4
Drug testing service	2

Table 10: Overview of number of respondents who encountered the specific drug-related intervention at the festival and used one or more illegal substances at the festival

For each drug-related intervention under scrutiny, six items were surveyed using a five-point Likert scale. In what follows, the findings of each item are presented by comparing the mean scores of the items for each drug-related action. A mean score of 3,00 implies no impact, while a lower (higher) mean score implies a decrease (increase). A mean score of 1,00 or 5,00 indicates the maximum impact in both directions (overall, mean scores lower than 2,50 or higher than 3,50 denote a clear impact). Although caution is needed when comparing the different drug-related interventions due to the different sample sizes, trends can be observed when comparing mean scores per drug-related strategy (cf. harm reduction strategies versus repressive strategies).

Seen the fact the sample sizes (*n*'s) for some drug-related interventions are very small (see Table 9), only the mean scores with more than 10 participants included, were taken into consideration when testing the significance and interpreting the findings. However, mean scores of all drug-related interventions are consultable in Tables 10 to 15.

### 2.3.5.1 The impact regarding illegal substance use extent

When comparing the impact of the different drug-related actions in terms of frequency of illegal substance use, the broader picture shows that most of the drug-related interventions had no impact (see Table 11).

A police action with sniffer dogs was demonstrated to have resulted in a decrease of illegal substance use. Nonetheless, the impact of this specific repressive intervention was quite low.

Due to ...	<i>N</i>	Mean	<i>SE</i>	<i>SD</i>
A drug testing service ...	2	2,00	1,00	1,41
A police intervention with sniffer dogs ...	13	2,69	0,21	0,75
Plainclothes police at the festival area ...	7	2,71	0,29	0,76
Police in uniform at the festival area ...	8	2,75	0,16	0,46
Festival stewards ...	30	2,87	0,08	0,43
Control at the entrance or festival area by security staff ...	68	2,91	0,07	0,54
An information stand working from a harm reduction principle ...	26	2,92	0,08	0,39
Information banners/screens at the festival concerning alcohol and other drugs ...	31	2,94*	0,06	0,36
A mercy bin/amnesty bin/drop box at the festival ...	4	3,00	0,00	0,00
Paying a fine to the police at the festival ...	6	3,00	0,00	0,00
Information concerning the alcohol and drug policy in force at the festival ...	32	3,00	0,06	0,36

An outreach harm reduction team ...	12	3,00	0,00	0,00
A free water service ...	53	3,04***	0,05	0,34
A first aid service or mobile first aid team ...	15	3,07***	0,07	0,26
A relax zone/area for non-medical care ...	15	3,07***	0,07	0,26
Mean score of 1,00-2,50 = less use of illegal substances Mean score of 2,50-2,90 = slightly less use of illegal substances Mean score of 2,90-3,10 = (almost) no impact Mean score of 3,10-3,50 = slightly more use of illegal substances Mean score of 3,50-5,00 = more use of illegal substances *p < .05 / **p < .01 / ***p < .001 (based on Z of Skewness)				

Table 11: The impact of the drug-related interventions at the festival regarding illegal substance use extent

### 2.3.5.2 The impact in terms of substance use-related risks

A different picture is painted when comparing the perceived impact of the different drug-related interventions at festivals in terms of substance use-related risks (see Table 12). In general, harm reduction actions at festivals were perceived as leading to a less risky use, in particular harm reduction information stands, outreach harm reduction teams, and free water services. In other words, the majority of the participants who used illegal substances at the festival and who encountered a specific harm reduction service at the festival, used in a (slightly) less risky way due to these particular harm reduction actions. Adverse effects were observed when encountering repressive interventions. Apparently, these drug-related actions resulted (slightly) in a riskier use among a substantial part of the respondents who used illegal substances and encountered these interventions.

Due to ...	N	Mean	SE	SD
A drug testing service ...	2	2,00	1,00	1,41
An information stand working from a harm reduction principle ...	26	2,08	0,20	1,02
An outreach harm reduction team ...	12	2,08	0,23	0,79
A free water service ...	53	2,11	0,13	0,93
A relax zone/area for non-medical care ...	15	2,60*	0,16	0,63
A first aid service or mobile first aid team ...	15	2,67	0,23	0,90
Information banners/screens at the festival concerning alcohol and other drugs ...	31	2,77*	0,11	0,62
Information concerning the alcohol and drug policy in force at the festival ...	32	2,81***	0,09	0,54
A mercy bin/amnesty bin/drop box ...	4	3,00	0,82	1,63
Festival stewards ...	30	3,17	0,17	0,91
Paying a fine to the police at the festival ...	6	3,17	0,17	0,41
Control at the entrance or festival area by security staff ...	68	3,28	0,09	0,77
A police intervention with sniffer dogs ...	13	3,38	0,24	0,87
Plainclothes police at the festival area ...	7	3,71	0,36	0,95
Police in uniform at the festival area ...	8	4,00	0,38	1,07



Mean score of 1,00-2,50 = less risky use  
 Mean score of 2,50-2,90 = slightly less risky use  
 Mean score of 2,90-3,10 = (almost) no impact  
 Mean score of 3,10-3,50 = slightly riskier use  
 Mean score of 3,50-5,00 = riskier use  
 \*p < .05 / \*\*p < .01 / \*\*\*p < .001 (based on Z of Skewness)

Table 12: The impact of the drug-related interventions at the festival in terms of substance use-related risks

### 2.3.5.3 The impact in terms of purchasing from unknown dealers at the festival

The impact of drug-related interventions on purchasing from unknown dealers at festivals was somewhat less pronounced (see Table 13). Information stands working from a harm reduction principle (e.g., a peer support info stand from Safe 'n Sound) were indicated to result in fewer purchases from unknown dealers at the festival, while free water services were shown not to impact this measure at all.

Due to ...	N	Mean	SE	SD
An information stand working from a harm reduction principle ...	26	2,38	0,18	0,90
An outreach harm reduction team ...	12	2,58	0,26	0,90
A relax zone / area for non-medical care ...	15	2,73*	0,21	0,80
Control at the entrance or festival area by security staff ...	68	2,75	0,14	1,18
Information concerning the alcohol and drug policy in force at the festival ...	32	2,75	0,16	0,88
Information banners/screens at the festival concerning alcohol and other drugs ...	31	2,77***	0,10	0,56
A police intervention with sniffer dogs ...	13	2,85	0,34	1,21
Festival stewards ...	30	2,87	0,16	0,86
A free water service ...	53	2,91***	0,08	0,56
A drug testing service ...	2	3,00	0,00	0,00
Police in uniform at the festival area ...	8	3,00	0,42	1,20
A mercy bin/amnesty bin/drop box ...	4	3,25*	0,25	0,50
Plainclothes police at the festival area ...	7	3,29	0,47	1,25
A first aid service or mobile first aid team ...	15	3,33**	0,16	0,62
Paying a fine to the police at the festival...	6	3,50	0,34	0,84

Mean score of 1,00-2,50 = buying less illegal substances from an unknown dealer at the festival  
 Mean score of 2,50-2,90 = buying slightly less illegal substances from an unknown dealer at the festival  
 Mean score of 2,90-3,10 = (almost) no impact  
 Mean score of 3,10-3,50 = buying slightly more illegal substances from an unknown dealer at the festival  
 Mean score of 3,50-5,00 = buying more illegal substances from an unknown dealer at the festival  
 \*p < .05 / \*\*p < .01 / \*\*\*p < .001 (based on Z of Skewness)

Table 13: The impact of the drug-related interventions at the festival in terms of purchasing from unknown dealers at the festival

### 2.3.5.4 The impact in terms of frequency of alcohol use

Similar to the previous section, not much impact in terms of frequency of alcohol consumption was observed (see Table 14). In general, several drug-related interventions did not impact this measure, such as information concerning the alcohol and drug policy in force at the festival, and relax zones/areas for non-medical care.

However, some did slightly impact alcohol consumption frequency, as a number of participants indicated some harm reduction services at the festival to lead to a slightly decrease in alcohol use.

Due to ...	N	Mean	SE	SD
A free water service ...	53	2,60	0,14	1,03
An information stand working from a harm reduction principle ...	26	2,62	0,17	0,85
An outreach harm reduction team ...	12	2,67**	0,19	0,65
Information banners/screens at the festival concerning alcohol and other drugs ...	31	2,90	0,13	0,70
A relax zone/area for non-medical care ...	15	2,93	0,21	0,80
Information concerning the alcohol and drug policy in force at the festival ...	32	2,97	0,11	0,65
A mercy bin/amnesty bin/drop box ...	4	3,00	0,00	0,00
Paying a fine to the police at the festival ...	6	3,00	0,00	0,00
Control at the entrance or festival area by security staff ...	68	3,16***	0,09	0,75
A first aid service or mobile first aid team ...	15	3,20	0,26	1,01
Festival stewards ...	30	3,20***	0,11	0,61
A police intervention with sniffer dogs ...	13	3,31	0,31	1,11
Police in uniform at the festival area ...	8	3,38	0,26	0,74
Plainclothes police at the festival area ...	7	3,57	0,37	0,98
A drug testing service ...	2	4,00	1,00	1,41
Mean score of 1,00-2,50 = drinking less alcohol Mean score of 2,50-2,90 = drinking slightly less alcohol Mean score of 2,90-3,10 = (almost) no impact Mean score of 3,10-3,50 = drinking slightly more alcohol Mean score of 3,50-5,00 = drinking more alcohol *p < .05 / **p < .01 / ***p < .001 (based on Z of Skewness)				

Table 14: The impact of the drug-related interventions at the festival in terms of frequency of alcohol use

### 2.3.5.5 The impact in terms of switching to other drugs

Overall, drug-related interventions did not result in switching to other drugs, such as legal highs or designer drugs (see Table 15). No clear impact was observed for several drug-related interventions, such as festival stewards, first aid services or mobile first aid teams, police intervention with sniffer dogs, relax zones/areas for non-medical care.

Due to ...	N	Mean	SE	SD
A drug testing service ...	2	2,00	1,00	1,41
An information stand working from a harm reduction principle ...	26	2,58*	0,16	0,81
Police in uniform at the festival area ...	8	2,63	0,38	1,06
An outreach harm reduction team ...	12	2,75***	0,18	0,62
Information concerning the alcohol and drug policy in force at the festival ...	32	2,81***	0,11	0,64
A free water service ...	53	2,83***	0,07	0,55

Control at the entrance or festival area by security staff ...	68	2,90**	0,09	0,78
Information banners/screens at the festival concerning alcohol and other drugs ...	31	2,90*	0,07	0,40
A relax zone/area for non-medical care ...	15	2,93***	0,15	0,59
A police intervention with sniffer dogs ...	13	3,00	0,25	0,91
A first aid service or mobile first aid team ...	15	3,00	0,22	0,85
Festival stewards ...	30	3,00	0,05	0,26
Paying a fine to the police at the festival ...	6	3,00	0,00	0,00
Plainclothes police at the festival area ...	7	3,14***	0,14	0,38
A mercy bin/amnesty bin/drop box ...	4	3,25	0,25	0,50
Mean score of 1,00-2,50 = switching less to other drugs Mean score of 2,50-2,90 = switching slightly less to other drugs Mean score of 2,90-3,10 = (almost) no impact Mean score of 3,10-3,50 = switching slightly more to other drugs Mean score of 3,50-5,00 = switching more to other drugs *p < .05 / **p < .01 / ***p < .001 (based on Z of Skewness)				

Table 15: The impact of the drug-related interventions at the festival in terms of switching to other drugs

### 2.3.5.6 The impact in terms of overall awareness of illegal substance use and associated risks

Almost all drug-related interventions were shown to increase the overall awareness concerning use of illegal substances and associated risks (see Table 16), although generally with limited impact. Only information stands working from a harm reduction principle and outreach harm reduction teams were demonstrated to clearly increase awareness.

Due to ...	N	Mean	SE	SD
A drug testing service ...	2	2,50	0,50	0,71
Paying a fine to the police at the festival ...	6	2,83	0,17	0,41
A free water service ...	53	3,11	0,09	0,64
Police in uniform at the festival area ...	8	3,13	0,40	1,13
Control at the entrance or festival area by security staff ...	68	3,19	0,08	0,70
A police intervention with sniffer dogs ...	13	3,23	0,32	1,17
A first aid service or mobile first aid team ...	15	3,27	0,25	0,96
Festival stewards ...	30	3,27***	0,13	0,69
A relax zone/area for non-medical care ...	15	3,27*	0,12	0,46
Information concerning the alcohol and drug policy in force at the festival ...	32	3,31	0,12	0,69
Plainclothes police at the festival area ...	7	3,43	0,43	1,13
Information banners/screens at the festival concerning alcohol and other drugs ...	31	3,45	0,15	0,85
A mercy bin/amnesty bin/drop box ...	4	3,50	0,29	0,58
An outreach harm reduction team ...	12	3,83	0,21	0,72
An information stand working from a harm reduction principle ...	26	3,88	0,19	0,99

Mean score of 1,00-2,50 = being less aware of the use of illegal substances and associated risks  
 Mean score of 2,50-2,90 = being slightly less aware of the use of illegal substances and associated risks  
 Mean score of 2,90-3,10 = (almost) no impact  
 Mean score of 3,10-3,50 = being slightly more aware of the use of illegal substances and associated risks  
 Mean score of 3,50-5,00 = being more aware of the use of illegal substances and associated risks  
 \*p < .05 / \*\*p < .01 / \*\*\*p < .001 (based on Z of Skewness)

Table 16: The impact of the drug-related interventions at the festival in terms of overall awareness of illegal substance use and associated risks

### 2.3.6 PERCEPTIONS CONCERNING THE IMPACT OF DRUG-RELATED INTERVENTIONS: BEFORE AND AFTER THE FESTIVAL VISIT

A substantial part of the participants was surveyed before and after their festival visit regarding their perception about drug-related interventions at festivals. These results have been described more comprehensively before (see section 2.2.3.2). Here, we only report on the perceptions of the festival attendees who completed the first questionnaire (T1) and who had the intention to use illegal substances during the festival or who were still undecided about it (N=208). Similar as in the pretest, perceptions on the impact of drug-related interventions were assessed on two different items, using a five-point Likert scale. The first item focused on the perceived impact of illegal substance use frequency, whereas the second item targeted the perceived impact in terms of substance use-related risks.

In this chapter, only participants who encountered the specific drug-related interventions at the festival are included. Moreover, their perceptions before the festival visit (pretest) are compared to those after their festival visit. Similar as in the previous chapter (see 2.3.5), the impact is measured by calculating the mean scores, with a mean score of 3 implying no impact.

Important to keep in mind when interpreting the results is that often (very) small numbers of respondents (n's) were surveyed (see e.g., Table 17 and 18), since they 1) had to have encountered one or more specific drug-related interventions at the festival, and 2) had to have indicated in the first questionnaire (T1) to have the intention to use illegal substances during their festival visit, or to be undecided about it. Consequently, only groups were compared if the number of participants was more than 10. However, mean scores of all drug-related interventions are consultable in the Tables 16 and 17.

#### 2.3.6.1 Perceived impact in terms of illegal substance use frequency

When compared to their convictions assessed in the pretest, after encountering drug-related interventions, respondents' perception regarding impact of specific drug-related interventions on frequency of use changed for most of these drug-related interventions in the direction of using fewer illegal substances (see Table 17). Especially first aid services, or mobile first aid teams, and information stands working from a harm reduction principle were believed to lead to decreased consumption frequencies. Moreover, overall, differences were small and not much effect of actual experience with such interventions on respondents' general beliefs regarding this specific item was retrieved. Vice versa, participants' perceptions somewhat changed in the other direction, thus leading to increases in substance use frequency, such as for police interventions with sniffer dogs. In general, no clear changes were observed between harm reduction initiatives or repressive actions in particular.

Due to ...	Mean		Difference between the mean scores	N
	before the festival visit	after the festival visit		
Control at the entrance or festival area by security staff, users will use ...	2,93	2,73	-0,19	67
A police intervention with sniffer dogs, users will use ...	2,54	2,85	0,31	13

A first aid service or mobile first aid team, users will use ...	3,29	2,93	-0,36	14
Festival stewards, users will use ...	3,11	2,89	-0,21	28
An information stand working from a harm reduction principle, users will use ...	3,07	2,74	-0,33*	27
A relax zone/area for non-medical care, users will use ...	3,20	3,07	-0,13	15
A drug testing service, users will use ...	3,00	3,00	0,00	2
A mercy bin/amnesty bin/drop box, users will use ...	4,00	3,00	-1,00	2
Paying a fine to the police, users will use ...	2,75	3,00	0,25	4
Plainclothes police at the festival area, users will use ...	3,17	3,00	-0,17	6
Police in uniform at the festival area, users will use ...	2,60	2,50	-0,10	10
Information concerning the alcohol and drug policy in force at the festival, users will use ...	3,00	2,87	-0,13	30
Information banners/screens concerning alcohol and other drugs, users will use ...	2,83	2,63	-0,20	30
An outreach harm reduction team, users will use ...	2,73	2,91	0,18	11
A free water service, users will use ...	3,06	3,02	-0,04	53
*p < .05 / **p < .01 / ***p < .001 (paired samples t-test)				

Table 17: Comparing the perceived impact before and after the festival visit concerning the drug-related interventions in terms of illegal substance use frequency

### 2.3.6.2 Perceived impact of drug-related interventions on substance use-related risks

Further, it was checked whether respondents' perceptions regarding the impact of drug-related interventions on substance use-related risks changed after encountering such interventions at the festival (see Table 18). Although also here, overall, most differences were rather small or no differences were retrieved at all. Nevertheless, after encountering these interventions, respondents more strongly believed that first aid services or mobile first aid teams, information banners/screens targeting alcohol and other drugs, and information stands working from a harm reduction principle were able to potentially reduce substance use-related risk.

Overall, both before and after encountering these interventions at the festival, participants believed repressive actions could lead to a riskier substance use, whereas the typical harm reduction actions were considered to result in less risky substance use.

Due to ...	Mean		Difference between the mean scores	N
	before the festival visit	after the festival visit		
Control at the entrance or festival area by security staff, users will use ...	3,78	3,76	-0,01	67
A police intervention with sniffer dogs, users will use ...	4,00	3,77	-0,23	13
A first aid service or mobile first aid team, users will use ...	3,07	2,64	-0,43	14
Festival stewards, users will use ...	3,14	3,25	0,11	28
An information stand working from a harm reduction principle, users will use ...	1,78	1,52	-0,26*	27
A relax zone/area for non-medical care, users will use ...	2,33	2,13	-0,20	15
A drug testing service, users will use ...	1,50	1,00	-0,50	2
A mercy bin/amnesty bin/drop box, users will use ...	4,00	4,00	0,00	2
Paying a fine to the police, users will use ...	3,25	3,50	0,25	4
Plainclothes police at the festival area, users will use ...	3,67	3,83	0,17	6
Police in uniform at the festival area, users will use ...	3,60	3,70	0,10	10
Information concerning the alcohol and drug policy in force at the festival, users will use ...	2,70	2,80	0,10	30
Information banners/screens concerning alcohol and other drugs, users will use ...	2,40	2,10	-0,30	30
An outreach harm reduction team, users will use ...	1,55	1,45	-0,09	11
A free water service, users will use ...	1,85	2,06	0,21	53
*p < .05 / **p < .01 / ***p < .001 (paired samples t-test)				

Table 18: Comparing the perceptions before and after the festival visit concerning the drug-related interventions in terms of substance use-related risks

### 2.3.7 CONCLUSION

In this chapter, we presented the results of a subset of the ESM-study, focusing on respondents who completed the questionnaire before, during, as well as after the festival visit ( $N=187$ ). Regarding demographics, the sample did not differ substantially from those who only completed the first questionnaire ( $N=305$ ) (discussed in the previous chapter 2.2). This sample demonstrated a high prevalence rate of illegal substance use. Moreover, almost two third of the participants used one or more illegal substances during their festival visit. In terms of substance use norms, drug use was perceived as (omni)present during the festival visit. Especially prevalence of alcohol was high, while also cannabis proved to be rather popular.

With regard to drug-related interventions, differences in the proportion of participants who noticed or obtained experience with specific interventions were observed. Most often encountered interventions consisted of control of security staff and free water services, while the least interaction occurred with mercy/amnesty bins and drug testing services. The perceived impact of drug-related interventions after encountering specific drug-related interventions during the festival visit was also assessed by the participants. In general, the findings did not differ substantially from the sample of respondents who were assessed before their festival visit. In general, no clear changes were observed for most of the drug-related interventions in terms of frequency of illegal drug use. However, the findings remain very clearly that the perceived impact of harm reduction initiatives was situated in the direction of using in a less risky way, whereas the opposite effect was found for repressive actions at festivals.

Next to the perceptions of drug-related interventions, the festival attendees assessed the impact of these interventions on their personal substance use and related behavior. Only respondents who used one or more illegal substances at the festival were targeted. Overall, only limited effects of drug-related interventions on the frequency of illegal substance use, purchasing from unknown dealers at the festival, alcohol consumption, and switching to other drugs were observed. Moreover, participants believed that most harm reduction services would result in less risky use, in contrast to repressive measures which they thought to lead to riskier use. In accordance with these findings, some harm reduction initiatives were believed to increase overall awareness of illegal substance use and associated risks.

## 2.4 ON-THE-SPOT OBSERVATIONS

In addition, on-the-spot observations of drug-related interventions at music festivals were conducted. Through these observations, it could be verified whether certain drug-related actions were actually present at the attended music festivals in Belgium. During the recruitment phase of the ESM-study (T0), 491 respondents indicated to visit a festival, which resulted in a list of 66 different music festivals in Belgium. On-the-spot observations were narrowed to those festivals where at least three respondents had planned to go to, resulting in a list of 26 music festivals. Consequently, in order to monitor the different drug-related actions on the spot, these music festivals were attended by researchers of the POPHARS-project (or members of a partner organization) using a checklist of the same 15 drug-related interventions as used in the ESM-study. In case the observers were unable to check certain interventions' presence, the festival organizer (or another stakeholder) was contacted during or after the festival to provide the missing information.

The presence of drug-related interventions at the 26 music festivals under study varied strongly (see Table 19). Whereas drug testing services or relax zones/areas for non-medical care were hardly present, first aid services or mobile first aid teams were available at almost all the music festivals. Furthermore, repressive actions were clearly implemented more often than harm reduction initiatives.

<b>Presence of drug related actions at music festivals</b>	<b>N</b>	<b>%</b>
First aid service or mobile first aid team (e.g., Red Cross)	25	(96,15%)
Control at the entrance or festival area by security staff	22	(84,62%)
Festival stewards	21	(80,77%)
Paying a fine to the police (OMS)	20	(76,92%)
Police in plainclothes at the festival area	18	(69,23%)
Police in uniform at the festival area	16	(61,54%)
Information concerning alcohol and drug policy in force at the festival	16	(61,54%)
Police intervention with sniffer dogs	15	(57,69%)
Information stand working from a harm reduction principle	13	(50,00%)
Free water service	13	(50,00%)
Information banners/screens concerning alcohol and other drugs	9	(34,62%)
Outreach harm reduction team	9	(34,62%)
Mercy bin/Amnesty bin/Drop box	5	(19,23%)
Relax Zone/Area for non-medical care (e.g., bad trip management)	2	(7,69%)
Drug testing service	1	(3,85%)

*Table 19: Overview of drug-related interventions at 26 music festivals in Belgium*



### **3. QUALITATIVE STUDY: INTERVIEWS WITH FESTIVAL ATTENDEES**

#### **3.1 THE OBJECTIVE & RESEARCH QUESTIONS**

The interviews with festival attendees were implemented to better understand the perceived drug consumption norms at music festivals and attendees' perceptions of drug related strategies (prevention, harm reduction, care, and law enforcement) present at the attended festival. In-depth interviews are perfectly suited to examine taboo topics (e.g., illicit substance use) or to describe specific, everyday conditions.

This results in following research questions:

- RQ1: How do festival attendees perceive substance use (norms) present at music festivals?
- RQ2a: How do festival attendees perceive the implemented drug-related interventions (prevention, harm reduction, health care, law enforcement) at music festivals?
- RQ2b: How do festival attendees perceive the possible impact of these interventions on their personal use of substances and related behavior?

#### **3.2 SEMI-STRUCTURED INTERVIEWS & RECRUITMENT OF THE PARTICIPANTS**

The interviews build further on the data originating from the ESM-study. During the interviews, we focused on perceptions and experiences of participants and respondents' reflections on these perceptions and experiences. Moreover, the purpose was to understand why festival attendees and/or PWUD provided these specific answers (referring to the results concerning the drug-related interventions and personal substance use behavior of the ESM-study).

##### *3.2.1 RECRUITMENT OF THE FESTIVAL ATTENDEES*

At the end of the last questionnaire (T3) of the ESM-study (see section 2.1), respondents were invited for an optional follow-up interview. In total, 101 festival attendees (84 Dutch speaking respondents, 16 French speaking respondents, and one English speaking respondent) expressed their willingness to participate. Potential interviewees received an e-mail with extra information concerning the semi-structured interviews and an invite to partake in this part of the study. After confirming, a contact moment was settled to conduct the interview. Purposive sampling<sup>12</sup> was employed in order to obtain a balance in terms of gender and age, and to reach enough festival attendees who had experience with illegal substance use. As an incentive, all participants received a Bol.com voucher of €20.

Since only a small number of French speaking respondents was reached using the above-described procedure, an extra online call was set up by Modus Vivendi. The same selection criteria were used as in the ESM-study. However, priority was given to respondents who were unfamiliar with Modus Fiesta and the harm reduction approach in general. This was done in order to prevent an overrepresentation of festival attendees favorable to harm reduction in the sample. In order to avoid inclusion of mainly festivals where Modus Vivendi and harm reduction initiatives are well established, a wide variety of attended music festivals was included.

In total, 40 festival attendees were interviewed. The sample consisted of 20 Dutch speaking and 20 French speaking participants. The total sample (Table 20) consisted of 22 male (55,00%) and 18 female respondents (45,00%). The age of the participants ranged between 19 and 50 years old ( $M=27,38$  years). Most participants (81,58%) had experience with illegal substance use. Moreover, more than two-thirds of the respondents expressed to have used at least one illegal substance during their festival visit.

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<sup>12</sup> Purposive sampling is commonly used in qualitative research and aims to cover a range of potentially relevant social phenomena and perspectives from an appropriate array of data sources (Giacomini & Cook, 2000).

Characteristics		Dutch speaking sample (n=20)	French speaking sample (n=20)	Total sample
Age	average	27,90 years	26,85 years	27,38 years
	min - max	21 – 50 years	19 – 40 years	19 – 50 years
Gender	male	11 (55,00%)	11 (55,00%)	22 (55,00%)
	female	9 (45,00%)	9 (45,00%)	18 (45,00%)
Substance use (lifetime)	alcohol	20 (100,00%)	13 (92,86%)	33 (97,06%)
	cannabis	18 (90,00%)	12 (70,59%)	30 (81,08%)
	other illegal drug(s)	16 (80,00%)	15 (83,33%)	31 (81,58%)
Substance use (at the festival)	intentional use of illegal drugs	10 (52,63%)	14 (73,68%)	24 (63,16%)
	illegal drug use	13 (68,42%)	14 (73,68%)	27 (71,05%)

Table 20: Characteristics of Dutch speaking and French speaking interviewees

### 3.2.2 SEMI-STRUCTURED INTERVIEWS

The semi-structured interviews were set up using an interview guideline. Key questions and sub questions were distinguished; key questions were necessary queries, while sub questions were optional ones that could help the interviewer to clarify certain items of the interview.

The interview guidelines were divided in two main parts: substance use (norms-), which is linked to the first research question, and drug-related interventions at music festivals, which is the operationalization of research questions 2a and 2b). In the first part, the perceptions and attitudes regarding substance use in general and substance use norms at festivals are being discussed, next to participants' personal substance use and social setting. The second part deals with perceptions and experiences regarding drug-related interventions at music festivals, more specifically relating to prevention, harm reduction, health care, and repressive actions (see attachment A for the detailed interview guideline).

Interviews in Dutch were executed online in the period April - May 2020 with the assistance of Louise Gousseau, Master student Science in Health Promotion, in the context of her master thesis: 'Drugs op festivals: preventieve, harm reduction, zorg en wetgeving door de lens van de festivalbezoeker'. For this purpose, Microsoft Teams was used, which enables the possibility to set up a video conference (audio as well as video functions were used to conduct the interviews). Audio recordings were made using a separate audio recorder, to ensure audio quality. Interviews with the French speaking respondents were conducted online as well, from November - December 2020. Discussing the topic of illegal substance use is considered as a sensitive practice, for which face-to-face interviews are generally preferred over online interviews. However, seen the restrictions concerning the COVID-19 pandemic, the research team had no other option than to conduct the interviews online. Nevertheless, the researchers who conducted the online interviews perceived no restraints by the participants. On the contrary, participants seemed to find their way rather easily to the online platform. Moreover, in literature, ethical issues for face-to-face and online interviews are considered as highly similar (Janghorban et al., 2014). Applied to the POPHARS-research, the interviewer obtained informed consent by sending an online form to the interviewee just before the start of the interview. Only after consent was provided, the interview started. The recording allowed the interviewer to fully focus on the conversation during the interview (Hagen, 1998), and afterwards, all recordings were transcribed verbatim.

### 3.3 RESULTS OF THE DUTCH SPEAKING FESTIVAL ATTENDEES

#### 3.3.1 PERCEPTIONS ABOUT SUBSTANCE USE (NORMS)

##### 3.3.1.1 Perceptions about personal substance use

All Dutch-speaking participants had experience with the use of alcohol. In addition, most of these participants ( $n=18$ ) also had experience with illegal substance use. In most of the cases, substance use was linked to festivals and nightlife in general. Only in a few cases, respondents linked their use specifically to other settings, such as domestic ones, which were generally linked to the use of psychedelics or cannabis. The majority of the respondents ( $n=14$ ) had experience with combi use<sup>13</sup>, although some festival attendees ( $n=5$ ) explicitly indicated to (try to) avoid it as much as possible or to take precautions when using different substances the same day (or night). Some participants ( $n=5$ ) explicitly reported to drink less alcohol, or no alcohol at all, when using other (illegal) substances. Most respondents with combi use experience referred to combinations of alcohol and illegal substances ( $n=10$ ), while others mentioned combinations of cannabis and other illegal drugs ( $n=6$ ). In terms of usage frequency, some participants ( $n=6$ ) referred to regular use of alcohol or cannabis (on a daily or weekly base), whereas other illegal substances, especially MDMA/ecstasy, were generally used only monthly or less.

Almost all respondents ( $n=17$ ) perceived their own substance use as (rather) safe. Several of them ( $n=7$ ) nuanced that the use of illicit drugs is never totally safe, since they are never completely sure whether their substances are uncontaminated, not too highly dosed, etc. However, on numerous occasions, festival attendees mentioned practices enabling (fairly) responsible ways to consume.

*“If I use ecstasy at a festival, for example, I make sure that I never take too much. Uh, that I drink enough water, so I can cool down. I am aware of the risks and also how I can reduce risks, let us say. [...] Yes, but of course it is never 100% risk free, which I am aware of.”* (citation 1, respondent NL-18, male, 24 years)

In what follows, the most cited practices are listed. Obtaining information about substance use ( $n=14$ ) was reported most frequently. Many respondents stressed the importance of information and knowledge prior to using, especially when using the substance for the first time. In this context, some of these festival attendees ( $n=4$ ) emphasized the importance of reliable and scientifically sound information. Moreover, some respondents ( $n=4$ ) appointed very specific sources of information, such as PsychonautWiki, where information about recommended dosage or about which combinations of substances to avoid is being offered. Furthermore, some participants ( $n=3$ ) referred to their friends as a source of information, particularly in the context of their friends' personal experience of PWUD.

*“I am quite rational and I looked up all I had to do beforehand. Uh, what kind of effects it could have, what uh, what could I do to make it... if it got too bad, so I... Well, also obtaining enough advice from people who have done that before. Never take too much. Always like, uh, taking quarters instead of suddenly a half [pill] or something like that, so... I, um... I consider myself as a safe user or something like that [laughs].”* (citation 2, respondent NL-16, female, 24 years)

Secondly, many festival attendees ( $n=10$ ) stressed the importance of 'knowing your limits'. Some respondents ( $n=4$ ) specified this as 'knowing your dose, thus emphasizing the importance of substance use dosing (e.g., weighing the specific dose in advance). In this sense, some participants ( $n=5$ ) reported to take a minimal dose in order to avoid problems afterwards. Not uncommonly, the insight 'knowing your limits' was often picked up after unpleasant experiences in the past ( $n=4$ ).

*“Uh, and actually always in a relatively moderate way. Not too much huh. Uh, little by little. Uh, a pill. Nowadays, a pill, uh, of ecstasy, I divide it into eight pieces. Uh, I take each time one... eighth every two hours and by the end of the night I may have taken a third of a pill so... It's not that bad. It's also because I*

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<sup>13</sup> Using two or more substances (alcohol and/or illegal drugs) at the same time.

*had a few times... it's enough to exaggerate a few times and to feel how hard that, uh, the comedown is."* (citation 3, respondent NL-15, male, 36 years)

Thirdly, the following practices considered substance use preparation. Some of the festival attendees ( $n=5$ ) specified they always wanted to buy their substances in advance, while other participants ( $n=3$ ) indicated to avoid buying from unknown dealers at festivals (thus to only buy from people they trust and/or known dealers).

*"I always bring my own things with me. I would only sporadically buy something at a festival or in the nightlife, but only rarely to never. Uh, once I had a bad experience with it. So since then, uh yes, I always take my own stuff with me. That's the safest. [...] And yes, in the end not really... I haven't had yet a bad experience with it. You also don't know 100% what's in it, ... but I do think that the quality from where I get it, is a lot higher than the average quality at festivals [when a drug is bought at a festival]."* (citation 4, respondent NL-19, male, 22 years)

Fourthly, the role of friends was described. Some participants ( $n=4$ ) referred to the ability to openly communicate with friends regarding their substance use as crucial. Others ( $n=4$ ) acknowledged the relevance of using together with (experienced) friends or being accompanied by friends who are not under influence. Furthermore, a few respondents ( $n=2$ ) stressed the importance of taking care of your friends.

*"It is difficult to define what a safe situation is, of course. But uh, people around me. There are always several people who are aware of what I consume and how much I approximately do consume, there is always at least one person who is aware of it, uh, who may also use much less or even not at all. But that (s)he could have a little more control if the situation would go wrong."* (citation 5, respondent NL-13, male, 27 years)

### 3.3.1.2 Attitude towards substance use in general

The distinction between legal and illegal substances was not perceived as a key element by most of the participants ( $n=14$ ). On the contrary, several festival attendees ( $n=7$ ) stressed that especially alcohol (potentially) creates problems and risks. In particular respondents experienced with illegal substance use were more skeptical towards alcohol. Most of these participants ( $n=5$ ), however, stressed the highlighted related health aspect, more in particular in the sense of the effects and harms particular substances could generate, or to what extent they could harm third parties. In addition, two respondents discussed the relevance of the extent to which substances are being used, as well as the exact circumstances they are being used in.

*"I used to draw a clear line between that matter. Uh, that illegal substances, I was absolutely against them. But uh, yes, because I also think that alcohol is also a fairly heavy thing, I have that, is that [border between legal and illegal] actually a little less important... Because, yes, how you deal with it all depends on the situation. Anyway. For example, it may be that you use something illegal, but that you handle it more responsibly than, for example, alcohol consumption. So, it's kind of the total picture."* (citation 6, respondent NL-06, female, 23 years)

Furthermore, some gave special attention to the use of cannabis ( $n=5$ ), stating to regard it as less harmful than other illegal, as well as legal, substances.

*"So, and alcohol is legal and... It doesn't matter to me, no. That's actually not a limit for me. For me the limit is rather what I think about it myself and [...] on what I have experienced by myself. [...] Then I will judge about it. But if I read something somewhere because the government says 'Yes, weed is bad, alcohol is allowed', for me it's the other way around."* (citation 7, respondent NL-17, female, 27 years)

### 3.3.1.3 *Substance use norms at music festivals: the perceived omnipresence of substance use*

Several respondents ( $n=6$ ) indicated legal and illegal substances to be omnipresent at music festivals. Overall, they experienced substance use as a part of the festival setting. However, perceptions with regard to the presence of illegal substances among the whole sample of respondents depended on different aspects. Firstly, cannabis use was perceived differently than consumption of other illegal substances. Some participants ( $n=6$ ) mainly detected cannabis use at festivals, and a few of them related this experience to the camp site. In this context, some respondents added that cannabis use is more detectable (referring to the smell) and visible in contrast to other illegal substances.

*“Let's just say after being 18 years old, I have noticed that cannabis is uh... very uh... more frequently present among uh a much wider audience, yes.”* (citation 8, respondent NL-10, male, 37 years)

Secondly, the use of illegal substances was often linked to particular music festivals. Some festival attendees perceived an omnipresence of so-called ‘hard drugs’ at certain music festivals. On the one hand, some ( $n=3$ ) referred to an overall open attitude towards these specific types of drugs at some festivals, in the sense of open communication among festival attendees or in the light of overt substance use at the festival. On the other hand, some respondents ( $n=3$ ) linked illegal substance use – referring to stimulants such as ecstasy – with the electronic dance music scene in particular. Nevertheless, it was also mentioned that illegal substances are mostly used in a rather covert way at the festival area ( $n=3$ ), due to the control of police or security staff.

*“[...] my first real festival was when I was 16 [years] and, uh, I went to [NAME FESTIVAL] with a buddy of mine who was a bit of a hippie. [...] But then at night on that [electronic dance music stage] I looked around, I remember that moment very well. And really everyone around me was using something. Someone was cutting a line on the screen of his mobile phone, someone was, uh, taking a pill, someone was... Yes, that night... [...] For me, that was a moment like: Okay so that's how it works [laughs].”* (citation 9, respondent NL-12, male, 21 years)

*“What's really striking at techno festivals is that everyone knows about each other. Uh, I notice that a lot. People who just ask: Do you have anything? Do you have any [ecstasy] pills? Are you selling anything? Uh, or asking for chewing gum or something like that [jaw-skating due to the use of stimulants]. Uh, and the amount of water that is being consumed. Well, you notice that everyone there knows what's going on. And that there is actually a very open mutual communication about it. [...] And that is a lot more at the techno festivals or the electronic music festivals than at other festivals. I don't notice that as such at other festivals.”* (citation 10, respondent NL-20, male, 24 years)

Furthermore, several festival attendees ( $n=5$ ) explicitly mentioned an omnipresence of alcohol by referring, for example, to the social acceptance of alcohol use at music festivals and beyond.

*“Gho yeah, I think a festival [...] I think you almost don't see anyone walking around there without a beer. [...] That really has been normalized.”* (citation 11, respondent NL-09, female, 25 years)

## 3.3.2 *PERCEPTION, EXPERIENCE AND IMPACT OF (HEALTH)CARE SERVICES AT MUSIC FESTIVALS*

### 3.3.2.1 *Perceptions about first aid services at festivals*

In general, respondents perceived first aid services at festivals in a positive way. Many of these festival attendees ( $n=9$ ) noted the relevance of first aid service presence to accommodate feelings of safety.

Nevertheless, several participants ( $n=6$ ) experienced some reticence to use first aid services when experiencing drug-related problems. They expressed to prefer to try to fix their problems themselves or ask their friends for help.

Eventually, several respondents ( $n=8$ ) pronounced to intentionally turn to first aid services in case of emergency or if their friends would insist.

Respondents also perceived specific barriers such as fear of legal consequences, fear of judgment among the medical staff, and feelings of shame. The fear of legal consequences is rather remarkable seen the fact that medical staff and first aid workers maintain medical confidentiality. Notwithstanding, even though some participants ( $n=3$ ) explicitly referred to doctor-patient confidentiality, several participants ( $n=7$ ) did mention an existing belief among festival attendees that police would interfere and/or attendees would be removed from the festival area.

*"I will go to the first aid service with someone under the influence of alcohol much faster than under the influence of an illegal substance. Because it's much more, yes, accepted, or less wrong to say... They might say, "Hey, you've let him get fed up" or "What has he done now?", but that will be it. Uh, nobody's going to call the police or you're not going to get thrown off the festival site. While you are not sure about it, uh, with other substances." (citation 12, respondent NL-20, male, 24 years)*

A few respondents ( $n=2$ ) mentioned that, according to them, medical staff or first aid workers lack knowledge and/or skills to treat specific mental problems potentially caused by substance use, in particular referring to a bad trip.

### 3.3.2.2 Experiences with first aid services at festivals

Several festival attendees ( $n=6$ ) perceived first aid services as visible. Some respondents ( $n=5$ ) noticed mobile first aid teams at the festival, actively scouting for individuals in need. However, one participant explicitly mentioned that this type of intervention is missing in the nightlife context.

Only a few respondents ( $n=2$ ) had obtained personal experience with first aid services at music festivals due to substance related problems. Additionally, several other experiences ( $n=7$ ) were mentioned in the context of accompanying friends or other festival attendees to the first aid service. About half of the experiences were related to alcohol ( $n=4$ ), while other ( $n=5$ ) were related to other drugs or a combination of alcohol and other drugs. Overall, the experiences with first aid services in the light of alcohol-related problems were perceived in a positive way. The festival attendees described the provided help as friendly and non-judgmental.

*"That was, yes, happened to be one of our neighbors and she really couldn't stand on her feet anymore and then we took her there [at the first aid service] and those people were... Well, at first, I thought like, yes, they may look at her a bit crooked because, yes, she was really drunk... But they were really super sweet and they just asked for information and they said: We'll keep you posted and they were, yes, not pretty ordinary, they took it seriously... But you didn't feel judged or anything." (citation 13, respondent NL-04, female, 21 years)*

The experiences due to other substance related problems were portrayed in a more mixed way. Two respondents described their personal experiences with first aid services due to illegal substance use. One of them had an overall good experience, however the respondent felt judged. The other participant claimed she did not receive any help.

*"Uh yeah, a little embarrassing. Uh... my lips were open from biting on it. So I went there [at the first aid service], uh... but they couldn't help me [laughs]. [...] It was a little igniting. So I uh... so I got somehow over my embarrassment. Went there. Waiting in a long queue. Asked in advance: Can you help me? Yes, yes yes. When it was my turn: Ah yes, no, we have nothing to disinfect your mouth, just go back." (citation 14, respondent NL-16, female, 24 years)*

### 3.3.2.3 *Impact of first aid services at festivals*

Many respondents ( $n=10$ ) were convinced that first aid services have no impact on substance-use behavior of festival attendees. Above all, no impact of the presence of such services was experienced on the personal behavior of most participants ( $n=15$ ).

*“No, I don't really take that into account. Uh, I am aware of the fact that they [first aid workers] are there or not, but it is not in function of that whether I would take more or less.”* (citation 15, respondent NL-07, male, 26 years)

Some participants ( $n=5$ ) considered the idea of a drug-related problem leading to an intervention at the first aid service as potentially impacting the own behavior or that of other PWUD as some sort of ‘wakeup call’.

### 3.3.3 *PERCEPTION, EXPERIENCE, AND IMPACT OF PREVENTION AND HARM REDUCTION ACTIONS AT MUSIC FESTIVALS*

During the interviews, prevention and harm reduction interventions were examined together. Seen the fact that several participants were unfamiliar with the concept of harm reduction, the interviewer initially explained the concept in the following way: “In the first place, harm reduction is not about preventing people from using substances, but primarily about reducing the risks related to substance use”.

In general, approximately half of the festival attendees ( $n=9$ ) specifically indicated to regard the harm reduction principle in a positive way, while none of the participants expressed negative feelings towards it. In this context, some festival attendees ( $n=4$ ) specified harm reduction as ‘promoting a safer substance use’ or ‘avoiding drug related incidents’. Additionally, they indicated to believe that harm reduction actions target specific festival scenes, such as the electronic dance music scene or goa scene, as well as PWUD in particular.

*“I think it's hard to say that nobody is going to use, because I think that's impossible to avoid [...] Uh, if use occurs, yes, then I think it's better to make sure that your festivalgoers will use safely, so that there are no casualties. And, I don't know, I think that's a lot more positive than just, well, not giving any information.”* (citation 16, respondent NL-R06, female, 23 years)

In what follows, the perceptions, attitudes, and experiences of the festival attendees towards prevention and harm reduction actions at music festivals is presented, as well as the impact of these specific interventions on the participants’ own substance use as well as that of others. Moreover, the findings will either be specified according to different currently applied harm reduction actions – such as an info stand or a drug testing service – or presented under the harm reduction concept in general.

#### 3.3.3.1 *Perceptions and experiences concerning an information stand*

An info stand, which offers substance use-related information at music festivals can focus on prevention (staffed by prevention workers) or peer support and harm reduction approach (staffed by harm reduction workers and peer workers). Almost all participants were referring to a harm reduction- and peer support info stand, which is in Belgium generally organized by Safe ‘n Sound (mostly operating at festivals in Flanders) or Modus Fiesta (mostly operating at festivals in Brussels and Wallonia).

#### *Attitudes towards an info stand*

As already indicated earlier, most of the respondents ( $n=14$ ) emphasized the importance of obtaining information to increase usage safety. Taking this into account, the cautious attitude among several participants towards info

stands at festivals is rather remarkable. First of all, some festival attendees ( $n=7$ ) mentioned they were already informed on substance use (e.g., on a personal initiative or by their friends). By consequence, these participants indicated they were not in need of information on the topic.

*“Once I went to see the Safe 'n Sound stand, but I actually looked up in beforehand for the information I needed. [...] It was good that they were there, of course.”* (citation 17, respondent NL-08, female, 28 years)

Another point that was raised by some attendees ( $n=4$ ) concerned the importance of a harm reduction info stand in combination with a drug testing service. They specified such an info stand to be only interesting when their substances could be tested.

Furthermore, specific legal barriers and related consequences were mentioned. Due to the fact that (illegal) drugs are often subject to repressive approaches or are perceived as a taboo topic, these respondents were convinced that this refrains festival attendees from visiting information stands. In this context, not only the contrast between the implementation of a repressive approach at the festival entrance on the one hand, and a harm reduction info stand at the festival area on the other, was mentioned, but also the fear of being judged by others was expressed.

*“There are people who easily take the step to go to such a stand, but these are usually the people who already know a lot about it who are going to such a stand. I think that there are quite a lot of people who are, yes, feeling a bit ashamed about it or can't talk about it well, or maybe they don't know how to inquire, they will not go to such a stand so quickly.”* (citation 18, respondent NL-08, female, 28 years)

Lastly, a minority ( $n=4$ ) did simply not perceive an info stand as interesting (e.g., by referring to it as 'boring').

### Experiences with an info stand

In total, 14 respondents already obtained experience with info stands at music festivals. However, a few of them did not actively make use of this specific drug-related service. Important to note is that several experiences were associated with one specific music festival which already offers a harm reduction- and peer support info stand since many years ( $n=4$ ) or were specifically referring to the Flemish peer support- and harm reduction project Safe 'n Sound ( $n=4$ ). Other experiences were not specified as such.

Some participants associated an info stand with the distribution of leaflets or flyers ( $n=4$ ). Positive aspects that were linked to the festival attendees' experiences with an info stand were: 'low threshold' ( $n=1$ ), 'non-judgmental' ( $n=1$ ), non-intrusive ( $n=1$ ), and 'objective information' ( $n=1$ ). Negative characteristics that were related to such experiences were: 'non-attractive' ( $n=1$ ), 'incomplete information' ( $n=1$ ), and 'moralizing' ( $n=1$ ).

#### 3.3.3.2 Perceptions and experiences concerning a relax zone

Many respondents were unfamiliar with the concept of a relax zone<sup>14</sup>. Moreover, some participants had a wrong image about what a relax zone stands for or confused the concept with a chill out area. After all, several festival attendees ( $n=7$ ) indicated to be willing to make use of a relax zone, at least if they knew about the presence of such a service at the festival they attended. Two respondents emphasized the importance of a non-medical approach of such services, especially in the context of mental support for people who use hallucinogens.

*“Of course, for the people who don't have someone like that [trip sitter] or who are tripping really hard, this [relax zone] can indeed offer a, uh, solution. [...] I think it's especially important to have someone who can help them in all calmness, someone who knows something about it. [...] Yes, certainly also with psychedelics,*

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<sup>14</sup> A relax zone is a harm reduction service which provides non-medical care (e.g., bad trip management)



*because if you would go to the doctor, uh, and you're under the influence of psychedelics, they're probably going to give you a, uh, benzo or something to calm down, to reduce the trip a little bit. But they do not know what you are going through at that moment. So, what they tell you, I don't think it will do much either, so yeah. At that moment you are under the influence of psychedelics and what that doctor is telling you. I don't think that ... I think it could be rather scary.” (citation 19, respondent NL-19, male, 22 years)*

Several festival attendees ( $n=6$ ) indicated to have noticed or encountered (a) relax zone(s) at a festival. These experiences were mostly related to one specific music festival (which offers such a type of harm reduction service for many years).

### 3.3.3.3 Perceptions and experiences concerning a drug testing service

In terms of harm reduction actions, pill or drug testing services were positively received by more than half of the respondents ( $n=12$ ). Several of these festival attendees ( $n=7$ ) expressed to intend to use such a drug-related service. Moreover, a drug testing service was described as an effective way to reduce drug-related harms. In this context, some respondents linked a drug testing service to other harm reduction initiatives at festivals. On the one hand, alarming results of a drug test can potentially be announced through *information banners* or posters all over the festival area, using EWS<sup>15</sup>-messages (e.g., ecstasy tablets contaminated with other more harmful substances or containing a much higher amount of MDMA than usual). On the other hand, as mentioned earlier, some respondents explicitly mentioned they would make use of an information stand if there was a possibility to test their drugs.

*“Yes, certainly and especially when it is the case at festivals [...], they notice that a particular pill is dangerous, yes, let it circulate on those screens, I said at the stages: watch out, these pills are in circulation, uh, with that particular substance and that might be causing the risk or the effect, and that's an effect you don't want ... Well, suppose they say: this chemical is in it, uh, avoid those pills, be careful with it, have them tested, etc. Yes, that seems, well, that seems like a step in the good direction. This also creates awareness and also in terms of harm reduction. Because that's a ... that's harm reduction I would say.” (citation 20, respondent NL-18, male, 24 years)*

Only one festival attendee had obtained experience with drug testing services at Belgian festivals (i.e., a drug testing facility at Modus Fiesta in Brussels and a mobile drug testing service at a music festival) and one at a festival abroad. Both festival attendees positively assessed the service and referred to the counselling aspect that was offered at the drug testing service.

*“I must say: I also have, well, talked to the people of Modus Vivendi and, well, I also have, one of my questions I raised there – because then I was still searching a bit – was look, I think this is nice but I don't really know how often I can do it or want to do it and etc. And they also gave good advice, in a sense of: look, uh, if you think it creates more fun at parties uh... if you have a party every weekend, then these are not really parties anymore, then it's just a routine and then there is nothing special anymore and that was very, uh... that was very, uh, powerful I think, that message. [...] I'm really like, look, I like something, I don't absolutely have to maximize it and I can just keep it for special occasions, uh, so that, uh, so it stays enjoyable and stays safe.” (citation 21, respondent NL-07, male, 26 years)*

Furthermore, one of the respondents indicated drug testing services to be rather unknown overall and expressed that people are often surprised when he talks about it. In addition, a number of respondents ( $n=3$ ) addressed the lack of drug testing services at festivals in Belgium.

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<sup>15</sup> Early Warning System

#### 3.3.3.4 *Perceptions and experiences concerning information banners and -posters*

Information banners or posters were mentioned during the interviews, both in terms of substance related health information and in terms of the drug policy present at a music festival. Several participants ( $n=8$ ) acknowledged the presence of information banners with substance use-related health information in the nightlife context; of which six participants experienced them at music festivals specifically. Most information banners were containing harm reduction messages (e.g., 'Never waste a great party'-campaign), followed by alcohol-related information. In terms of perception, two respondents stated that the effectiveness of these information banners depend on the message they contain. As mentioned before, in this context, some other festival attendees ( $n=3$ ) referred specifically to *early warning* messages (e.g., warnings about contaminated substances circulating at the festival). Nevertheless, in general, a few respondents were more skeptical regarding information banners, as it was not always clear to what type of information they were referring to.

*"I think it really depends on what's on it [laughs]. The way the message is brought. [...] I just think something short, and not too pedantic. Like those of Safe 'n Sound, they are short and there is a picture. And there's such a quip in that, which is kind of funny."* (citation 22, respondent NL-14, female, 31 years)

Only a few festival attendees specifically expressed their attitude towards provided information concerning the drug policy present at the festival. Communication highlighting a zero tolerance policy was not perceived as effective, whereas communication containing information about the policy in force at the festival combined with a positive message was regarded as more preferable.

*"For example, their website [of the festival organization] is not saying any longer that drugs are ... Well, it used to be mentioned, and I think this is common on almost all websites of clubs and festivals: uh, drugs are prohibited, are not tolerated. If you get caught, you will be kicked out. Uh, it's not okay. Don't do it. And now it says: okay, uh... it's forbidden, we don't tolerate it, but we do want to give you this advice: if you feel bad, and it explicitly states that if you feel bad, go to the first aid service and be honest, because we are bound by medical [professional] secrecy."* (citation 23, respondent NL-07, male, 26 years)

#### 3.3.3.5 *Perceptions and experiences concerning a free water service*

Only few respondents had obtained experience with free water services at music festivals ( $n=4$ ), with most of them mainly considering it as a specific measure against heat temperatures.

*"Free water and that is... festival by festival. At some [festivals], that's very clear. For others, it is like well hidden. Uh, but I've always felt that it was more for the heat than for, uh, drug use."* (citation 24, respondent NL-17, female, 27 years)

One of the respondents indicated to have made use of the service while using ecstasy, whereas another participant used it in the context of alcohol consumption.

#### 3.3.3.6 *Impact of prevention and harm reduction actions at festivals*

The festival attendees were questioned about the impact of prevention and harm reduction actions at music festivals, both concerning the impact on the level of (other) PWUD and the impact on their personal behavior. They almost exclusively focused on the impact of the different harm reduction interventions. The efficacy of harm reduction actions was questioned in different ways, including in terms of usage frequency and substance use-related risks.

Perceived impact on (other) people who use drugs

Most of those acknowledging the impact of harm reduction initiatives in terms of frequency of use ( $n=7$ ), considered these actions as obtaining no impact. Two respondents believed that harm reduction actions probably encourage experimental use, whereas one of them thought the 'combi chart'<sup>16</sup> could stimulate PWUD to experiment with safer combinations. Moreover, another respondent was convinced that, when being aware of the risks, PWUD would use less.

Moreover, most of those ( $n=10$ ) mentioning the impact of harm reduction actions in terms substance use-related risks, were convinced that PWUD were prompted to use in a safer way due to these initiatives. None of them believed that such initiatives would increase risk.

*"I don't think people will use it less because of that, because if they want to use it, they will use it anyway. But if you have those relax zones and those information stands, that they can do it in a safer way"* (citation 25, respondent NL-17, female, 27 years)

*"[...] Suppose that they say: ho, last week was too much, and my body has since refrained. I would actually like to cut back, but then, yes, we meet at someone's place and then we go there and then it becomes difficult, with that social pressure, not to join. But when they see a banner like that, they might think: yes, yes, yes, I'm going to stick to that. From this point, I'm not going to take anything more because... Well, a kind of a reminder or something like, well yes, that's the sign for me to stop now. And to make sure that I have now, that I have truly a good week next week. Because last week was not good because I exaggerated during the weekend."* (citation 26, respondent NL-05, female, 50 years)

Several participants ( $n=8$ ) were convinced of the overall positive impact of harm reduction actions. Nevertheless, some participants ( $n=4$ ) mentioned that not all festival attendees or PWUD are susceptible towards the informative aspect of these drug-related interventions (e.g., more experienced or older PWUD). This finding can be linked to one of the preceding results indicating that PWUD who intend to use at a festival, are already informed. By consequence, these respondents believed that harm reduction services have more potential impact on younger PWUD or people who use for the first time.

*"I might think of, uh, novice users or people who don't really have much experience that this [harm reduction initiatives like an info booth and a drug testing service] can really impact their first time trying it, how much they take and the dose and so on, I'll say."* (citation 27, respondent NL-11, male, 22 years)

*"Uh, I say what stands out most at festivals, I think, is that people come prepared. So, people who want to use, will use. If you can give, uh, some more information about it, frame it better, give some advice, I think that will have a positive effect on people who already started using something anyway."* (citation 28, respondent NL-15, male, 36 years)

*"I've been to those stands. But, uh, friends of mine who use hard drugs or uh – no legal substances I'll say – a lot of them just pass by those stands. So, I'm actually the one who walks around with the leaflets and I'm reading something, so that they eventually pick up on that, but... it's not that everyone is equally susceptible to that."* (citation 29, respondent NL-03, male, 24 years)

Concerning difference in perceived impact between the different types of harm reduction actions, drug testing services were considered as very effective interventions by some ( $n=5$ ), especially since it enables to take a safer dose when the user knows what the substance contains. In contrast to drug testing services, information stands

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<sup>16</sup> The combi chart gives an overview of the risks of combing different substances. In a matrix format, combinations of two substances are indicated from low risk to highly dangerous.

were perceived in different ways. However, although more participants were convinced of the positive impact ( $n=4$ ), still a few participants ( $n=2$ ) were more skeptical regarding the potential impact on the behavior of PWUD.

*“You can inform yourself in advance, and also like, come on, in the end you're still not totally sure what you're taking. [...] But then you know that there is something in it that shouldn't be there, or that it is very heavily dosed or very pure. Then you can also adjust your dose to what you have. This makes it less likely for you to overdose or have other negative effects.”* (citation 30, respondent NL-14, female, 31 years)

A similar pattern was found concerning the perceived impact of relax zones. Two participants were convinced of the positive effect of such services, as PWUD generally perceive a lower threshold to visit relax zones than first aid services, especially those using illegal substances. However, others ( $n=3$ ) believed that relax zones could potentially create a (false) feeling of safety for a certain group of PWUD. Knowing that a relax zone can serve as a safety net for them, the question was raised by these respondents whether it would lead to riskier behavior.

Furthermore, the perceived impact of a free water service was mainly linked to a reduction in alcohol consumption, and less to a safer use of stimulants, such as ecstasy or amphetamines. Perceptions with regard to the impact of information banners was mentioned earlier. By some respondents ( $n=4$ ), the content of the message was regarded as crucial for information banners in order to be effective. For example, when information on the drug policy of the festival contains a positive note, the potential impact is believed to be higher.

#### Impact on personal behavior of people who use drugs

Next to the perceived impact on (other) PWUD, the question was also raised whether harm reduction actions impacted their personal behavior. First of all, several participants ( $n=8$ ) believed harm reduction interventions at festivals had no (potential) impact on their personal behavior. Most of them ( $n=5$ ) were referring to the informative aspect of harm reduction services and explained they were already informed in advance.

*“I was well informed, but that was a bit on my own anyway [...]. But not with those stands. Well, maybe in the future this would be the case, but hey, because of those stands in particular I'm not personally, well, that didn't really have a big influence.”* (citation 31, respondent NL-06, female, 23 years)

Two of the respondents who claimed harm reduction services had no impact on their personal use, however, reported an impact of free water services, specifically on their own alcohol use.

Furthermore, several other participants ( $n=8$ ) were convinced of the potential impact of harm reduction actions to reduce substance use-related risks. In this context, some respondents ( $n=4$ ) explicitly mentioned the power of drug testing services in order to avoid substance use-related risks and to accomplish a safer use. In addition, two festival attendees described the impact of harm reduction actions in terms of ‘feeling (mentally) supported’ when experiencing a difficult moment during a trip.

*“Another very specific example that I have learned from the stands is that, yes, with substances which you have to snort you are more likely to uh ... Many people use a key or a banknote, but then you can also get hepatitis from it, while, yes, many people don't know that and just do it. That's too bad.”* (citation 32, respondent NL-03, male, 24 years)

*“Yes, of course depending on the result of my pill, I might adjust my use. [...] Well, it's just different from MDMA. It's just a different substance. So uh, I'd rather avoid it than taking a risk.”* (citation 33, respondent NL-18, male, 24 years)

Finally, two festival attendees explicitly acknowledged that the impact of harm reduction services on their personal behavior was affected by the presence of repressive interventions, this in terms of an inhibitory effect.

### 3.3.4 PERCEPTION, EXPERIENCE AND IMPACT OF REPRESSIVE INTERVENTIONS AT MUSIC FESTIVALS

#### 3.3.4.1 Perceptions concerning repressive actions

From a broader perspective, most of the festival attendees with illegal substance use experience ( $n=10$ ) perceived repressive actions in a rather rational manner; they accepted and understood the repressive measures, which are in line with the Belgian drug law. Moreover, from a safety perspective, repression was generally seen as useful and important.

Nevertheless, policing actions, which specifically focused on illegal substance use, were perceived in a rather negative way by many ( $n=9$ ), especially in the context of recreational drug use ( $n=3$ ) and police interventions with sniffer dogs ( $n=3$ ). Some respondents ( $n=4$ ) emphasized problematic ways of how repressive actions are implemented (e.g., an authoritarian or aggressive approach) or referred to the experience of fear ( $n=5$ ) due to these measures and related consequences at festivals.

*"The outsiders who are not really involved. They like the police. But that's also the most visible. That's like: we did something, we have put the police there, we have dogs, we do something against drugs. But that's not the case."* (citation 34, respondent NL-05, female, 50 years)

*"I am more in favor of informing and making sure that people can use drugs in a safe way, because drug use has already been... it has been around since the dancing scene exists and will continue to do so, no matter how repressive they are and how hard they shout it is illegal."* (citation 35, respondent NL-16, female, 24 years)

In the context of tackling drug dealers or in terms of personal safety (in non-drug related contexts), repressive interventions were perceived rather positively overall.

#### 3.3.4.2 Experiences with repressive actions

Most of the festival attendees already spotted police interventions at festivals, with those with sniffer dogs being most often mentioned ( $n=16$ ). Half of the respondents even obtained personal experience with such interventions. Most of these experiences took place at the festival entrance, however, a few respondents noticed or encountered mobile police actions with sniffer dogs at the festival area or festival camp site.

Drug-related body searches were other policing actions experienced personally by some ( $n=4$ ). Moreover, friends of some of the attendees ( $n=3$ ) were body searched during a police action, with two participants explicitly mentioning that their friend(s) had to undergo a naked body search. A few mentioned that selection for these searches was based on physical appearance, in the sense of 'looking suspicious'. In addition, one participant stated that her friends are often targeted for body searches because of the color of their skin.

In total, five respondents spotted attendees who had to pay an instant fine (*Onmiddellijke Minnelijke Schikking* or *OMS*) at the festival, yet only one attendee had to pay one himself. In this context, different experiences were reported. In a few cases, the individual carrying illegal drugs was caught by the police, had to pay an OMS, and was removed from the festival area, while in two other cases, they had to pay an OMS but were still admitted to the festival.

Furthermore, several festival attendees ( $n=7$ ) spotted mercy or amnesty bins<sup>17</sup>, of which five of them specified not to have been using them (nor did their friends). In fact, none of the respondents specifically indicated to have used such a bin.

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<sup>17</sup> A mercy bin or amnesty bin allows festival attendees who are in the possession of illicit drugs to dispose of their illegal drugs without juridical consequences.

*"I've seen it several times, yes. Uh, but honestly, I've never deposited in it. Uh yeah, I get the idea anyway. Uh ... But I think the perception of the festivalgoers is: Ok, I'm already so close to the entrance of the festival [...]. I don't really know if it's used a lot. Uh, I've never heard of friends of mine using it. Uh, I think if people take it to a festival, then... uh, they're doing it premeditated [mumbles a moment]. They take the risk of entering with it anyway, so why would you change your mind when encountering such a barrel?" (citation 36, respondent NL-18, male, 24 years)*

Several attendees ( $n=5$ ) stated to have noticed plainclothes police or undercover police at the festival. However, in two cases the participant clearly confused them with security staff. Furthermore, only one participant expressed to have been caught by plainclothes police at the festival.

Next to police actions, also interventions executed by security staff were reported. About half of the respondents referred to control at the festival entrance by security staff, whereas several festival attendees ( $n=6$ ) indicated specifically to have notified security staff at the festival area. From a broader safety perspective, interventions by security staff were not necessarily perceived in a negative way. Some participants specified that security staff were keeping an eye on the festival area to detect problems, or focused on finding weapons at the entrance. Two participants explicitly mentioned to have experienced such interventions in a positive way, as it increased their overall feeling of safety. Some ( $n=4$ ) explicitly indicated that security checks at the entrance were not very strict, or claimed that it was easy to hide certain items.

#### 3.3.4.3 *Impact of repressive actions*

The impact of repressive interventions at music festivals was studied through exploration of the perceived impact of (other) PWUD on the one hand, and the influence on the personal behavior of the participant on the other.

##### *Perceived impact on (other) people who use drugs*

Even though several festival attendees ( $n=8$ ) acknowledged potential deterrent effects of repressive actions for certain groups (e.g., for less experienced PWUD), still more than half of the respondents ( $n=11$ ) believed these actions were making no big difference regarding illicit substance use frequency. In addition, several respondents ( $n=6$ ) were convinced that repressive interventions only marginally impact substance use at festivals.

*"Perhaps it will have a small impact of how much people carry with them, but I'll say it: anyone who wants to do it ,will bring it or do it at the campsite or something like that ... Yeah, I don't think it has such a huge impact. If a festival-goer wants to use drugs, he/she will do it one way or another with or without those controls." (citation 37, respondent NL-16, female, 24 years)*

On the contrary, according to more than half of the respondents, repressive actions could have a potential negative impact in terms of health (i.e., using in a riskier or more dangerous way). Most often, they ( $n=10$ ) claimed that festival attendees (potentially) consume all substances at once when encountering police control.

*"You will deal with it in a more unsafe way because you do it more secretly or do a larger dose at once because you know, yes, maybe I won't get it all inside [the festival site] and then I can't dose anymore as the festival continues. Uh, and that you are generally more afraid that the police will be involved if you end up with another aid worker or steward, causing also a higher threshold for all other aid services." (citation 38, respondent NL-20, male, 24 years)*

Moreover, different other consequences with a negative health impact were mentioned: being scared to search for help when experiencing a drug related problem ( $n=5$ ), using more alcohol at the festival instead ( $n=5$ ), and/or buying from unknown dealers at the festival ( $n=3$ ).

Furthermore, several participants believed that PWUD anticipate repressive actions, especially in terms of evading checks at the festival entrance. Some ( $n=7$ ) mentioned that festival attendees were using rather creative solutions to hide illegal drugs.

*“Ho, I think for, let’s say, starting ... Well, because when I look at myself now, It would really scare me. That you get caught just like that. But I think once you realize that so many people get away with it and you will succeed at a certain point. You’re basically just going to ignore it. [...] That you just teach yourself tricks to, uh, slip through.”* (citation 39, respondent NL-04, female, 21 years)

Other ways of anticipating repressive actions consisted of: taking less or no drugs at the festival area ( $n=4$ ), using or hiding the drugs at the camp site instead ( $n=3$ ), and/or using in a more concealed way ( $n=4$ ).

#### Impact on personal behavior of people who use drugs

In general, for most participants ( $n=14$ ), repressive actions had no impact on their personal use.

*“Respondent: But I do what I do. I think police is useful but also very un-metal and uh... I think they are there uh... yes okay those people are just doing their job but I’m at the right place and they’re not. [...] Then I’m like: oh fuck. And then you have to be a little more creative.*

*Interviewer: Yes. So, then you are looking for a solution to get it in anyway?*

*Respondent: Yes, of course. Well, I’m not bothering anyone with what I’m doing eh. Uh, suppose that I, uh, somehow get caught and they want to fine me, yes, then I’ll have to pay it.”* (citation 40, respondent NL-02, male, 34 years)

Moreover, they described different ways of how they anticipated repressive interventions. First of all, more than half of the respondents ( $n=12$ ) were hiding their drugs to mislead controls. Also, some consumed no or less drugs at the festival area ( $n=5$ ) or used at the camp site instead ( $n=5$ ). Less frequently, participants used their substances before entering the festival zone ( $n=2$ ) or used in a more concealed way ( $n=2$ ).

Furthermore, several respondents experienced fear or stress (for being caught) due to repressive interventions ( $n=6$ ), however, most of them were hiding their drugs to mislead drug checks anyway.

Less frequently mentioned, however crucial in terms of impact, was the particular negative health impact of repressive actions. Due to repressive interventions, two persons who used drugs admitted using a larger quantity of a particular substance at once than actually intending to.

#### 3.3.5 CONCLUSION

Overall, festival attendees perceived their personal substance use as safe (or as safe as possible). In this sense, overall knowledge on drug use (e.g., knowing your limits) was key. Furthermore, they put less focus on the legal aspect of substance use (legal versus illegal) but rather emphasized its effects and harms.

Overall, alcohol use was omnipresent at the festivals. Also, illegal substances (in particular cannabis) were prevalent according to the participants. Frequency of legal and illegal substance use depended on the type of substance, as well as the festival and its characteristics.

Overall, health care services succeeded in making attendees feel safer. Specific drug-related barriers perceived at first aid services were mostly linked to fear of being judged and unease in relation to law enforcement, especially in the context of illegal substance use. Respondents did not perceive or experience any impact on (personal) substance use linked to the presence of first aid services.

Notwithstanding some festival attendees being less familiar (or completely unfamiliar) with the concept of harm reduction, in general, they regarded such interventions in an overall positive manner. In terms of harm reduction actions at festivals, information stands and drug testing services were referred to most often by the festival attendees, with drug testing services being regarded as most crucial in the context of reducing (illegal) substance use-related harms. In contrast to drug testing services, information stands were regarded as slightly less appealing. Respondents argued to have been informed or aware of their own limits in terms of substance use previous to the festival visit. Overall, harm reduction services were less common at music festivals (and in line; less known to certain attendees). Potential effects of harm reduction actions were mainly described in the context of safer use.

Finally, repressive actions were perceived in two different ways. On the one hand, respondents looked from a rational perspective towards repressive interventions (repression as part of law enforcement), affirming the relevance of repressive actions. On the other hand, repressive interventions specifically focusing on (recreational) substance use (e.g., police interventions with sniffer dogs or naked body searches) were regarded in a more negative way and/or perceived as unreasonable. Repressive actions were generally believed to only slightly impact substance use, sometimes even having deterrent effects. In terms of personal substance use, most participants experienced no impact of the repressive actions. Different strategies to anticipate such interventions were mentioned (e.g., to better hide their illegal substances), as well as (potential) negative health effects (e.g., using all substances at once) related to the presence of such interventions.

*“My usage has decreased in the previous years, but this has absolutely nothing to do with the repressive measures. It involves my own search for information. Getting to know myself better, getting older.”* (citation 41, respondent NL-01, female, 32 years)

### **3.4 RESULTS OF THE FRENCH SPEAKING FESTIVAL ATTENDEES**

#### **3.4.1 USE OF LEGAL AND ILLEGAL PSYCHOTROPIC DRUGS AND HOW FESTIVAL ATTENDEES PERCEIVE THE USE OF THESE DRUGS. A NORMALIZATION OF THE USE OF ILLICIT DRUGS DESPITE SOME CRITICAL AWARENESS.**

##### **3.4.1.1 A rather conventional categorization of psychotropic drugs**

Of the 20 festival attendees questioned, only five stated not to use drugs other than alcohol or cannabis during festivals. Fifteen of them or three-quarters of the sample recognize – and with some ease – fairly regularly consuming psychotropic drugs, which some consider as stronger or more dangerous than alcohol or cannabis. According to some of our respondents, even if alcohol can have intense effects, it is on the condition of being consumed in relatively large quantity, whereas a simple little pill of MDMA, ecstasy, or LSD is enough to produce a relatively intense effect and, for some of them, with a short onset of action.

When we speak of common, classic, or spontaneous use of the different qualifiers associated with drugs, we are referring, firstly, to the way in which the festival attendees evaluate these drugs themselves: according to them, there is alcohol, cannabis, and then “other” drugs. Secondly, we are referring here not so much to a paradigm that would aim to be biological and “strictly objective” as to an “open sociological paradigm”, taking into account different feelings determined by trying out different psychotropic drugs or by observing the use of psychotropic drugs by others.

As a matter of fact, there is a consensus among health professionals and scientists that the categories of soft and hard drugs are social and political rather than medical constructions (Batel, 2017; for expert classification, see Degenhardt et al., 2018; Nutt, King, & Philips, 2010). They are not (or hardly ever) based on properties (e.g., toxicity) of the drugs themselves. It is usage rather than drugs that could be labelled soft or hard (Mangeot, 2000). This being said, it is of utmost importance to examine if, when, and how our respondents use these categories in their discourse, as this gives us the opportunity to delve into their perceptions of risks. Theron, although alcohol consumption seems to be perceived by the majority of festival attendees as fairly widespread, commonplace, and even encouraged by festival organizers and their sponsors (as we will also see below, the vast majority of the various stakeholders



interviewed confirm this), the harmfulness of this legal psychotropic drug is not lost on some. For instance, F15, a young 19-year-old festivalgoer, who consumes a lot of alcohol, among other things, told us:

*"I don't see any difference [between legal and illegal drugs]. Alcohol is the most dangerous drug in the world, the most addictive, and it's the only drug that, when you stop using overnight, you can die. On the drug scale, alcohol is right up there with crack and heroin. And I know tons of alcoholic people, tons of relatives of my alcoholic friends. Alcohol takes its toll on the body, as much as drugs. In my opinion".* (citation 1, respondent F15, female, 19 years)

Most of the festival attendees acknowledged to drink alcohol regularly and often in large quantities. Only two of them openly explained that they never use it. Those who identified themselves as not using cannabis – nine out of 20 festival attendees – were more numerous. Although some of them did not mix alcohol with (perceived as) 'hard' psychotropic drugs, they do use it – often in large doses – when they are not taking such drugs. The effect of cannabis, for almost half of the festival attendees, seemed to be perceived as not very compatible – or less compatible than alcohol – with the effects and sensations sought and associated with so-called “hard”, energizing, or “strong” drugs (rapidly producing a state of altered consciousness and/or perception) or hallucinogens.

#### 3.4.1.2 Banalization of the use of stimulants and psychedelics?

From the majority of the interviews with festival attendees, an essential element emerges, what we will call an attitude tending to normalize/trivialize the use of drugs, at festivals and elsewhere. This normalization/trivialization (removal of the “spectacular” aspect) concerns both legal psychotropic drugs, in this case alcohol, and those usually perceived as 'soft', such as cannabis, and psychotropic drugs usually perceived – and sometimes claimed – as 'strong' and more likely to give rise to discomfort or bad trips. The 'strong' psychotropic drugs mentioned repeatedly by the majority of our festival respondents are: MDMA, ecstasy (the two are often equated, but the first is often described as an “ecstasy with more stable effects”), speed, cocaine and ketamine.

For example, when asked about his consumption, F3, a 25-year-old male festivalgoer, explained that he uses, among other things, and particularly at festivals:

*"LSD, mushrooms, anything psychotropic [he doesn't use “psychotropic” for alcohol]. I quite like it, but I do it, I would say once a month at the most. And otherwise, I've calmed down a bit, but there was a period when it was all amphetamines, so speed, MDMA, and ecstasy: it was once a week, once every fortnight. But I calmed down a lot, because the coming down period was getting stronger and stronger".* (citation 2, respondent F3, male, 25 years)

F4, a 20-year-old woman, told us that she took LSD at two big festivals in Wallonia:

*"I think on the first day. And it lasted for three days because I continued the trip. And I didn't drink alcohol because that's not my thing... I took Ké [ketamine], Coke and then on the last day I took speed to keep me going. And there you have it. All in all, that was it. I don't know if that's explicit enough".* (citation 3, respondent F4, female, 20 years)

F14, a 24-year-old festivalgoer who has attended four different large festivals in Wallonia in recent years, says that she “organises her consumption at festivals” and “brings the drugs to the festival hidden” in her “bras” or “tampons”. (citation 4, respondent F14, female, 24 years)

F14 reported using alcohol, MDMA and ketamine (but less than MDMA) at festivals and on other occasions.

F13, a 22-year-old man, consumed alcohol and various drugs with a very rapid effect during festivals:

*"In festivals I started strong. It was straight ecstasy, MDMA, and cannabis (but I don't know if that's really the main topic). So, it was mainly ecstasy and yes, then it evolved into speed, cocaine, ketamine".* (citation 5, respondent F13, male, 22 years)

F15, a young student, told us that she had already tested, at festivals and parties she attends, alcohol and cannabis, MDMA, speed, mushrooms, poppers, no cocaine (because it frightens her, as does LSD), and hallucinogenic mushrooms:

*"I never wanted to test medicines. I took tramadol once, but that was because my girlfriend had a prescription for it. So, there you go. But otherwise, I've never taken Xanax or anything like that. I'm a hyperactive person, I don't want to take drugs that might slow me down".* (citation 6, respondent F15, female, 19 years)

F18, a 21-year-old man, describing his consumption habits, said:

*"MDMA! But that's not often. Ecstasy, that's about once a month maximum. Ketamine is once a week or two. 2CB for the moment too, that's once every two months or once a month, it depends. And speed too, that's just when I'm tired and I really feel I need it".* (citation 7, respondent F18, male, 21 years)

F9, a 22-year-old man, testified:

*"I used to use a lot of amphetamines, so mainly speed. At the very beginning when I went to festivals, I didn't use anything for a year and a half, then I started using pills again, then I continued with amphetamines, so a lot of speed and MDMA. And then I stopped the MDMA and continued with the speed. Then I stopped the speed and switched to cocaine".* (citation 8, respondent F9, male, 22 years)

At this point we would point out that our respondents are rather young (not yet in their thirties). They were either studying or working, sometimes even doing both at the same time. They seemed to be undeniably rather middle class and were all of European descent. The confidence they placed in their level of knowledge (theoretical and practical) about drugs reinforces the feeling that, in the eyes of these young festival attendees, so-called strong or hard drugs did not symbolise a repulsive, foreign universe or one that would be particularly frightening and to be avoided. However, the majority of these young festival attendees did not seem to be oblivious to the sometimes violent effects and consequences of these various psychotropic drugs and the types of borderline experiences that overuse could lead to.

For example, F14 considered her experience of drugs at festivals to be ...

*"positive. Because I didn't get a bad trip. I had a great time so that's all<sup>18</sup>".* Then she said: *"However, the days afterwards don't go well."* (citation 9, respondent F14, female, 24 years)

F15 told about a specific experience at a major festival in Wallonia (the only festival she "did"), with a diverse program (Rock, Electro, so-called "world music", Hip-hop):

*"At the time, I didn't really know what it meant to go beyond the limits, to go beyond the doses, because I had the impression that I could never go too far. I thought everything was going to be fine. And on the last day, at 8am, I fell. Well, I overdosed [F15 took different drugs every day, alcohol, speed, ecstasy]. I fell to the ground. I'm not dead. Huh! I'm here so everything's fine. But it was a lesson to me. But we didn't see the hospitals or anything [...] I just woke up a little later. I was put on a train. And I went home and for a week, it was hell, it was the downhill slide, and after that, I was really careful and I didn't consume at all like I had done at the festival."* (citation 10, respondent F15, female, 19 years)

F18 said he had a *bad trip* with ecstasy during a big festival in Wallonia. Others also mentioned bad trips, fainting spells or alcohol comas (the majority of our respondents did not call for First Aid, or did so anecdotally).

In addition, the majority of festival attendees interviewed acknowledged various bad trips, fainting spells, or alcohol comas experienced by some of their friends or by strangers observed during one or more festivals. 'Bad trips', fainting spells, momentary paralyses (half an hour or so) or alcoholic comas did not seem to be rare and exceptional phenomena in the eyes of our respondents. Nor were these experiences described as benign and particularly easy<sup>19</sup>.

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<sup>18</sup> In saying that she did not have a "bad trip", F14 implicitly acknowledges the strong possibility of a "bad trip".

Nevertheless, the consumption, admittedly festive but regular and sometimes dense, of hard illicit drugs, even in small doses, seemed to have been perceived as unavoidable, at least for a time (between 20 and 30 years) by our respondents, clients, and festival lovers.

### 3.4.1.3 *The availability of illegal psychotropic drugs at festivals*

In the same way that the majority of the comments made by the festival attendees interviewed seemed to (tend to) normalize the regular or heavy use of illicit drugs, they also tended to reflect the fact that it is in the end quite commonplace to find and use drugs in the context of a festival, whatever it may be, although the “big festivals” whose programming is more (or increasingly) oriented towards “electro” music seemed to be the ones where illicit drugs are the most accessible and consumed. Thus, F3, a young man of 25, told us about the consumption of psychotropic drugs and alcohol at a major festival in Wallonia:

*“Oh yes, I think it's widespread and I think everyone knows it. I think that sometimes it's even an image that we have of festivals. In any case, since I've been going to this festival, I know that... Come on, when you think of it, even for parents, it's drugs and alcohol!”* (citation 11, respondent F3, male, 25 years)

F15 reported on another big festival that is less known for being a consumer hot spot:

*“We started the festival like this by taking speed. Afterwards, there were dealers everywhere. We were in the festival camp site and we were just walking for five minutes and we met someone who said “Here, here you can find this. And over there you can find that, etc. If you're more interested in “that”, it's over there”. And we were thinking: where are we, what? It's worse than ... the X<sup>20</sup> festival ..., what! I've already heard opinions about X., and testimonials, but it's true that I've had the experience with another festival than X”.* (citation 12, respondent F15, female, 19 years)

### 3.4.1.4 *Normalization / socialization of risk-taking?*

As we have pointed out, our participants generally came from the middle class, both in terms of their socio-economic background and their educational and professional background (the vast majority of them were in higher education). We also noticed that they were mostly of European descent. Their words may make us wonder whether the use of illicit drugs among the Euro-descendant middle class has become highly normalized. Their words may also invite us to question the social function that this normalization of consumption unconsciously fulfils in the eyes of the young middle class. Does it represent a risk-taking/rite of passage for middle classes children into adulthood? Is it a way of stating the need generated by our contemporary societies to experience moments of disconnection that are increasingly powerful, even violent and dangerous for the body and psyche<sup>21</sup>? Is it a sign of the density of stresses in the contemporary world of the globalized liberal economy and the growing socio-economic and climate uncertainty? Is it a sign of a distance from the body and awareness of its fragility, or of a feeling of omnipotence or of great confidence in one's power of resistance ('I can put myself in crisis and in danger and I know I will survive') linked to a certain social position and class consciousness?

Research on the relationship between social economic status (SES) and drug use is inconclusive as no clear relationship between these variables seem to emerge from the literature (Charitonidi et al., 2016; Patrick et al., 2012). This being said, there was a clear underrepresentation of festival attendees from lower classes and from different ethnic or cultural background in the sample. As a consequence, we cannot exclude the possibility that the present findings are not representative of the perceptions of all festival attendees, including the ones using drugs: some drug uses may be underrepresented, and they may be related to different perceptions of drug-related interventions and their efficacy. We consider this as an interesting direction for future research.

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<sup>20</sup> By naming it “X”, we anonymize this festival which seems to be perceived as the one where the use of psychotropic drugs is the most intense in Wallonia.

<sup>21</sup> As the organizer of the “Listen” festival Lorenzo Serra reminded us during our interview with him: “The party can also be the place of a quickly broken destiny”.

### 3.4.2 FESTIVAL ATTENDEES' PERCEPTION OF THE DRUG RELATED INITIATIVES AT MUSIC FESTIVALS

#### 3.4.2.1 Perception of the initiatives of the Security and Police teams, linked to law enforcement: a necessary presence with sometimes contradictory and counterproductive effects

##### A necessary presence with little stress

At first glance, the majority of festival attendees interviewed had little to say about the interventions of security and police teams, which were deterrent, preventive, and repressive in nature. The issue did not seem to inspire them too much. With regard to police and security, the view was quite clear, without illusion and shared: they are first and foremost there to search, to ensure that as little drug as possible is brought in and circulated, and to stop fights, to contain violent or potentially dangerous behavior, and, possibly, to spot (the role of security) and to arrest (the role of the police) dealers.

While police and security teams were not idealized, neither were they demonized.

The presence of these two teams, which can, at least in theory, represent a power of repression as well as a reminder and application of the law, was even finally recognized as necessary by the vast majority of festival attendees. Their presence was even generally stated to be relatively reassuring, useful in the event of violence, and, at least in theory or in part, a deterrent for certain PWUD. For the majority of our festival respondents, neither police nor security seemed to be a threat or a source of stress.

F1, a 39-year-old festivalgoer, told us about police and security at festivals:

*“Everything to do with police or security guards is indispensable. Nothing needs to change. There are many people. Well, there are people who drink, take drugs, and so on. And then there are sometimes even people who are just aggressive for no reason. It can happen, so it's essential”.* (citation 13, respondent F1, female, 39 years)

However, F1 also told us that she believed the intervention of other “intermediary actors” such as “educators or stewards” to be potentially more effective or more appropriate.

F2, a 40-year-old woman who participated in four festivals in Belgium in the previous months, which were rather “Rock” oriented, considered that the presence of police and security was rather reassuring and not too repressive.

F9, a 22-year-old festivalgoer, told us of the police that:

*“Oh yes, yes, it calms people down, it slows them down in their consumption. Because I think the fear of getting caught is pretty common to everyone”.* (citation 14, respondent F9, male, 22 years)

He also acknowledged that he consumed less because of police presence.

F7, a 25-year-old festivalgoer who had attended four major festivals, including two electro festivals in Belgium, believed that security is necessary even if it does not prevent her from bringing in products, which she does, for example, on her own, fully aware of the risks. According to F7, police and security have a (deterrent) impact but it is weak because their presence and even their potentially repressive action do not in fact prevent those who want to consume or bring in products from doing so.

F4, another festivalgoer, remarked in the same vein that while ...

*“it [police and security] sometimes causes more legal problems for some consumers”, it “doesn't really stop them from continuing to consume”.* (citation 15, respondent F4, female, 20 years)

Finally, the idea that the deterrent police and security forces remain quite limited and do not prevent those who want to consume from doing so, was shared by the vast majority of our festival respondents.

Of course, for festival attendees who are likely to be smuggling a relatively large amount of drugs, for consumption or resale, police and security were at first sight stated to be a threat and a source of stress. In this sense, F3, who consumes and resells at festivals, told us about police and security, in an initially somewhat hesitant tone:

*"I'm not going to lie to you, in our situation, a lot of times it [Police and Security] means problems. I mean, we know it's illegal, we know it can lead to some pretty negative things in our lives. So, it causes problems".* (citation 16, respondent F3, male, 25 years)

Then F3 immediately put his statement into context by adding:

*"On the other hand, I try to keep things in perspective and not see all cops as just people who are going to cause us problems. I understand their job, I understand that they want to help people and enforce the law. I think that's part of it and I think as consumers we need to be aware that they're not just out to bust our balls. There is a system and you have to work with it. I think sometimes it helps people because, come on, maybe it will stop a 15-year-old boy from using a product that he would have found too easily".* (citation 17, respondent F3, male, 25 years)

Finally, despite his own criminal activity and the risks that the presence of police and security teams can represent for himself, our respondent recognized the relative impact that their presence can have in terms of deterrence and limiting consumption.

In the same way, F4, a 20-year-old festivalgoer, although she smuggled and sold drugs at the festival, also ended up admitting that she considers police presence to be normal and desirable. More explicitly, and although she is a dealer, she added:

*"I assume that drugs are illegal and will remain illegal. So, selling is illegal, it's normal that there are cops to control it. Even though I do it and I do it all the time [transport and smuggle drugs]. But if one day I get checked, if I get in trouble with the police, I can only blame myself. Do you know what I mean? Like it's normal to get arrested for having drugs on me".* (citation 18, respondent F4, female, 20 years)

Security teams were also presented by some of our festival attendees as being able to act as a relay between the festival attendees and the first aid or harm reduction services:

*"If someone falls down, who is not well, we will go and get a security guard and tell him; so that the security guard can take the person who is ill to the first aid or harm reduction services."* (citation 19, respondent F11, male, 31 years)

#### A sometimes counterproductive presence

F12, a 32-year-old woman, who mainly uses alcohol and cannabis (and once in her life, "Speed"), confided that she had hardly noticed police and security presence during the only major festival she had attended in Brussels, as she had never found herself in danger of having to deal with them. However, she noted she believes that their presence may encourage more hidden and therefore more risky consumption.

Other respondents agreed with F12, suggesting that police and security forces, far from being a deterrent, could be counterproductive and encourage a less 'safe', more clandestine and therefore more dangerous way of using psychotropic drugs. For example, F9, referring to his experience of policing at festivals, told us that:

*"The more police etc. etc., the more drugs will be used, but much faster and more often. [...] The less police, the more peaceful I feel and I can take my drugs without having to stress etc.".* (citation 20, respondent F9, male, 22 years)

F9 mentioned that police controls and the fear of them could push some people to consume the drugs they have brought with them as quickly as possible and in large quantities, thereby putting themselves at risk of bad trips, illnesses or overdoses.

F6, another 28-year-old festivalgoer, put it even more explicitly:

*"[At the big festival he attended], I didn't see much [police or security guards]. I don't think it's useful [police and security]. I even tend to say that it's not useful because, as a result, they [the consumer festival attendees] will buy on the spot. And there, we are less aware of the quality of what we will find. I would be less likely to trust the people who deal on the site." (citation 21, respondent F6, male, 28 years)*

Thus, according to F6, police presence could even encourage a less secure deal because it takes place on the festival site itself and is organized by unknown dealers, who are likely, at least in theory, to sell products that are (more often) adulterated with harmful substances, and more difficult to "source" (to know the source and therefore deduce the composition or concentration).

In conclusion, the initiatives related to the control of festival attendees, surveillance and law enforcement, are therefore perceived in an ambivalent way by the different festival attendees we interviewed. Police and security teams seem to be low stress inducing in the eyes of the festival attendees, and sometimes even rather reassuring. They also seem to be able to fulfil a certain deterrent function with regard to the use and sale of drugs; however, the effectiveness of this function seems to have been assessed as relatively modest by the festival attendees. Finally, police presence was also considered by some of the festival attendees (about a quarter) to be conducive to more hidden, faster, and therefore riskier drug use.

Finally, F9 mentioned that he had observed aggressive and, on one occasion, racist police behaviors during festivals. Concerning the racist behavior, he saw a person of sub-Saharan origin, to whom a police officer, while in custody, said "You stink". The same F9 also told us that he had seen a change in police behavior at festivals in 2019. At the festival he attended that year:

*"there were quite a few cops bringing back people who were way too high. They didn't put them in a cell or anything like that. No, they took them to the first aid booths and to the booths where the prevention and harm reduction teams are located". (citation 22, respondent F9, male, 22 years)*

According to F9, the change in police behavior could be due to the influence of the initiatives of the harm reduction teams.

#### 3.4.2.2 Perception of the actions carried out by the "first aid" teams

Overall, the first aid services and stands were fairly well identified by our festival respondents. As F6, a 28-year-old festivalgoer, explained:

*"We always think of this or that known first aid service. You can see their tents which are indicated on the site, which are on all the maps. It's pretty clear, people at the festival know where it is, it works pretty well". (citation 23, respondent F6, male, 28 years)*

The use they can make of these services was also fairly well identified by the majority of the interviewed festival attendees. First aid is in fact directly associated by all festival attendees – among others – with the use of psychotropic drugs – whether their own or others' – and the risks inherent in this use: physical or mental discomfort, cardiac arrhythmia, alcohol comas, ketamine, speed, or cocaine overdoses. In festivals where only stands and first aid teams are present to help with problematic drugs use, festival attendees see these as the place to go for refuge or help in the event of feeling mentally unwell. However, in festivals where prevention and harm reduction stands and teams are present, the majority of festival attendees would rather use them than first aid. First aid thus seemed to be perceived by the majority of festival attendees as services and places that are able to perform medical procedures that concern the body more than the psyche. We will see below that this is also how the first aid teams perceived and presented themselves.

For example, F9 told us about first aid:

*"I think it prevents a lot of overdoses. But it's mostly ketamine-related overdoses. I don't know if you know the K-hole". (citation 24, respondent F9, male, 22 years)*

F10 says:

*"I think if I ever get a bad trip or whatever or – yeah – a heat stroke like you say, I'll go to the relax zones first. If ever it really doesn't pass on its own in my corner or whatever. Or with friends. And then from there, if I ever really feel that there are complications, then I will ask the first aid service nearby. But for me, first aid is one of the services that should not be overloaded, you know. It's really a last resort". (citation 25, respondent F10, male, 22 years)*

First aid is therefore generally considered to be the place of last resort in serious cases<sup>22</sup>. As respondent F9 again reminds us:

*"Usually when I see someone starting to feel ill, I'm the type of person who goes to the person to see what's going on. Or I often call the first aid service there, even for people I don't know because they're not well, they're having a K-hole or they're too hot or they've taken too much, they've got acid reflux or something". (citation 26, respondent F9, male, 22 years)*

F11 was an avid festivalgoer (he goes to festivals every year and makes plans months in advance). He was 31 years old and presented himself as an eclectic user: alcohol (daily *"it's the basis"*, he tells us), cannabis (regularly), or, more occasionally, poppers or Benzodiazepine. F11 explained that he considered first aid services to be very useful in the event of a problematic intake, as they can, for example:

*"secure his [the user's] airway, put him in a safe condition, let him sleep it off. Ensure that the person does not inhale his or her own vomit. Check a few vital functions, etc. Finally, basic first aid until the crisis passes". (citation 27, respondent F11, male, 31 years)*

Moreover, F11 told us, contrary to the vast majority of other festival attendees, that in case of a bad trip, he would spontaneously use the first aid services first rather than the harm reduction services. But F11 was an emergency nurse by profession. He seemed culturally and spontaneously inclined, because of his job, to feel confident with the first aid centre, whose functioning he knows well and which is a familiar and therefore a priori particularly reassuring place for him.

On the whole, the first aid services played a rather reassuring role for the vast majority of the festival attendees interviewed, although on the one hand, they reported to have used them very little for themselves and, on the other hand, some festival attendees seemed to consider the attitude of the first aid services to be sometimes inappropriate and too authoritarian towards a person experiencing a problematic 'coming up' or 'going down' related to drug use. Thus, festivalgoer F5, explained:

*"If we go for an injury, then yes because things are done and that's it. But I think if you go there for a bad trip or drug related stuff, unfortunately, even though the ethos of first aid is not to judge, there are far too many people who just don't know any better." (citation 28, respondent F5, male, 21 years)*

In this sense, F14, a 24-year-old woman, told of having accompanied a friend on an ecstasy high to first aid one day and finding their attitude rather out of place. They didn't want her friend to leave before his heart rate dropped. But forcing him to stay, she said, gave him a *"bad trip"*, and stressed him out. On the other hand, F14 considered relax zones (harm reduction) to be more suitable for dealing with intense drug use. She believed that, for her friend – on an ecstasy high – it could have worked ...

*"much more anyway. But that, the relax zone, we go there anyway as a matter of course.[...] Rarely in the evening. I go in the afternoon or something like that. Or, when we're well stoned to settle down for a while, actually." (citation 29, respondent F14, female, 24 years)*

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<sup>22</sup> It should be noted that this is in contrast to what we observe in the field as many festival attendees tend to go directly to the First Aid due to lack of knowledge about the existence and role of harm reduction interventions.

### 3.4.2.3 Perception of prevention and harm reduction initiatives

#### Prevention

It emerged from the interviews that even though the dynamics of “prevention” and “harm reduction” are sometimes difficult to dissociate, it is rather the stands – or parts of the stands – providing information, flyers, games, or various operations on the different psychotropic drugs and their effects, which come under the heading of prevention. In this respect, the information material made available seemed to be generally well received by the majority of our respondents, but has – according to them – little impact in terms of encouraging the reduction of consumption. The comments of our respondents also highlight the sociability of the providers of this service, and the fact that they appreciate it very much. But, for example, according to F1, prevention stands are mainly aimed at – and can mainly impact – a non-consumer audience.

F15 refers to the fact that:

*“When we arrive at the festival, there are a lot of people who come to see us, with leaflets [...] And, I mean, they are young people like us. They have already taken stuff! They are there, they are nice. They are listening. Simply, the booklets that explain the danger of drugs, there were about fifteen different ones, that explain a lot of things, that explain how to react, what number to call: the anti-poison centers, etc... And then there are lots of stands. In any case, in the big festival I went to, it was really good, really well constructed in relation to that, really top.”* (citation 30, respondent F15, female, 19 years)

One can see from these remarks that the term “prevention” spontaneously made him think of booklets explaining “the danger of drugs”. Moreover, the fact that these booklets are distributed by people who have “already taken stuff” seemed to have been perceived as reassuring by F15. Then, gradually, quite quickly, F15 mentioned the fact that these same booklets – or others – already indicate the process to follow in case of problematic drug use. Here, we are at the borderline of the prevention and harm reduction approach. Even when prevention is mentioned during the interviews, the festival attendees easily and quickly switched to mentioning the dynamics of harm reduction, i.e., not the dissuasion of consumption, but rather the possibility for the festival attendees to manage their consumption or that of their friends. This shift is not surprising given that in many festivals the prevention and harm reduction actors are the same. As we will see in the section on the perceptions of stakeholders, the workers in the harm reduction teams also carry out work that can be assessed as prevention, and some sometimes have the official title of prevention worker, even though they consider that they are essentially doing harm reduction and not prevention, at least in the conventional sense of the term (information/dissuasion).

In any case, clarifying her view of the dynamics of prevention, F15 added:

*“I found it very, very good indeed. All festivals should have the same facilities. Even in schools there should be someone who comes by one day to do this kind of prevention. For me, it is simply vital. It must have helped a lot of people. Lots of people came by the stand and asked questions.”* (citation 31, respondent F15, female, 19 years)

Like F15, most of the festival attendees we interviewed noted the importance of the friendly dimension of the prevention stands and teams. These stands are a place where people can get information, have discussions, and where one is listened to when asking questions.

However, the fact remains that, for many of our festival respondents, prevention had little impact:

*“I don't know if they can really have a preventive impact on festivals. [...] If someone comes up to me with a flyer explaining the damage of drugs, if I'm at the festival and I've said to myself I'm going to turn my head upside down, I'll do it anyway! So, I think that the preventive impact is limited.”* (citation 32, respondent F11, male, 31 years)

Finally, when asked about the issue of prevention, respondent F1 noted that at the only festival she had been to, there were no harm reduction initiatives, only prevention stands. This was not enough in her view, although it was “already useful”. Then this respondent told us, making the delimitation between the preventive and harm reduction approaches quite clear, that what would be important ...



*“would be to strengthen prevention more” both “primary” [basic prevention] and “tertiary”. I think we should not deny it, there are people who need this, who consume. And they might as well do it safely too”. (citation 33, respondent F1, female, 39 years)*

Thus, according to F1:

*“Primary prevention is before the problem occurs. So, it's the typical prevention messages as we can see [on stands only related to prevention]. It's aimed at an audience that is not a consumer. And “tertiary” is more about people who are already into drug use. [...] In some festivals I've already seen it being done: they can have tests done on their ecstasy pills [...] their products to see if the products are clean. That's not the right term because by definition they are chemicals (Smile). But [...] the products will not put their lives at risk. It's not curative. This is tertiary prevention”. (citation 34, respondent F1, female, 39 years)*

“Tertiary prevention”, which is easily evoked by festival attendees when they are asked about prevention initiatives at festivals, seems to correspond to the approach characterizing harm reduction initiatives. According to F1, tertiary prevention – in the context of accompanying psychotropic drug use – seems to refer in fact to third-line prevention, prevention behind the line of information/dissuasion, prevention behind the line of heavy or potentially risky use of illicit products. Tertiary prevention refers to the prevention of hazards that may occur after substance use has taken place: in short, a hazard and harm reduction approach par excellence.

F1's discourse cannot be considered representative. Such a nuanced view on prevention was uncommon in the sample, and most probably among festival attendees in general. Despite her nuanced view, the discourse of F1 also betrays a lack of understanding of the difference between prevention and harm reduction as was also observed among other participants as she clearly mistaken harm reduction stands for prevention stands.

### Harm reduction

Whatever their degree of knowledge of the different harm reduction initiatives – whether they only knew them in theory (F1), superficially (F2), or had more precise knowledge and experience of them, whether they had spotted the harm reduction stands or not, whether they have tried them out or not – it emerged from the interviews that the vast majority (not to say almost all) of the festival attendees we interviewed had a view of these different initiatives that was both almost unanimously positive and diversified: relax zone; provision of consumption material (F3)<sup>23</sup> (such as “roll your straw”); leaflets (already mentioned) informing about the different steps to follow in case of an overdose; distribution of water; empathetic support of people experiencing a problematic dose by the harm reduction teams; reception of any festivalgoer with questions related to consumption or – when it is a festivalgoer who knows the harm reduction teams – simply coming to say hello; testing.

As noted above, only one festivalgoer, F11, a nurse by training, said that if he felt unwell, he would turn first to the first aid services. All the others tended to think that the preferred place of refuge in case of fatigue or problematic use (without too obvious physical effects) or in case of dealing with a friend having a bad trip, was the harm reduction teams' area.

As examples, F15, although apparently unsure whether she was referring to a first aid or harm reduction stand, described very precisely what harm reduction teams provide:

*“There was a whole stand: I don't know if it was a first aid service or what, but it was: if one of your friends has a bad trip, if he overdoses, if he doesn't feel well because of a drug, you take him there. They put you on*

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<sup>23</sup> F3 says, however, that he never really knew the difference between first aid and HR services, “because maybe I was too out of it and didn't really pay attention”. However, he has identified and used the materials provided by the HR teams and finds their work very useful.

*a little bed, with a little duvet, a little pillow. You put yourself there and, hey, you can stay as long as you like. They give you water, they feed you, they take care of you. So: incredible.*

*Next to it, there is a stand where you can go and test your drugs. So, you bring anything, the person gives it back to you at the end! She takes her sample, she does her test and she gives you the drug back. And she won't ask you any questions. She will just advise you to do this or that in relation to your product. And that way, you have the information. You take them, you don't take them, it's your problem.*

*On top of that, the stand with all the leaflets was basically manned by people who knew, who had already taken drugs themselves. It's not just old people who have no experience and will start harping on about stuff and you think you're just dealing with someone who's an old jerk. No, it's really people who know what it's like, who have already experienced things... They will even tell you about their experience. I loved that part of the "X" festival I went to". (citation 35, respondent F15, female, 19 years)*

The stand mentioned in the first part of the extract quoted, where one can be welcomed, rest, be hydrated, could be either a first aid stand or an harm reduction stand (it seems that the second hypothesis is the most reliable since F15 did not talk about equipment or advanced medical actions performed by the workers at this stand). On the other hand, the other stand described by F15 and adjacent to the first stand was undoubtedly part of the harm reduction process: testing, provision of information on drug use and, above all, an apparently open and informed attitude (on drug use) from those working there. Finally, F15's comments shed light on what seems to be a fundamental dimension of harm reduction services in the eyes of almost all of our most experienced festivalgoer respondents: the feeling of proximity to the actors of these services. Beyond the information that can be gleaned, these services are run by people with whom experienced festival attendees can feel comfortable: these people are peers, 'people who know', 'not just old people' 'without experience'.

In the same vein as F15, F3, when talking about harm reduction spaces at festivals, noted:

*"Well, the good thing is that they are people you can talk to, you can talk about products, you can ask questions. But otherwise it is also simply for the distribution of products that can help, such as the "roll your straw". I suppose it's aptly named to reduce risk and avoid straw sharing and that sort of thing. [...] Every time I meet them, I spend some time with them, I know one of the harm reduction structures quite well". (citation 36, respondent F3, male, 25 years)*

F3 eventually continued the contact to the point where he ended up taking a "harm reduction course" "outside of festivals". Another respondent, F5, also said that he would like to attend harm reduction training and even create his own harm reduction association. Based on his observations at festivals where he saw many people on bad trips joining the harm reduction areas, F5 describes them as follows:

*"First of all, it will be a "chill out" tent, so that people who are too "out of it" can rest in a calm and trusting atmosphere, because it will be directly with experienced people who can help them to get back into their trip if they get bad or just let them rest. Possibly give water and all that. That's it: really giving the basic stuff to be able to deal with bad trips and all that". (citation 37, respondent F5, male, 21 years)*

For F18, a 21-year-old man, the role of relax zones was also located in case of overconsumption:

*"There's a time when you use them, because standing around and all that is just exhausting. So, you sit for, I'd say, half an hour. I even use it as a meeting point. As soon as I can't find my mates or whatever, I know if I go there and wait a bit, there'll be no worries. We'll meet there because it's an easy place where there aren't many people". (citation 38, respondent F18, male, 21 years)*

These different testimonies show that the harm reduction spaces were generally perceived as places that are not only safe, but also welcoming, available and friendly, where it seems that no one feels left out, since they can even use them as a meeting place to meet their group of friends.

F10, a 22-year-old festivalgoer, designed first aid services for emergencies. For the rest (bad trips, anxieties linked to over-consumption), he considered that harm reduction spaces, and more specifically relax zones, are the places that should be used, although he confessed to never having had a “bad trip” himself:

*“I think if I ever get a bad trip or whatever or – yeah – a heat stroke like you say, I'll go to the relax zones first. If ever it really doesn't just go away on its own.”* (citation 39, respondent F10, male, 22 years)

But he also saw the relax-zones as spaces for distancing oneself from consumption:

*“It lets them [consumers] become more aware of their consumption, I find. Like just wondering about it. Because there are plenty of people who actually do it automatically. And just the fact of wondering about it, of even starting to think about it, allows you to take a step back, to distance yourself from it, to say to yourself “well, what am I doing, I'm taking it every week, is it perhaps a bit dangerous or what”? And then I say to myself “ah, is there a way at Modus to contact a psychologist?”* (citation 40, respondent F10, male, 22 years)

This function of the relax zones, identified by F10, of distancing oneself from one's consumption, is therefore not limited, according to him, to the time of the festival. This distancing may, if we are to believe his words, allow the emergence of a long-term reflection on one's consumption in general.

### Drug testing

When drug testing was mentioned during the interviews, i.e. the fact of being able to have one's products officially tested at the harm reduction stand at a festival, the festival attendees were unanimous; and this was true whether they had already experimented or observed the process at work, or whether they only knew about it in theory, or whether they were PWUD – or (and) sometimes dealers – of drugs that are testable, or not.

So, for example, when we asked her what she thought about having people test the products they consume, F20 said:

*“Well, why not? Even so, I have never seen these testing services. So, I've never done it, but frankly: why not? Because it's really important. Especially since it already happened to me, at the big festival in Wallonia in 2010, I got some MDMA, or something, with a friend! It makes you wonder what was really in it! So, it's true that it's interesting to check your product. Because sometimes there is so much crap put into a product!”* (citation 41, respondent F20, female, 21 years)

F18, for his part, said that he had never seen, in the festivals he had attended, places where people could test the products they were going to consume, but that he would use them without hesitation if they were available. F5 noted that the festival testing system should be generalized. According to another festivalgoer, F6, who did not consume anything apart from alcohol, testing can ...

*“make sure that people are taking quality weed that is not mixed with crushed glass to increase the weight without increasing the quantity of cannabis”. According to this respondent, we have to “ensure that the products that people consume, given that they are going to consume them, are of high quality. That's my opinion”. (citation 42, respondent F6, male, 28 years)*

### Harm reduction attitude?

The interviews we conducted showed that harm reduction services are undeniably perceived by the festival attendees – whether consumers or not – as being the most in line with their reality – 'there will always be consumers whether we like it or not' – and with the needs of the consumers and, beyond that, with the safety of all (those experiencing a bad trip, a crisis, a state of anxiety, or those likely to witness the crises). In chapter I of this section, we saw that the festival attendees we interviewed were very frank in their answers and showed an attitude that

went in the direction of a normalization/trivialization of regular and fairly dense consumption of so-called hard drugs. In view of this reality, it is not surprising that the harm reduction services – or the prevention services coupled with those involved in the harm reduction process – appear to be the best placed to respond to the needs of festival attendees: to accompany their consumption through a certain number of actions that are both informative (leaflets, testing) and reassuring, empathetic and welcoming (provision of beds, rest areas and water, listening, a presence that is not perceived as authoritarian or judgmental).

The harm reduction philosophy actually seems to be more in line with the imagination of the festival attendees than that of security, police or first aid services. This is, after all, logical since risk seems to be at the very heart of the perspectives of the festival attendees with whom we were able to talk to.

On the other hand, although they are openly pro-harm reduction, the vast majority of festival attendees did not think that harm reduction initiatives have much impact in terms of reducing consumption. Certainly, in the eyes of the festival attendees, the harm reduction teams supervise, provide support and make consumption safe. Of course, all the actions (testing, distribution of “safe” material, kits or information booklets) proposed by the teams should, in the eyes of the festival attendees, be deployed at all festivals. According to our respondents, the provision of information could even encourage people to think about, stabilise, and even better plan their consumption at the festival. However, its dissuasive impact remains rather weak at the moment (during the festival). In short, those who want to use drugs and have come to the festival to use drugs will use them, whatever support is offered to them; a finding which is quite similar to that at the origin of the harm reduction dynamics.

#### *3.4.2.4 Perception of the role played by the festival organizers*

Overall, our festivalgoer respondents had nothing particularly specific to say about the role of festival organizers in accompanying consumption. The effectiveness and uniqueness of their role was in fact evaluated indirectly: by the evaluation of the different services (security, first aid, and above all prevention/harm reduction), which the organizers used or did not use to provide a safe framework for festival attendees' consumption. The more organizers multiplied, diversified, and ensured the competence of their partners – and the complementarity between these different partners – the better they were evaluated by festival attendees.

Thus, for example, a certain festival in Wallonia – described as at least partially 'family friendly' – was described as rather successful in terms of the dynamics of accompanying drug taking (F15). F15 pointed out how important the practice of “testing” is, alongside other initiatives, such as the relax zones or reception areas; stands for leaflet distribution and discussion. However, the same respondent stressed the dysfunctions and shortcomings of another big festival in Wallonia – increasingly focused on “electro” programming – where there is no testing, and where the presence of harm reduction and prevention services seems – according to what F15 heard about this big festival – less extensive. Her perception of this second festival – and therefore of those who organize it – became much more negative. F15 said she had no desire to go. This large festival was described by F15 as the “worst of all”, the most dangerous, the most frightening. For many other respondents, it seemed to be the very example not to follow in terms of harm reduction policy related to consumption – in the broadest sense of the term.

Another example is that of F1, who, as we have seen, reminded us that she noticed that there was only one prevention stand at the festival she went to, and no stand for harm reduction or, to use her expression, “tertiary prevention”. In the eyes of F1, the absence of harm reduction stands and teams is undeniably a sign of a lack of support and supervision for the use of psychotropic drugs at festivals.

#### *3.4.3 CONCLUSION: HARM REDUCTION PARADIGM AND REINFORCEMENT*

From our interviews with the 20 festival attendees, it appears that the initiatives that are specifically “harm reduction” or “prevention coupled with harm reduction” seem to be the most appreciated, whether or not they are known or identified as such (confused, for example, with first aid actions). Firstly, the harm reduction actions seem to be recognized as offering rest areas that are managed by people who are more open, closer to the festival attendees, and more expert in the experiences of festival attendees who use psychotropic drugs. Secondly, there

was no criticism of the harm reduction initiatives and their actors. When harm reduction was mentioned, there was no mention of stress generated by harm reduction actors (contrary to what is said about police and security teams). Nor was it said that they would be ignorant of psychotropic drug use or authoritarian towards consumers (contrary to what is stated about first aid services).

Beyond the appreciation of harm reduction services and initiatives as such, they seem to have become the dominant paradigm in the imaginations of the interviewed festival attendees against which to evaluate all other initiatives. What seems to be expected of any service is not so much the ability to dissuade festival attendees from using drugs, but rather to provide safe support for the use of drugs and for the consumers, so as to encourage harm reduction: the fact that police and security teams, beyond their repressive dimension, can accompany a consumer in crisis to harm reduction or first aid services, but also that they could curb violent attitudes towards consumers who are in no state to defend themselves. The analysis of these 20 interviews leads us to note what we will call the emergence, in the imagination of the festival attendees interviewed, of a rising and partially established attitude of harm reduction.

This dimension of harm reduction – as a paradigm that is now apparently dominant in the various initiatives related to the regulation of consumption at festivals – was also found in the various interviews we have conducted with the different stakeholders.

Finally, the comments made about testing (an initiative that is fully in line with the harm reduction approach and logic) show a desire, shared by the vast majority of the festival attendees, to see the emergence of a greater presence and visibility of harm reduction initiatives in festivals and festive contexts in general.

## 4. QUALITATIVE STUDY: INTERVIEWS WITH FESTIVAL STAKEHOLDERS

### 4.1 THE OBJECTIVE & RESEARCH QUESTIONS

In this chapter, the general objective is to obtain a comprehensive understanding of how festival stakeholders perceive drug-related interventions implemented at music festivals in Belgium. These festival stakeholders are situated in the field of prevention, harm reduction, care, and law enforcement. Similar as in the previous chapter, the focus was put on both perceptions concerning drug-related strategies and those of substance use (norms).

More specifically, we aimed to answer the following research questions:

- RQ3: How do these stakeholders perceive substance use (norms) present at music festivals?
- RQ4a: How do festival stakeholders perceive their efforts in a context of substance use at music festivals?
- RQ4b: How do festival stakeholders perceive the efforts of other drug-related interventions at music festivals?

### 4.2 SEMI-STRUCTURED INTERVIEWS & RECRUITMENT OF THE PARTICIPANTS

In this part, festival stakeholders have been targeted who implemented and/or executed drug-related interventions at music festivals in Belgium. The purpose was to include a diverse range of both professionals and volunteers who were specifically focusing on prevention, harm reduction, care, or law enforcement strategies: festival organizers; stakeholders from prevention and harm reduction services; stakeholders from first aid- and medical services; bouncers or security staff; police officers or -chiefs; local policy representatives; and public prosecutors.

#### 4.2.1 *RECRUITMENT OF THE FESTIVAL STAKEHOLDERS*

Two different recruitment strategies were employed. Firstly, recruitment of Dutch speaking festival organizers was based on the 22 music festivals in Flanders that were considered in the on-the-spot observations. Initial recruitment of the festival organizers was performed through purposive sampling, in order to obtain a balance between homogeneity and heterogeneity of festivals characteristics, namely: music style, province, and scale of the festival (number of visitors). In a second phase, theoretical sampling was used to reach participants of music festivals with different characteristics than those already included, or in other words: “to maximize opportunities to discover variation among concepts and to densify categories in terms of their properties and dimensions” (Strauss & Corbin, 1998, p. 201).

Secondly, a more pragmatic approach was used to recruit the other festival stakeholders, i.e., prevention and harm reduction workers; first aid workers and medical staff; security staff; police officers; local policy representatives; and public prosecutors. Through the research team’s network, VAD (the Flemish expertise center on alcohol and other drugs) and Modus Vivendi, festival stakeholders were recruited from all over Belgium (including Dutch- and French speaking regions). Initially, purposive sampling was used, next to snowball sampling<sup>24</sup>, which was used more at the end of the data collection.

In total, 44 interviews were executed with festival stakeholders. The sample consisted of 26 Dutch and 18 French speaking participants. Demographic information (gender, language, work status and function) is provided in table 21.

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<sup>24</sup> In general, snowball sampling is a highly effective sampling technique for the study of difficult to reach or hidden populations such as PWUD (Waters, 2014).

Characteristics		Dutch speaking sample (n=26)	French speaking sample (n=18)	Total sample
Gender	male	17 (65,38%)	13 (72,22%)	30 (68,18%)
	female	9 (34,62%)	5 (27,78%)	14 (31,82%)
Work status	professional	18 (69,23%)	16 (88,89%)	34 (77,27%)
	volunteer	3 (11,54%)	0 (0,00%)	3 (6,82%)
	both	5 (19,23%)	2 (11,11%)	7 (15,91%)
Role <sup>25</sup>	festival organizer	11 (42,31%)	4 (22,22%)	15 (34,09%)
	security staff	2 (7,69%)	2 (11,11%)	4 (9,09%)
	police	4 (15,38%)	1 (5,56%)	5 (11,36%)
	prevention- or harm reduction worker	5 (19,23%)	9 (50,00%)	14 (31,82%)
	first aid- or medical staff	2 (7,69%)	4 (22,22%)	6 (13,64%)
	local policy representative	2 (7,69%)	0 (0,00%)	2 (4,55%)
	public prosecutor	2 (7,69%)	1 (5,56%)	3 (6,82%)

Table 21: Characteristics of the festival stakeholders

The sample consisted of predominantly male respondents, both for the Dutch speaking and French speaking sample. Moreover, most of the participants were professionally executing their role as festival stakeholder. Festival organizers represented almost half of all Dutch speaking stakeholders, whereas prevention and harm reduction profiles represented half of all French speaking festival stakeholders. By consequence, these two profiles were most strongly represented. Law enforcement actors (including public prosecutors, police, and security staff) were the least represented subgroup, however, still including more than a quarter of all stakeholders.

#### 4.2.2 SEMI-STRUCTURED INTERVIEWS

Semi-structured interviews were used to explore stakeholders' perceptions and experiences regarding implemented drug-related interventions and substance use (norms). An interview guideline was used, which helped the research team to focus on the research topics, containing key questions as well as sub questions (similar to the guidelines described in 3.2.2).

Similar to the guidelines for the festival attendees, these guidelines were divided in two main parts. The first part focused on substance use (norms), which related to the third research question. The second part focused on drug-related interventions at music festivals, which consisted of the operationalization of research questions 4a and 4b. In particular, perceptions and experiences concerning drug-related interventions were discussed with the interviewees, focusing on prevention, harm reduction, health care, and repressive actions (see attachment B for the detailed interview guideline).

In February and March 2020, festival organizers were interviewed with the assistance of Olivia Himpe, a Master student Science in Health Promotion, in the context of her master thesis: 'Harm reduction at music festivals in Flanders: Barriers and Facilitating Factors through the Eyes of Festival Organisers: A Qualitative Research'. These organizers were questioned through face-to-face interviews (except for the last interview, which was conducted during the beginning of the COVID-19 pandemic). Subsequently, in January and February 2021, interviews with the

<sup>25</sup> Some participants had multiple roles as a festival stakeholder, which explains why the sum of all the different roles was more than the total number of interviewed festival stakeholders

other Dutch speaking festival stakeholders were conducted. Due to measures induced by the COVID-19 pandemic, these interviews were executed through online video conferencing using Microsoft Teams (using both audio and video functions). Similar to the face-to-face interviews, a separate audio recorder was employed. Before the start of the interviews, informed consent was provided and all interviews were recorded and transcribed verbatim.

### 4.3 RESULTS OF THE DUTCH SPEAKING FESTIVAL STAKEHOLDERS

#### 4.3.1 *PERCEPTIONS ABOUT SUBSTANCE USE (NORMS)*

##### 4.3.1.1 *Normalization of substance use?*

Substance use at music festivals – and in a broader sense in the nightlife context – was seen as common by almost all participants ( $n=24$ ), and some respondents ( $n=5$ ) even added to believe that substance use is common in society as a whole.

Many stakeholders ( $n=17$ ) stated that alcohol is strongly present at music festivals and beyond. Moreover, some ( $n=4$ ) indicated that alcohol consumption serves as an important revenue stream for the festival organization. Furthermore, several stakeholders ( $n=11$ ) experienced different patterns of alcohol consumption from festival to festival, with young festival audiences being associated with a more problematic use, while some festivals could be linked with heavy alcohol use.

During most of the interviews ( $n=18$ ), the topic was raised whether substance use is being normalized. Although most of them indicated, in one way or another, that this is indeed the case, there was a less clear consensus about in what manner this is manifested. First, several stakeholders suggested that the process of normalization reflects the idea that there is more social acceptance and less taboo towards illegal substance use, especially concerning cannabis ( $n=8$ ) or so-called ‘soft drugs’. A few stakeholders mentioned illegal substance use is evolving to occur more openly at some festivals and that people who use illicit drugs regard their behavior as rather common.

Concerning the so-called ‘normalization’ of illegal substance use, most festival stakeholders did not relate this evolution with increased consumption per se, but rather described it as an evolution towards more acceptance ( $n=12$ ) and more presence in particular settings, such as nightlife or festival settings ( $n=7$ ). At least, some ( $n=4$ ) acknowledged the idea that illegal substance use has become a part of our society. Hence, the presence of illegal substance use is no longer denied or ignored (as was more often the case in the past). Nevertheless, some festival stakeholders ( $n=4$ ) raised the issue of stigma and taboo, still experienced by some people who use illegal substances.

*“[...] of course, if I compare it with the 1990s, a taboo has been broken. It has sneaked into the mainstream.”*  
(citation 1, respondent NL-18, female, prevention or harm reduction worker)

*“I don't know if people accept it more now, but I do think people are more aware, that it's just there. I do believe that. Simply because drugs are discussed much more in the media, in everything, in our entire life [...]”* (citation 2, respondent NL-24, male, prevention or harm reduction worker)

A few festival stakeholders ( $n=3$ ) mentioned that a certain group of youngsters regard alcohol as less important nowadays, in the meaning of a mentality switch that doesn't take alcohol use as for granted anymore. This attitude results in less alcohol use or even no alcohol use for certain youngsters, according to these stakeholders.

##### 4.3.1.2 *Festival characteristics & related substance use*

As mentioned earlier, substance use is seen as a part of the festival culture. Some festival stakeholders ( $n=4$ ) claimed that music festivals can serve as places where festival visitors can escape from the daily routines and obligations. In this sense, festivals are seen as free ports where having fun and acting freely is crucial. However, many festival stakeholders stressed the importance of different festival characteristics, which are strongly related to the use of certain substances.



*“The narcotics are usually related to some, well, more specific events”* (citation 3, respondent NL-16, male, law enforcement)

Firstly, music style was regarded as crucial by many ( $n=13$ ) in relation to substance use norms. In general, festivals in the electronic dance music scene were often linked with illicit substance use, especially of stimulants such as ecstasy and cocaine, whereas rock- or metal festivals were generally linked with (heavy) alcohol use. Festival attendees' profiles were another key component according to several festival stakeholders ( $n=8$ ). The age or maturity (in terms of users experience) of the festival attendee was perceived as a crucial factor in terms of substance use. Whereas young festival visitors were generally considered as inexperienced and less awareness of the risks of substance use, both for alcohol and other drugs, more mature festival attendees were believed to be more experienced and having a better understanding of their personal limits, for example in terms of avoiding drug-related incidents.

*“The average age at [NAME FESTIVAL] was 28 years. Eh, which means that there, well, everyone who is 30+ has a different outlook on life, who has no longer that experimental phase and who can, um, handle it very well. There are a lot of people I know... are people (laughs), who are 30, 40, 50 years old, who are going out three times a year and then take a pill three times a year. These are such people, they are recreational users, who used to go out every week and take a pill every week, but nowadays they are going out to have a big party again. Uh, and [NAME FESTIVAL] has the advantage that there are a lot of those types of people who don't uh, who create little nuisance, who have already learned to go out safely for themselves.”* (citation 4, respondent NL-02, male, festival organizer)

Some festival stakeholders ( $n=4$ ) expressed that larger festivals are more diverse in terms of musical styles and visitor profiles (i.e., age and music preference). In this context, the presence of young families at certain festivals was related by some ( $n=2$ ) to child safety. A last indicator of festival identity mentioned by some ( $n=3$ ) concerned the distinction between mainstream and alternative festivals. In this context, when compared to alternative ones, mainstream festivals were mainly linked to a low incidence rate of illegal substances but with a high incidence rate of alcohol use.

#### 4.3.1.3 Recreational use and problematic use

Other topics that were discussed by several festival stakeholders concerned recreational substance use ( $n=8$ ) and/or problematic substance use ( $n=15$ ). Most of these stakeholders distinguished two types of use, with recreational use being linked to a responsible or safer way of using. Some explicitly stated that information is a key element, enabling festival attendees to use in a responsible way. Also, setting limits and lowering usage frequency were linked to more responsible (or recreational) use.

*“As a festival, we don't really have to make a distinction between that [recreational versus problematic use], but we do want people, uh, who use recreationally, to be warned about the dangers. And we also want to give the people who use problematically the offer of: look, you can also get rid of it, you can also be helped. So, that's a distinction, we specifically have chosen for to look at, yes, just a bit of a follow-up process, to offer the aftercare, at the festival.”* (citation 5, respondent NL-07, female, festival organizer)

However, according to several festival stakeholders, legal or illegal substance use can potentially lead to specific problems at festivals, such as medical (e.g., PWUD in need of medical help due to an overdose of certain substances) or behavioral ones (e.g., PWUD becoming aggressive under the influence of certain substances). More specifically, problematic use was often linked to alcohol use ( $n=7$ ). In this context, it is notable to add that a number of them were questioning the legal status of alcohol, or at least did not take the legal status of alcohol for granted. Nevertheless, some ( $n=6$ ) (also) reported on experiences with problematic use of illegal substances, which was often linked with combi use, especially of alcohol with other drugs ( $n=2$ ). In this context, a few stakeholders ( $n=2$ ) acknowledged increases in combi use-related incidents at first aid services.

#### 4.3.2 PERCEPTION & EXPERIENCE OF (HEALTH)CARE SERVICES AT MUSIC FESTIVALS

##### 4.3.2.1 Perception & experience among first aid workers & medical staff

As the main attention concerning drug related strategies was put on prevention, harm reduction, and law enforcement interventions, only two stakeholders in the medical field participated in the interview. Nevertheless, some interesting findings were collected from this subgroup.

As was already mentioned in the previous chapter, the number of patients related to substance misuse ending up at first aid services – including more severe cases – are generally increasing. Both stakeholders in the medical field added that one of the main objectives for first aid services at festivals nowadays is to safeguard local emergency practices and intensive care at the nearby hospital. Due to this worrying evolution, which causes a serious responsibility for first aid workers, stakeholders mentioned that first aid services have switched more towards medicalized care services. By consequence, these services are, on the one hand, more and more staffed by individuals with a medical background/education (e.g., doctors and nursing staff) and, on the other, more and more furnished with specialized medical equipment (e.g., respiratory equipment, monitors). Often, these professional workers are (partially) paid, whereas most first aid organizations, such as the Red Cross, are typically employing volunteers. In addition, one of these stakeholders mentioned that this new evolution sometimes creates ambiguities between first aid professionals on the one hand and volunteers on the other. They are often working independently from each other, where clear preparatory agreements are lacking.

Another issue that was raised by both stakeholders concerns the openness of PWUD towards first aid workers. They mentioned that festival attendees are often not totally honest about what has been taken, as well as regarding the quantity (for alcohol as well as other drugs). However, one of them provided examples of both a dishonest attitude and a trend towards a more open attitude concerning substance use. Notwithstanding, this stakeholder also claimed that such openness only took place in absence of visible policing, as police presence at the first aid can be very counterproductive. It is key that festival attendees are feeling safe at first aid services and that they do not feel inhibited to ask for help or communicate crucial health information (e.g., regarding the type and amount of, legal or illegal, substances they have used).

*“So the safety has to ... those guarantees and, yes, it’s a relationship of trust that you build over the years with festivalgoers. Uh, because yes, once something goes wrong, then it will spread like wildfire.”* (citation 6, respondent NL-25, male, first aid services)

Also, cases of aggression at the first aid service by patients under influence were discussed. One of the festival stakeholders mentioned that these cases primarily originated from persons who misused alcohol, rather than from those misusing other substances.

Finally, both stakeholders regarded the way of working of the festival organization as an important factor. A good relationship with the organization generally led to satisfactory collaborations and results. Yet, it was also stated that a more highly professionalized first aid service is more costly. One of the stakeholders mentioned that some festival organizations can afford to spend more means, while others are trying to economize as much as possible on first aid services. In this sense, the stakeholder continued, a first aid organization could be regarded as an underdog when compared to police and fire departments, who both have the ability to even shut down the complete festival.

##### 4.3.2.2 Perception & experience among other festival stakeholders

In the first place, first aid services at festivals are seen by several stakeholders ( $n=5$ ) as a safety net for those who are in need of help. Similar to accounts of stakeholders from the medical field, some other festival stakeholders ( $n=3$ ) also stressed the importance of medical practitioners’ presence at first aid services. As such, certain severe cases can be treated and less patients end up at the emergency department of a nearby hospital. Correspondingly, this creates a better impression of the overall festival organization.

*“We actually have an emergency doctor on site, on Saturday and Sunday. And in the past that was actually purely a first aid service by the Red Cross, those people yes, as soon as someone actually is unconscious for some moment then uh, they call the ambulance, is the ambulance ready. [...] in nine out of ten cases it is not necessary. So of course, this is what a doctor can estimate, like okay, take some rest, drink some water or a Baxter or whatever.”* (citation 7, respondent NL-08, male, festival organizer)

The relevance of medical practitioners' presence was also emphasized from another perspective. Since medics rely on specialized expertise concerning substance use, some stakeholders ( $n=4$ ) stressed their informing and sensitizing role in terms of transmitting knowledge tailored to the PWUD. In this context, an example was given where a medical practitioner was conducted a constructive telephone call with minors who got caught with illegal substances at a festival.

*“[...] I also thought that was a good initiative. Uh, minors don't get OMS. At [NAME FESTIVAL] you obviously have a lot of minors. Eh, and there was the situation, that a fixed GP was available throughout the entire festival, who had a telephone conversation with that minor who was then, uh yes, caught with drugs. That was a light conversation, but it was indeed a conversation like: these are the consequences, think carefully about it. Uh, so often a bit from the medical approach, this was given. [...] I think that's not bad. Especially that conversation with the GP is something that I certainly support, because that is the right person.”* (citation 8, respondent NL-22; female; law enforcement)

Stakeholders from first aid services as well as other stakeholders ( $n=3$ ) shared views on the accessibility of first aid services at music festivals. Especially repressive actions (e.g., police control with sniffer dogs at the festival entrance), were perceived as inhibiting attendees to approach first aid services.

*“ [...] but we try to keep it all a bit, yes, the police away from, from it. For example, uh, pulling the medical service and the police apart. In the past, they often stood side by side. But that is a barrier for people to go to the medical service. I think those human lives are important, so they have to go to the medical service. So OK, we move a little further, so they don't see us, so they aren't scared.”* (citation 9, respondent NL-19, female, law enforcement)

Furthermore, several festival stakeholders stressed the relevance of close cooperation between first aid service and mobile teams present at the festival area (e.g., mobile security or mobile harm reduction teams). These teams in particular can detect drug-related problem cases at the festival area, whereby the mobile teams are able to notify the staff members of the first aid service. In this context, especially the role of security teams was emphasized ( $n=4$ ). However, in this context, also the role of mobile harm reduction teams was stressed ( $n=3$ ), not merely to detect drug-related problem cases, but also to facilitate open communication, crucial for facilitating patient treatment.

Next to the importance of a good collaboration between specific stakeholders and sharing life-saving information, several festival stakeholders ( $n=5$ ) referred to specific knowledge on substance use as well as experience with PWUD, most specifically in nightlife contexts. Both aspects are seen as essential for first aid workers or medical staff, although in practice, such knowledge/experience is often missing according to some ( $n=4$ ).

*“What I also find important is the medical staff, that they are also trained in how to deal with illegal substances and know what you can and cannot do. [...] I feel that this is not always the case. Or that they even just, don't even ask about it [referring to ask about the patient's substance use].”* (citation 10, respondent NL-13, female, prevention or harm reduction worker)

#### 4.3.3 PERCEPTION & EXPERIENCE OF PREVENTION AND HARM REDUCTION ACTIONS AT MUSIC FESTIVALS

##### 4.3.3.1 Perception & experience among prevention and harm reduction workers

During the interviews with prevention and harm reduction workers ( $n=5$ ) different actions were referred to, such as the concept of Quality Nights<sup>26</sup> and the harm reduction project Safe 'n Sound<sup>27</sup>. Additionally, breath tests (to check for alcohol intoxication) were named as additional preventive actions offered at music festivals.

First of all, the impact of these actions was discussed. Measuring the outcome of implemented preventive- and harm reduction interventions was considered as rather difficult to most ( $n=4$ ). However, some indications towards potential impact were obtained through the festival attendees' feedback stakeholders obtained during their actions. In general, the actions of Safe 'n Sound were perceived as positive by several prevention and harm reduction workers ( $n=3$ ), impacting the target group of PWUD. Notwithstanding the generally rather modest number of people visiting info stands, according to one of the harm reduction workers, a potentially big impact on the individual level of the substance user can be experienced. In addition, a snowball effect was mentioned, created by info stand visitors sharing the obtained information with their friends.

Preventive actions with breath tests were regarded more skeptically. As it is difficult to measure the outcome of such actions, their efficiency was questioned. Notwithstanding the fact that one prevention worker highlighted the impact on a personal level (i.e., when festival attendees with a BAC-level above the limit decided not to conduct their vehicle), these specific types of actions were not perceived as sustainable overall. In general, these types of preventive actions are considered to be part of an integrated drug policy at festivals. Moreover, prevention workers are considered to support and stimulate this policy together with other stakeholders, festival organizers in particular. One single action was believed never to be the ultimate goal of a preventive strategy.

*"It is very often the case that festivals in their organizations are mainly fan of those more 'one shots', uh, actions and interventions, which we actually know they don't really do much. Eh, but then they can say that they have implemented drug prevention of course. So that is often a bit of a consideration of ... Sometimes we do such things or we do support their local prevention worker, for example, based on the idea of: Suppose we make some concessions now, then we already have a foot in the door for maybe the next edition, that we can work a bit more integrated or something like that."* (citation 11, respondent NL-13, female, prevention or harm reduction worker)

In this context, it is interesting to capture the initiators of the different prevention and harm reduction interventions at music festivals in the first place. According to some stakeholders ( $n=3$ ), circumstances are not always perfect when festival organizers are imposed to implement prevention or harm reduction actions due to (local) policies (e.g., to obtain their license) (extrinsic motivation), compared to actions actively requested by a festival organization who fully supports the approach (intrinsic motivation). Most of the prevention and harm reduction workers ( $n=4$ ) previously experienced difficulties between expectations/actions of the festival organization on the one hand and expectations/actions inherent to their own field on the other.

Finally, harm reduction approaches and related actions were food for thought during the interviews. Some of the participants ( $n=3$ ) referred to legislation, which makes a distinction between legal and illegal substances. Within this legal framework, harm reduction initiatives operate towards their target group (i.e., people who use illegal substances) by offering them information and tools (on how) to use these substances in a less risky way. Several

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<sup>26</sup> Quality Nights is a charter which promotes a safe and healthy nightlife. Belgian clubs and event organizers who want to engage themselves to be part of the Quality Nights charter, must offer a minimum of six health services – such as free water, breath alcohol tests, training bar personnel, health information, etc.

<sup>27</sup> Safe 'n Sound is a peer support- and harm reduction project in the nightlife setting. Through an info stand staffed by peers, they are offering information and harm reduction materials specifically for PWUD.

stakeholders ( $n=3$ ) described that this particular way of working is not always perceived as taken for granted by others, such as police officers, (local) policy makers/representatives, and festival organizers.

*“You can sit together with a lot of services and organizations, and municipal services, as well as the police, and everyone can be convinced of the same idea that harm reduction is perhaps the most appropriate form. But to sign it as a political governance and as police, that's a completely different story.”* (citation 12, respondent NL-24, male, prevention or harm reduction worker)

Harm reduction is not yet established as a well-known concept, according to some prevention and harm reduction workers ( $n=2$ ). Moreover, one of the stakeholders mentioned that certain people who use illegal substances were questioning how a strict zero tolerance policy – which is often implemented at festivals – and a harm reduction approach fit together at one and the same festival. Another stakeholder stated that it is difficult to work within the current legal framework.

*“People always ask themselves questions like: ‘Yes, I just got in. Actually, I had to hand off everything, and now I'm in and now you're actually giving me information about how we can actually reduce our health risks when using alcohol or other drugs.’ That is a bit paradoxical, but then we always try to place it.”* (citation 13, respondent NL-15, female, prevention or harm reduction worker)

Furthermore, implementation of a drug testing service was recommended by some of the prevention and harm reduction workers ( $n=3$ ). It was even stated that this specific harm reduction action could potentially consist of one of the most effective strategies to reduce health problems for people who use illegal substances in recreational settings. In addition, one of the harm reduction workers explained that drug testing consists of more than just analyzing substances; it also creates the possibility to interact with the target group in a more profound way.

*“Respondent: The fact we are still not allowed to do drug checking anno 2021, I also think that is a huge lack. And that is twofold, both analyzing the products, and two, more importantly, that you have people in front of you, where harm reduction messages directly [...], you have them with you, the attention is there, and there is so much space and so much potential and so much... there's so much power in there to get messages across and educate people that we're missing right now.*

*Interviewer: Yes. Is it much more than drug testing on its own?*

*Respondent: Absolutely.”* (citation 14, respondent NL-18, female, prevention or harm reduction worker)

#### 4.3.3.2 Perception & experience among other festival stakeholders

Although prevention and harm reduction are not exactly the same, these concepts overlap. Often, stakeholders mixed both concepts when prevention and harm reduction strategies were discussed during the interviews. At a certain point, the concept of prevention was used as an umbrella term for all preventive and harm reduction initiatives. In what follows, the results are written with both concepts in mind. Unless it is clearly indicated, the findings are targeting either prevention or harm reduction in particular.

First of all, prevention and harm reduction focus both on legal and illegal substance use. Harm reduction initiatives specifically target predominantly people who use illegal substances by reducing consumption-related risks. From the perspective of legislation (i.e., as PWUD are in fact committing an illegal act), this specific situation creates certain difficulties according to several festival stakeholders ( $n=7$ ). On the one hand, authorities are used to tackle the problem of illegal substance use at festivals from a law enforcement approach. In this context, the perception arises that law enforcement and harm reduction are difficult to match. Some stakeholders ( $n=3$ ) even indicated that (in the past) they were skeptical concerning harm reduction initiatives. Another stakeholder mentioned that in the past years, a mentality switch occurred in the nightlife scene. On the other hand, festival organizers addressed specific

concerns regarding the implementation of harm reduction actions due to the prevailing legislation. Afterall, they must meet the expectations of local authorities regarding appropriate methods to deal with substance use at their own festival. Furthermore, a lack of a legal framework and clear regulations was mentioned regarding the implementation of harm reduction interventions, in particular for drug testing services ( $n=7$ ).

*“Today we have to deal with what the law imposes on us and that is also a continuous exercise and discussion point. Today uh, the police say: it has to be like this, yes, you have to promote zero tolerance, we have to do that. [...] Yes, we have to deal with it and we don't want to bury our heads in the sand, but it is constantly, isn't it? I don't want to go to court tomorrow because I'm the facilitator of uh, drug use.”* (citation 15, respondent NL-02, male, festival organizer)

Moreover, festival organizers addressed another difficulty linked to the implementation of harm reduction actions at festivals. Some of them ( $n=3$ ) stated that the implementation of such actions might be seen as acknowledging that illegal substance use is a problem at their festival, which could create reputational damage. Additionally, it was mentioned that this could negatively impact the organizer's relationship with local authorities. Moreover, festival organizers highlighted their overall caution regarding illegal substances towards the public opinion and put forward the potency of media to further intensify this negative image.

*“[...] we um said, yes, if we allow that [harm reduction organization] at the festival for example, with a stand about drug prevention, then that will automatically be a bit of an admission of, yes, here is drugs used. If we're realistic, that's just always the case. Eh, there is also a lot of politics involved, so yes, then they will also be a bit surprised like yes, uh, why is there is a drug prevention stand here?”* (citation 16, respondent NL-06, male, festival organizer)

Another aspect concerns stakeholders' familiarity with the notions of prevention and harm reduction and how they perceive the impact of these specific drug-related actions. Some stakeholders ( $n=3$ ) recognized that they were hardly familiar (or simply unfamiliar) with the concept of harm reduction in particular. In addition, especially festival organizers notified that it is not easy to find your way in the landscape of prevention and harm reduction. Furthermore, several festival stakeholders ( $n=6$ ) were questioning the impact, effectiveness, accessibility, and attractiveness of such actions, as well as their effectiveness to reach their target group.

*“And indeed, that communication [about a safer nightlife]. Yes, ... somehow we should also measure it, to what extent, how that comes in. How many people see it, read it, that there ... effectively absorb it.”* (citation 17, respondent NL-08, male, festival organizer)

Others listed specific features which they perceive as crucial for prevention and harm reduction initiatives. Similar as for the festival organizers ( $n=7$ ), accessibility and communication tailored to the target group, were regarded as key features. More specifically, a low threshold ( $n=2$ ) was perceived as important in terms of accessibility of these type of drug-related actions at music festivals. According to one of the festival stakeholders, state-of-the-art target group-tailored communication is sometimes missing. In this context, peer support or peer education was a few times suggested as an effective way to communicate with the target group (e.g., Safe 'n Sound). However, other festival stakeholders were doubting the potency of employing experts by experience to inform PWUD. Some festival stakeholders ( $n=2$ ) suggested to make use of the expertise of festival organizers in order to communicate towards festival attendees. Possibly, this can also be valuable in terms of visibility, as some stakeholders ( $n=5$ ) indicated that there is work to be done in terms of visibility for prevention or harm reduction actions at music festivals, in particular regarding Safe 'n Sound. However, prevention and harm reduction initiatives could also be positioned more in the spotlights, rather than being assigned a location somewhere in the background of the festival area.

*“That [prevention or harm reduction info stand] was very different from the, uh, professional stands of Coca-Cola and Maes and interim offices. They were like: what kind of dodgy place is that?! It did not match. They were standing there... distributing those kinds of flyers instead of, I don't know, yes, working with a sexy app [...]”* (citation 18, respondent NL-04, male, festival organizer)

*“For example, you noticed that the Safe 'n Sound stand wasn't ... The intention was to place it very, very centrally at the festival, so it was also very clearly present. No, that didn't work out. It was somewhere, uh, pretty in the back.”* (citation 19, respondent NL-22, female, law enforcement)

Finally, some festival stakeholders ( $n=3$ ) highlighted the role of police within a prevention strategy.

#### 4.3.4 PERCEPTION & EXPERIENCE OF REPRESSIVE ACTIONS AT MUSIC FESTIVALS

##### 4.3.4.1 Perception & experience among stakeholders of law enforcement strategies

Most stakeholders in the field of law enforcement ( $n=5$ ) agreed about the main drug-related purpose of the implementation of repressive actions at music festivals, namely, to send out the clear message to the festival audience that illegal drugs are not allowed. By no means, the assumption is to execute a manhunt by searching every single festival visitor or to stop all illegal use of substances.

*“Like I already said, that's, well yeah... that's not a manhunt. If we want [laughs], we can... The more efforts on that [OMS Fest], the more money you get. And that is certainly not the intention. The intention is simply to show that presence, those checks, well, to show: We are here [...] It is not allowed. Giving a signal, that's what it's about.”* (citation 20, respondent NL-22, female, law enforcement)

In this context, several stakeholders in the field of law enforcement questioned the impact and efficiency of their own repressive actions, in particular the police officers. First of all, they referred to the festival attendees' anticipation how to avoid drug controls at the festival entrance and how to adapt their means to deal with drug searches. In this sense, stakeholders clarified that not all illegal substance use can be blocked through repressive action. Furthermore, some acknowledged the difficulty of measuring the impact of the applied interventions.

*“Ho, I must honestly say, yes, that is not scientifically examined, is it. Moreover, I do not dare to say: Ho, have we now ensured that, for example, a reduction of 100 people who end up at the Red Cross service or not. I dare, ho, I really don't dare to say that ... Substances are used at the festival site. [...] Uh indeed, we do get a lot out of it, but I think that is, yes ... But, I cannot substantiate it scientifically, but ... it's a fraction of what is present and used at the terrain.”* (citation 21, respondent NL-16, male, law enforcement)

After all, avoiding drug-related mortality was mentioned as another important focus for law enforcement actions by some involved in the implementation of repressive actions ( $n=3$ ).

In terms of the specific drug-related actions, drug searches are an important part of the repressive approach, which is mainly conducted at the entrance of a music festival. A specific procedure, the so-called ‘*wasstraat*’<sup>28</sup>, was developed to efficiently execute drug searches. Sniffer dogs (or detection dogs) are deployed to optimize this process. Moreover, OMS Fest<sup>29</sup> was created with the intention to reduce law enforcement entities' administrative work during these searches. PWUD in the possession of a certain quantity of illegal drugs are required to pay an OMS when caught. In general, most stakeholders in the field of law enforcement ( $n=5$ ) positively assessed the implementation of the OMS Fest procedure at festivals. Most importantly, these stakeholders recognized a reduction of administration work due to its implementation. Nevertheless, some stakeholders ( $n=3$ ) also articulated a critical remark. For instance, some doubts were expressed concerning the extent of the fine. The question was raised whether the currently applied amounts are sufficiently large and whether they could be generalized (as they generally differ from district to district, or even from festival to festival).

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<sup>28</sup> Concerns a specialized and fully equipped location, mostly at the festival entrance, which enables police to search for illegal drugs in an efficient and profound way when festival attendees are suspected of the possession of illegal drugs.

<sup>29</sup> The implementation of an ‘Onmiddellijke Minnelijke Schikking’ (OMS) or ‘règlement à l’amiable immédiat’ in the context of music festivals.

In general, law enforcement stakeholders experienced different reactions from festival attendees when they were caught during drug searches at the festival entrance. This ranged from feedback indicating that festival attendees perceived the drug searches as inconvenient, to accounts of festival attendees reacting in a more comprehensive way, accepting the consequences as a calculated risk. However, some of them ( $n=3$ ) linked these different ways to respond with the way repressive actions were set up. If extra efforts were put in a more personal approach using a non-judgmental mindset, the atmosphere was more relaxed. In that case, stakeholders articulated that there was more peace of mind among the festival attendees.

*“You also saw that this indeed provided more peace of mind for the festivalgoers. Yes, and that's kind of the principle of, uh, action-reaction, and the way you approach people. Eh, and how you position yourself, that certainly has an impact on the attitude of the festivalgoers. So you also saw there, yes, that people ... many know that: Ok yes, it is not allowed, so yes, if you catch me, yes, then I was unlucky. But the fact that we no longer pick out the audience like robocops, very ostentatiously, visible to everyone ... that made them feel less directly targeted. And generally, we actually have, hoo, one or two, uh, people that we caught on [illegal drugs], who were being checked by us, who were freaking out.”* (citation 22, respondent NL-12, male, law enforcement)

In addition, an evolution towards low profile policing was mentioned by some stakeholders ( $n=4$ ), in the sense of less ostentatious police presence. However, they also pointed out that this new approach might involve some friction among police officers. Police interventions at the festival have evolved towards this lower profile of policing. At the current stage, plainclothes police are deployed to primarily catch drug dealers, rather than PWUD, at the festival area. Moreover, most of the stakeholders ( $n=6$ ) involved in the implementation of repressive actions mentioned that the focus on drug dealers was an important drug-related objective.

*“I've always focused on the big dealers. Those who really want to make money and who don't really look at the consequences for people.”* (citation 23, respondent NL-19, female, law enforcement)

Moreover, collaborations between police and security staff were mentioned ( $n=2$ ), with security teams observing the festival area, detecting problems, and subsequently reporting the problems to the relevant stakeholder (e.g., the detection of drug dealing at the festival area).

Other feedback was mainly attributed towards festival organizers. On the one hand, these stakeholders ( $n=3$ ) mentioned negative feedback from festival organizers who did not appreciate the repressive approach at their festival, in the sense of ‘feeling targeted’. In this context, even favoritism was mentioned occasionally, with reference to interference of the local policy makers in favor of the festival organization. On the other hand, some stakeholders ( $n=2$ ) also indicated to have received positive feedback from festival organizers. This was generally embedded in a year-long, professional collaboration between the stakeholders.

In addition, some ( $n=2$ ) discussed their relationship with media and related public opinion. The impression was created that these parties generally perceived the different law enforcement strategies at music festivals and beyond in a rather negative way.

*“If you have a [drug] death, you haven't checked enough. And if you don't have a [drug] death, you've checked too much.”* (citation 24, respondent NL-19, female, law enforcement)

Finally, a specific concern was raised in the context of security staff actions. From a legal point of view, security staff is not allowed to specifically search for illegal drugs at the festival entrance. In the event of illegal drug discovery during a superficial safety check (e.g., weapon or other prohibited items search), security staff members need to notify the police, as they are not allowed to confiscate these substances. Yet in reality, illegal drugs are retrieved on a regular base by security staff at music festivals. Nevertheless, this is not translated into legislation, which is perceived as problematic through the eyes of security staff ( $n=2$ ).



*“The [festival] organization wants zero tolerance on drugs. Security is seeing that: Yes, ok, we have to check for drugs. Yes, but the law says: We are not allowed to search for drugs. So, we're always going to find that by chance. Uh, so the finality of the superficial scan at the entrance fades to: We're looking for drugs.”* (citation 25, respondent NL-23, male, law enforcement)

#### 4.3.4.2 Perception & experience among other festival stakeholders

Many festival stakeholders ( $n=7$ ) focused on the importance of collaboration and the need for clear arrangements between law enforcement and other drug-related stakeholders. Different points of interest were relating to a need for coordination and collaboration. More specifically, they recommended to organize meetings focusing on alcohol and other drugs, especially at the music festival itself. Such meetings could bring different stakeholders, involved in the implementation of drug-related interventions at festivals, together and facilitate the exchange of information between relevant partners as well as enable monitoring of the situation. Consequently, this could enable the different stakeholders to finetune or adjust their drug-related actions according to the circumstances actually occurring at the festival.

Furthermore, several stakeholders ( $n=5$ ) appealed for a balanced drug policy at festivals, where prevention and harm reduction are regarded as equivalent to repression. Often, this claim was based on a so called ‘zero harm policy’, which refers to the guidelines for a balanced alcohol- and drug policy at festivals<sup>30</sup> (Van Damme & Schrooten, 2020). However, not all of these stakeholders necessarily referred to the VAD-guidelines for a balanced alcohol- and drug policy at festivals in particular. Still, the key element of a balanced drug policy remains the coexistence of both preventive and repressive actions at music festivals. While repressive interventions aim to discourage the use of illegal substances, prevention or harm reduction initiatives aim to inform PWUD in order to reduce harms related to substance use.

*“We must inform, discourage. If you want to do it anyway, inform yourself how. I think that is the role of festivals: to discourage use. But if people – well, that's the rational choice theory, is it – if people have made the decision to use anyway, we won't be able to stop them from doing so either.”* (citation 26, respondent NL-07, female, festival organizer)

Nonetheless, festival stakeholders discussed issues regarding the implementation of a (more) balanced drug policy at festivals. Several stakeholders ( $n=4$ ) noted contradictory effects of confrontation with repressive measures and harm reduction initiatives. Additionally, some festival organizers ( $n=3$ ) considered such a balance as difficult to obtain, for example when required to meet expectations of local authorities and thus being not entirely in control of the design/implementation of the policy regarding drug use at the festival.

Many festival stakeholders ( $n=11$ ) reflected on a zero tolerance policy at festivals, generally referred to as ‘a repressive approach’, in a rather negative way. Some ( $n=3$ ) mentioned its limited impact, while others ( $n=4$ ) were summing up the different strategies festival attendees employ to avoid police controls or security checks. Although one festival stakeholder supported the zero tolerance policy at his/her festival, another stated that they simply have to follow the law.

Furthermore, several festival stakeholders ( $n=6$ ) linked a repressive approach with its potential negative impact it could potentially cause, especially in terms of riskier substance use. In this context, festival stakeholders alerted that certain festival attendees tend to take their substances all at once when, for instance, being confronted with extensive police control (cf. police intervention with sniffer dogs).

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<sup>30</sup> This roadmap offers guidelines how to implement an alcohol- and drug policy at music festivals. Such an alcohol- and drug policy is a coherent set of agreements how to deal with substance use, in terms of law enforcement, prevention, harm reduction and (health)care. The guidelines are published by VAD in 2020.

*“For example, what I noticed as an organizer, the first two years of [NAME FESTIVAL]. Then the city council and the police weren't really dealing with our festival yet. [...] We weren't really in their sights yet. And uh, that drug use was undoubtedly already there, but that did not lead to people who ended up at the first aid. That all went well. But what we did notice, from the moment the police arrived in year 3 and really very harshly implemented zero tolerance with dogs and with wasstraten uh etcetera, then suddenly we had every day 4-5 people in our first aid who had taken too much. Uh, which somehow shows that people come under a certain pressure and then somehow start to take everything at once or, uh, spreading less. They feel a bit hunted, uh bad decisions are made. Maybe more is also bought from dealers they don't know and so, yes, quantities they don't know about, like what do I actually have here. Uh, so we immediately saw a spectacular increase of people who ended up at the first aid. And I found those numbers so striking that I could not help but link it to the fact that suddenly very repressive actions were taken at the entrance. The first thing you saw there were 10 police officers in a row and I can imagine that you are like: Wow, what is this here and so stupid decisions are made.”* (citation 27, respondent NL-11, male, festival organizers)

Other stakeholders ( $n=3$ ) indicated that a repressive approach could refrain PWUD from visiting first aid services and also linked such an approach with illegal substance trade at the festival area. Individuals who decided to use illegal substances at the festival, were indicated to buy more quickly from unknown dealers at the festival site when a repressive approach was implemented. This entails increased risk, as the user is usually unaware of the reputation of the vendor as well as the quality of the products. Finally, a few stakeholders ( $n=2$ ) claimed that drug searches – which are recently being organized more frequently – have a stigmatizing effect on festival attendees. In this context, they specifically referred to repressive actions with sniffer dogs and so-called ‘wasstraten’ where naked body searches were occurring.

Notwithstanding the overall negative assessment of repressive approaches, many of the stakeholders were still convinced of the necessity of such actions at music festivals. Some specific drug-related actions were acknowledged, which were regarded as essential in the context of a repressive approach. First of all, law enforcement was perceived as key in the light of drug dealing at the festival ( $n=4$ ). Secondly, a repressive approach was regarded as essential for targeting driving under influence ( $n=4$ ), especially in the hours and day(s) after the festival had finished. Some even indicated to intend to increase their focus on this specific topic, particularly since its impact extends the mere festival context.

*“That was actually nice to see that people appreciate it [the preventive alcohol breath test action] in the first place. Well, sometimes there's also alcohol involved, and suddenly you're best friends and it's all fun. Also, sober people showed a lot of appreciation. And that is not surprising, because I once experienced a very large one in [CITY NAME] during a repressive control action. And there you notice also that many people actually appreciate that there is a control action. So that is indeed, well yes, potentially with fines and such things - which was not the case with us now.”* (citation 28, respondent NL-24, male, prevention or harm reduction worker)

Stakeholders ( $n=2$ ) also stressed the importance of clear communication towards the festival audience regarding the festival's drug policy. Finally, some ( $n=3$ ) made suggestions in the context of low-profile policing, which implies that police interventions are organized in a less visible way (e.g., deployment of plainclothes police at the festival area) or police actions are executed more discreetly (e.g., installation of a separate zone to check festival visitors when organizing a police intervention with sniffer dogs and body searches). These recommendations were mainly made in the context of a strict repressive policy, which is generally perceived as stigmatizing towards the PWUD.

Furthermore, several festival stakeholders ( $n=9$ ) experienced the collaboration with parties from the law enforcement field as overall positive. However, some festival stakeholders ( $n=4$ ) claimed the nature of this experience somewhat depends on the municipality where the festival is located, which has an impact on both policing and judicial level. For example, different strategies are used in different police zones or police levels (local

versus federal). It was even mentioned that the quality of the collaboration with other stakeholders can depend on the particular individual executing the job.

#### 4.3.5 TOWARDS A BETTER IMPLEMENTATION OF DRUG RELATED STRATEGIES AT FESTIVALS: BARRIERS & FACILITATORS

##### 4.3.5.1 Specific barriers & facilitators of the festival organization

From a festival organizer's perspective, the festival image is of crucial importance. By consequence, festival organizers potentially have a reticent attitude towards drug-related interventions at their festival. Fear of a bad reputation regarding the public opinion or in media terms must be taken into consideration.

Lack of knowledge and skills in the context of drug-related approaches at music festivals was considered as another barrier. More specifically, festival organizers are not fully aware of the potential of prevention and harm reduction strategies. Furthermore, legislation is not always perceived as optimal. How does a harm reduction strategy fit into a contemporary drug policy at music festivals, for example? And what can be expected from the festival organization in terms of a drug policy? In this context, (local) policy actors and the judiciary play an important role. On the one hand, festival organizers did not always feel heard and claimed not having any voice in this matter, while on the other, festival organizers sometimes experienced fear of being prosecuted. Therefore, they strongly valued transparent communication between different stakeholders and argued for more mutual understanding.

Personal factors proved to play a role as well. Firstly, how festival organizers perceive their own role in order to deal with substance use-related issues is crucial. Secondly, their perceptions regarding the need for a drug-related approach at their festival is of great importance. Additionally, festival organizers always have to navigate between hedonistic aspects of freedom and pleasure and safety aspects. A music festival with too many rules and interference was not perceived as desirable. Furthermore, the intrinsic motivation of a festival organizer is another key element. How do they look at the aspect of substance use? And how responsible do they feel? Finally, a lack of resources (especially of time and financial means) is often experienced as a barrier.

##### 4.3.5.2 Specific barriers & facilitators of health care strategies

A trend towards a more medicalized first aid service at festivals has been initiated. An increase of patients related to substance misuse on the one hand, and an active demand for professional medical support by festival organizers on the other, can be seen as triggers. Thus, further professionalization of first aid services at music festivals is key. From the perspective of a first aid organization, there is a need for better alignment between the professional and volunteer section of a first aid service at festivals.

Furthermore, the lack of an open attitude regarding substance use can be seen as a specific barrier to provide adequate health care. Therefore, confidentiality is essential. Moreover, repressive actions are often considered as obstacle impeding the accessibility of first aid services.

##### 4.3.5.3 Specific barriers & facilitators of prevention and harm reduction strategies

The broad prevention landscape – and especially harm reduction – is often uncharted ground. This can result in a distorted image of prevention and harm reduction services. Moreover, the impact of prevention and harm reduction actions is often hard or even impossible to measure. In this context, also the question of efficiency was raised.

On the perspective of legislation, harm reduction initiatives are perceived as being in a difficult position, precisely because of the fact that they approach the use of illegal substances in a different way. This (potentially) restrains

festival stakeholders – such as festival organizers or local policy – from implementing harm reduction interventions at their event.

During the implementation of prevention or harm reduction actions (cf. Safe 'n Sound), more attention needs to go towards the integration of such a drug-related service within the broader context of the festival. This implies that the prevention or harm reduction strategy should be considered as part of the implemented drug policy. Additionally, more specific measures could be taken in order to approve the visibility and potential of these actions. In this context, both prevention and harm reduction actors as well as other stakeholders, such as the festival organization, should play their part. For example, harm reduction initiatives can build on the expertise and communication skills of festival organizations (e.g., to spread early warning messages, to move info stands to better locations or to indicate their location on the festival map).

Finally, there was an appeal for more prevention or harm reduction initiatives as well as better and more resources for these initiatives. For example, harm reduction initiatives are more recently unable to respond on all requests in a positive way due to a lack of time and staff. Moreover, the implementation of drug testing services was suggested to optimize the possibilities of a harm reduction strategy at festivals.

#### *4.3.5.4 Specific barriers & facilitators of law enforcement strategies*

In general, a zero tolerance policy was perceived as unrealistic in the meaning of stopping all illegal substance use at festivals. Notwithstanding, according to most stakeholders from the law enforcement field, the main purpose of repressive actions is to send out a clear message that illegal drugs are not allowed at festivals. Moreover, the question of efficiency was raised. In this sense, the impact or outcome of repressive interventions was perceived as difficult to measure, yet the assumption was made that (at least to some extent) festival attendees did anticipate the police controls.

Overall, law enforcement was generally perceived in a rather negative way. This was manifested through organizers' reluctance to deploy large police forces or negative media reports. Additionally, repressive actions were believed to negatively impact the health aspect, according to different festival stakeholders.

As such, suggestions were made to work in a less repressive manner. In this context, low profile policing was recommended (e.g., no highly visible police interventions with sniffer dogs at the festival entrance). Rather than being interpreted as a call to phase out police interventions at festivals, this should be seen as claim for a more human approach of law enforcement strategies. The OMS Fest procedure could be regarded as exemplary, mainly from the perspective of law enforcement actors. Furthermore, there was often suggested to focus (more) on drug dealing in particular.

From a legal point of view, security personnel has no clear mandate to focus on illegal substance use, according to the interviewed security guards. Nonetheless, they are confronted with these illegal practices at music festivals.

Overall, collaborations and clear arrangements between law enforcement and other drug-related stakeholders are key. The implementation of drug-related coordination may enhance, for example, an exchange of information between different actors, which enables to better monitor the situation. Ideally, this improves drug-related actions and decreases potential risks and harm.

#### **4.4 RESULTS OF THE FRENCH SPEAKING FESTIVAL STAKEHOLDERS**

##### **4.4.1 PERCEPTION OF DRUG USE AT FESTIVALS BY DIFFERENT FESTIVAL STAKEHOLDERS**

###### **4.4.1.1 Consumption of substances**

If not all, at least the vast majority of our 18 respondents, whatever their status, function, or activity, considered that festivals are undeniably a place where psychotropic drugs are consumed: alcohol, cannabis, and stimulants (speed, MDMA, ecstasy) or psychedelics (LSD). Depending on the type of music played, the use of this or that product was dominant. Alcohol remained the basic psychotropic drug, the most common and widespread, as well as the most sold *“including by the organizers themselves, in fact”*, as SK9, head of a Brussels club, reminded us. In the same vein, SK2, who was responsible for a relax-zone at a large festival in Wallonia, said:

*“Alcohol is part of the festival, part of the festival culture, because it is sold”*. (citation 1, respondent SK2, male, harm reduction worker)

At festivals with a more “electro”-oriented program, the use of stimulants or psychedelics substances was more prevalent. This was the view of SK14, a deputy public prosecutor in Wallonia. In his opinion ...

*“electro music is the ambassador of hard, strong, drugs with a disintegration effect (LSD stamps) and energizing alcoholic drinks; strong drugs made more accessible by the mafias”*. (citation 2, respondent SK14, male, law enforcement)

According to SK14, electro festivals offer a kind of [euphoric] *“package: strong drugs, repetitive music”*.

According to SK17, First Aid nurse:

*“The deeper you go into the techno underground, the harder the drugs are: the techno festivals are the “must attend” events. For example, there are many more crises and hospitalizations at a big annual techno festival in Brussels than at any other festival that lasts three long days. On the last night of this techno festival, 13 patients were intubated in one night. Which is a huge number”*. (citation 3, respondent SK17, male, first aid worker)

Furthermore, putting these remarks into perspective, SK1 said, about the consumption within the festival of which he is the central coordinator, which had a varied program (electro and urban music (Hip-Hop)), and whose average age of the attendees was 17/26 years:

*“I think we're not doing badly with MDMA and Ecstasy. Cocaine? I would say that in our event a little less compared to other places in Brussels. Perhaps because it is a slightly younger age group. And so sometimes for some it may be the first time. I also think that for some 16-17 year olds, [the festival] is their first big party outside France or other cities. They come to Brussels to party. So, I think they are more focused, yes, on drugs like ecstasy”*. (citation 4, respondent SK1, male, festival organizer)

###### **4.4.1.2 Alcohol and hypocrisy**

However, some psychotropic drugs like stimulants or hallucinogens, are not necessarily the ones that pose the most problems for our stakeholder respondents. In this sense, SK9 confided to us that he encounters the highest incidence rate of violence or aggression in his club with alcohol consumers. According to another respondent, SK17, a First Aid nurse *“in Belgium there is a particular relationship with alcohol. Alcohol is as common as water. Unlike France.”*

SK 13, who was responsible for security at several festivals in Brussels, said:

*“We have to stop the hypocrisy of legal and illegal products. There was never any discussion about reducing the sale of alcohol, for example, at any of the events I attended! There was never any discussion about that.”*

*We don't worry about this, we just worry about how to limit the damage ... but that's all".* (citation 5, respondent SK13, male, security)

According to SK13, there is no discussion about festival organizers reducing alcohol consumption because the sale of alcohol is *"clearly part of the organizers' profit"*. This is not the case for other, illegal products.

This respondent also recognized that in some respects alcohol is less risky than illegal drugs. This is because it is easier to ascertain the quality of alcohol because it is legal to sell. This is not the case for drugs sold illegally. Because it is legal, the source of officially sold alcohol can be traced more easily than for illegal psychotropic drugs, in the case of adulteration of an alcohol product sold at festivals. In accordance with this logic, according to which a legal product is more controllable than an illegal one, and in agreement with the actors of harm reduction initiatives, SK13, in his capacity as a festival security officer, pleaded - particularly in the face of the notion of "law enforcement" - for the decriminalization of all psychotropic drugs.

#### 4.4.1.3 *Universal need to disconnect*

The "decriminalization" point of view goes hand in hand with the idea, shared by the vast majority of our stakeholder respondents, harm reduction actors, security or first aid actors, that, irrespective of its specific culture, each human community has an irrepressible need for moments of "de-inhibition", "modified consciousness" or "disconnection", before, as SK1, organizer of a big festival in Brussels, stated:

*"returning to the concrete part of life"* (citation 6, respondent SK1, male, festival organizer)

... and its various daily duties and stresses. SK13<sup>31</sup> even went as far as to say that there is a ...

*"universal need for moments of letting go, of delayed consciousness: which can be acceptable and also dangerous"*. (citation 7, respondent SK13, male, security)

According to SK13, it is therefore necessary to think about the conditions under which people can safely let loose in a festive environment.

SK15 concurs with SK13. But he also noted, after 30 years of experience in organizing concerts and festive evenings, that:

*"while the party can be magical, it also contains the risk of catastrophically damaging your life. You only need to take the wrong product, at the wrong time, etc."*. (citation 8, respondent SK15, male, festival organizer)

Based on this observation, SK15 stressed the need to regulate the party and also the consumption that may go with it, and even went so far as to talk about the need to design a *"social security system for nightlife or parties"*.

#### 4.4.1.4 *Trivialization of hard consumption*

SK14, the public prosecutor, also recognized this universal human need to experience moments of disconnection, but he said that he had noticed, with concern, that young people tend to ...

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<sup>31</sup> We quote this respondent several times because, given his position as head of a security team, his view, which is very close to the philosophy of harm reduction actors, on the "need to let go" may seem surprising (more surprising than when this type of view is expressed by a harm reduction actor). This shows that the harm reduction philosophy seems to have circulated well outside the scope of these official actors.

*“consume more and more quickly and more heavily, even alcohol, which they drink quickly outside to save the high price of alcoholic drinks inside parties or festivals”*. (citation 9, respondent SK14, male, law enforcement)

This was also noted by SK18, who was in charge of a large harm reduction association. She talked about *“binge drinking”*, a term that refers to the act of *“drinking a large amount of alcohol in a very short time”*. According to SK18, who had 30 years of experience in harm reduction, this contemporary trend towards binge drinking goes hand in hand with what she described as a *“trivialization of consumption, particularly among young people”*, including the use of stimulants or psychedelics with rapid and powerful effects<sup>32</sup>; this trivialization can result in consumption that is too dense and that involves mixing different products. In response to the fact that the use of drugs (which is never free of risks) is becoming commonplace, SK18 reiterated the harm reduction paradigm:

*“Well-being, not abstinence. Therefore, harm reduction is part of a health promotion approach”*. (citation 10, respondent SK18, female, harm reduction worker)

Thus, in the same vein as SK15, who, as we saw, mentioned the need to design a *“social security system for partying”*, SK18 called, in addition to the work of prevention, for conscious support to be provided for partying and the risks related to the consumption of psychotropic drugs, given that this is inevitable. This is also the position of the vast majority of the different stakeholders we interviewed, despite the specifics of each stakeholder's experiences, perspectives, and views. In each interview, each participant quickly came to talk less about control and repression than about consumer support and complementarity between the various stakeholders.

#### 4.4.2 FESTIVAL STAKEHOLDERS' PERCEPTION OF THE DIFFERENT DRUG-RELATED INTERVENTIONS AT MUSIC FESTIVALS

##### 4.4.2.1 Perception of law enforcement actions: Police, Security, Public Authorities.

###### Police

Without denying the fact that the work of the men under his command also sometimes consists of *“hunting”* (the dealers<sup>33</sup>), SK11, a police officer in charge of a large police zone in Wallonia, when he talked about his work during the festival taking place in his region – and hosting more than 200,000 over 5 days – generally favored and used a complex and more open vocabulary than that linked to mere law enforcement work: *“deterrence”*, *“preservation of things and people”*, *“keeping the public safe”* rather than repression, or *“negotiated management of the public space”*. With what he called a *“new police culture”*, SK11 even acknowledged during the interview that:

*“The harm reduction and medical actors can help us in the management of a person in crisis on psychotropic drugs”*. (citation 11, respondent SK11, male, law enforcement)

He also talked about the benefits for his men in having followed a training course on psychotropic drugs given by harm reduction associations before the festival. At the same time, and perhaps surprisingly, this police officer came to recognize a certain complementarity between his actions and those of associations (linked to harm reduction and sometimes described – by other stakeholders – as *“consumers looking after consumers”* (SK4)) quite officially employing consumers on temporary jobs on their stands at festivals, to help care for festival attendees in crisis or experiencing a bad trip.

Nevertheless, the position of the police officer we interviewed, SK11, was not, according to the harm reduction actor SK18, representative of all police and judicial officers. For example, SK18 recalled the aggressive intervention, a few years earlier, of a public prosecutor supported by a police chief during a major festival in Wallonia. For example,

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<sup>32</sup> SK18 points out that cannabis, particularly when ingested, can also be dangerous and generate powerful bad trips, which she has observed and supported at several festivals.

<sup>33</sup> At least the dealers carrying too much product, thus outside what SK14 calls a *“mutualist deal”*, i.e., small quantities, whose aim is ultimately less to make a profit than to consume for free.

outraged to discover that there were psychotropic drugs<sup>34</sup> in the harm reduction stand run by SK18, the public prosecutor told SK18 that what her team was doing was “nonsense” and that he should “teach them what to do”.

But in general, the majority of our respondents believed that the police have a role to play in festivals.

*“Not only for drug use, but also in relation to violence, to attacks on women, which can be linked to drug use, but not always,”* (citation 12, respondent SK8, male, harm reduction worker)

As long as the police can act as a complement to the various initiatives to accompany festival attendees and not in opposition or by showing an assertive posture (SK18). What should be done, as SK12, 37, a nurse working with harm reduction teams, told us, is to ensure that the harm reduction stand is not next to the police stand:

*“It happened that the police stand was next to ours,”* she says. *“And the festival attendees didn't dare to come to us for information. It was a real barrier for the festival attendees. The police and us should not be side by side”*. (citation 13, respondent SK12, female, harm reduction worker & first aid worker)

This last statement sums up the logic of interaction between the different categories of stakeholders quite well: this oscillates, beyond the ideas that each category has of the others, between the desire to create the conditions for necessary complementarity, while being aware that this requires a clear understanding of the specifics and the area of action of each category.

### Security

Speaking for themselves, the two stakeholders in charge of security during the festivals, SK13 and SK16, whom we interviewed, were quick to point out during the interviews how, despite obvious complementarity, their functions diverge from those of the police. They can search the public, spot dealers, ask them to leave but they cannot arrest them. This last prerogative is reserved for the police. As SK13 reminded us:

*“A guard cannot constrain a person against their will in a manual way, I would say. Only the police can do that”*. (citation 14, respondent SK13, male, security)

So, if a security guard finds a festivalgoer with, for example, a packet of cocaine *“he has to call the police”*. But from the beginning of their interview, our two security respondents insisted on a more complex dimension of security than the one linked to the action of surveillance and repression. Thus SK16, another security coordinator and, in addition, an emergency nurse, mentioned the impossibility of:

*“preventing people from using drugs. I mean, I have no illusions, even if a body search were to be carried out. But we don't do that. If we said: “OK! This year we are not allowing anything in”. We couldn't do it. It's not possible... We're not going to prevent it, but we're not going to make it easier, either! ...Because I think that without this filter it would be even worse”*. (citation 15, respondent SK16, male, security & first aid worker)

According to SK13, colleague of SK16, the important thing is:

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<sup>34</sup> The consumption of PWUD working temporarily in harm reduction is authorized outside their working hours and officially declared by the harm reduction structure that SK18 manages. Thus, SK18 states during the interview: “The prosecutor was outraged to see that there were psychotropic drugs on our stand, although it was known that the PWUD who temporarily work in harm reduction use them (not during their working hours but during their break). They are paid 150 euros for the festival with the option to attend any festival. They come with their own tents and sleep in the festival campsite. But they are fed by us. We ask them, however, to party away from the harm reduction stand and to be clean for working hours”.



*“to be able to manage this as well as possible without the security and prevention person being uncomfortable and without the person who is in that state being uncomfortable and without both of them becoming dysfunctional, that was my approach”*. (citation 16, respondent SK13, male, security)

SK13 in fact regularly referred to what seemed to him to be the central function of security: *“The protection of the person”*. And from there, he was at ease talking about the training provided by the harm reduction and prevention associations. While he reported that the men and women who work under him know how to deal with drunk people fairly well, he acknowledged that this is more difficult with people who have taken stimulant or psychedelic drugs. According to our respondent, knowing more about the effect of this or that product (which is made possible by the harm reduction training courses), helps to improve the ability to ensure ...

*“the protection of the person. Because if there is a danger to the person it is obviously important to be able to recognize it as soon as possible. But we also need to know how to act towards a person who is behaving strangely. And that's what stood out for me. It was the weird behavior, not necessarily dangerous but really weird. And to be able to manage this as well as possible without the security and prevention person being uncomfortable and without the person who is in that state being uncomfortable and without both of them becoming dysfunctional, that was my approach”*. (citation 17, respondent SK13, male, security)

The perception of the actions of the security teams by the other stakeholders was, in the end, quite similar to that of the security managers we questioned: although the latter recognized that their teams do not often have a good knowledge of the effects of stimulants or psychedelics, the situation is evolving and training courses are being organized. And, in the end, behaviors are also changing. Thus, several first aid and harm reduction actors noted that in recent years, security teams have increasingly called on the first aid or harm reduction services to take care of a festivalgoer who is probably in a state of crisis related to their consumption. In the light of the interviews conducted, it appears that the role of the security teams lies between maintaining order, enforcing the law, ensuring health – both physical and psychological – and, ultimately, ensuring the well-being of festival attendees. As an example, SK17, a first aid actor, reminded us during our interview with him that today:

*“Security can play a caring role: they bring in people in distress and spot them. They are the first link in the care chain”*. (citation 18, respondent SK17, male, first aid worker)

### Public authorities

When talking about his actions related to festival consumption, the prosecutor we interviewed, SK14, first mentioned the repressive dimension of his work and the *“circular applied”* by his prosecutor's office in 2018:

*“A circular to reduce the entry of drugs into festivals. In any case, we only had the opportunity to implement it once, given the pandemic: at two festivals, one techno and the other also quite electro-oriented and where there had already been a judicial and police presence for quite a few years. ... This circular actually makes it possible to better supervise the work of the police. And its main purpose is to immediately collect a sum of money [règlement à l'amiable immédiat], a fine according to the quantities found on people and the type of products. And so, in fact, it also aims to remind all the people who attend these festivals of the law, so that they don't think that the festival is a lawless place where the law on drugs does not apply at all. ... The national circulars continue to be applied in any case. There is one from 2015 which concerns ordinary possessors. Here, it is a simplified ticket for less than three grams of cannabis or other. So, there is always a tolerance that exists too. The police are therefore required to be able to collect the money immediately or to propose payment by bank transfer. And so, our subsequent role is to follow this up. That is, we will see whether the person has paid or not. And then we will assess whether prosecution is appropriate. Non-payment does not necessarily mean prosecution”*. (citation 19, respondent SK14, male, law enforcement)

In defining the logic of the circulars mentioned, SK14 spoke of negotiated repression. The aim is certainly not to avoid applying the law but to put the repressive dimension of its application into perspective. In particular, the fine mentioned by our respondent serves, according to him, to avoid police custody. However, he did state:

*“Of course, we differentiate between the products. Obviously, as soon as it comes to heroin or cocaine, we no longer apply the fine and we react in the conventional way: a more in-depth investigation”. Then he added: “Deprivation of liberty only occurs very exceptionally if the person is really found in possession of a number of products and in large quantities”. (citation 20, respondent SK14, male, law enforcement)*

However, quite soon, apart from the actions related to law enforcement, SK14 mentioned his contacts and partnerships with different prevention actors in his region:

*“In fact, we see each other on a regular basis, a little less because of COVID but within the framework of the drug users' prevention workshop. I was able to bring the police back into the picture and they are also becoming aware that prevention is as important as repression. So, I think that dialogue has been re-established at that level too. During the festival, there was a good discussion between the police and the prevention services so that one would not interfere with the work of the other. And finally, I want to say that the police stand is not located too close to the prevention stand because obviously the people who could be beneficiaries would tend to say: “I'm not going there ... the police will see that I want to go there”. So, there you have it, it was really well coordinated”. (citation 21, respondent SK14, male, law enforcement)*

SK14 therefore ended up describing his festival work as needing to be coordinated with harm reduction. Once situations that are considered off-limits – i.e., dealing, transporting, or possessing too much drugs – were neutralized, SK14 made sure that the police presence did not constitute a hindrance for tolerated users and did not prevent them from assessing harm reduction services. Beyond or alongside the repression of the "non-mutualist deal"<sup>35</sup> (according to the respondent, a non mutualist deal refers to a deal for profit, whereas a non-mutualist deal refers to a deal that allow the dealer to pay for his or her own consumption), SK14 relied on a policy that interweaves care and mediation of the judicial system:

*“We act on the supply side but we also try to act on the demand side. If we reduce the number of consumers both through the mediation of the judicial system and the offer of care that the police can also propose after a hearing, we think that if there is less demand, the supply will also decrease. I believe that we must act on these two levers”. (citation 22, respondent SK14, male, law enforcement)*

SK14 thus described his role as a prosecutor as oscillating, at least as far as the issue of illegal psychotropic drug use is concerned, between law enforcement and public health.

The other stakeholders (harm reduction, first aid, organizers) did not, at first sight, have much to say about the impact of the role of the justice system's representatives on festival consumption. The vast majority of them, when they talked about the work of the justice system and their interaction with it, noted that everything depends, in the end, as with the link with the police, on the personality of the justice official with whom they are dealing, his or her ability to listen, and his or her capacity to move away from the paradigm of repression or law enforcement. In conclusion, the quality of the complementarity and of the relationship between the various stakeholders and the judicial officers still depends, to a large extent, on the good will of the latter. It is neither a given nor is it structurally ingrained.

#### 4.4.2.2 Perception of first aid actions

Talking about their role in the festival, the first aid actors first of all mentioned the predominantly medical nature of their actions: taking blood pressure, intubation, possibly medication, etc. As SK17 put it, not without a certain

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<sup>35</sup> According to the respondent, the term "mutualist deal" seems to designate a drug deal resulting from a group purchase of a product which makes it possible to resell part of it and consume the rest free or much cheaper.

amount of humor: *"We know the molecules, the harm reduction teams know how they are used"*. And beforehand, according to SK17, *"it is a question of anticipating, depending on the festival where we intervene, what we should expect and what we should anticipate that we will need medically"*. Further on, he detailed:

*"Our role is to set up the actual medical structure. So that means monitoring, resuscitation equipment, if necessary, intubation in order to evacuate to a hospital if we cannot stabilize on the spot. That is to say, we can take care of patients who are not too neurologically affected, who do not require intubation. They can be kept in place, given rehydration treatment, kept warm, and generally this is 50% of the cases. At the end of the evening, they can return to the party or to their homes. In more serious cases, patients who are highly intoxicated and whose airways are compromised by the use of drugs, or who are extremely agitated by drugs and become dangerous to themselves and others, they should obviously be admitted to hospital and stabilization measures have to be taken on the spot. Whether it's an intubation or the injection of a drug, a sedative. These are the two things we work on the most. We stabilize, we send to the hospital. Our role in any case on the spot is not to absorb day-to-day demand for emergency medical aid"*. (citation 23, respondent SK17, male, first aid worker)

SK17's vocabulary was quite significant for the way he perceived his role: he called the festival attendees he receives "patients", a term that was never used by the harm reduction actors or the police or security services. SK16, when talking about his work as a festival First Aid nurse, also used the term "patient" to refer to the people he has to care of.

SK12, 37 years old, an emergency nurse at the SIAMU, who sometimes works at festivals in the areas dedicated to harm reduction, and sometimes in those dedicated to First Aid, told us:

*"If the person deteriorates or there is a problem, we will give them first aid. ... For example, at a festival in Brussels where I worked with the first aid services, there were several intubations because people had consumed so much that they could not breathe!"*. (citation 24a, respondent SK12, female, harm reduction worker & first aid worker)

Then this same respondent specified that:

*"if there is a wound, if there is something traumatic, something medical, people are more likely to go to the first aid services. Now when it's something related to drug use, as it's sometimes a bit taboo, as there is sometimes illegal drug use, as there are minors, as at the First Aid center you have to give your identity card, I know that some people prefer, if they don't feel well, to come to the relax zone. That's why it's also important [for first aid] to be able to make this relax zone known, hence the fact of on-site preventive measures"*. (citation 24b, respondent SK12, female, harm reduction worker & first aid worker)

Quite quickly, in the various interviews conducted with first aid actors, they spontaneously explained their role by putting it in perspective with that of the harm reduction services. So SK17 told us:

*"We wear a rather strict uniform, and this sometimes puts off the festival attendees. The first aid outfit is divisive. It represents an authority... It is also true that a few years ago, the firstAid services could behave rather authoritatively at times... The actors of an association providing harm reduction services know what the consumers are going through and are dressed in civilian clothes. This creates a closer relationship with them"*. (citation 25, respondent SK17, male, first aid worker)

On the subject of first aid, the other stakeholders essentially and firstly said that their presence remains indispensable. Firstly, when they are the only consumer support team, as is the case in the club SK9 was involved in:

*"We don't have the resources to call on another service as well. First aid is already an unavoidable but significant cost"*. (citation 26, respondent SK9, male, festival organizer)

Secondly, when at a festival, next to the first aid services, there is a harm reduction team. If first aid actors situate and define themselves using harm reduction actors as a point of comparison, the same is true in reverse. The harm reduction actors easily explained their function, especially as they mentioned that of first aid, whose presence is considered by all harm reduction actors to be completely complementary to their actions. And this, despite the sometimes ironic or disdainful way in which various first aid actors have looked at harm reduction, especially in the past. Thus SK4, a prevention and harm reduction actor, said, among other harm reduction actors, that:

*“In the eyes of the first aid services, we were initially perceived as a group of drug addicts who worked with other drug addicts”.* (citation 27, respondent SK4, female, prevention & harm reduction worker)

A certain critical view is therefore not totally absent from the comments made by various harm reduction actors concerning first aid, although their presence is considered inevitable. Thus, SK4, a 38-year-old harm reduction worker, told us about their actions:

*“I think the person is not seen as a whole [by first aid actors]. They will manage the person in relation to the symptom. Is she dehydrated? We're going to give her water in a drip. She is anxious, we'll give her a relaxant, a sedative. That's it! She has such and such symptom and we manage it. However, the cause of the symptom, its consequences and what to do next to calm the anxiety or psychological distress is not their thing. They are there to keep the person alive”.* (citation 28, respondent SK4, female, prevention & harm reduction worker)

By way of comparison, SK4 made a point of avoiding, as much as possible, the treatment of a psychotropic drug crisis by the administration of another psychotropic drug, even if it is called a medication and prescribed by a doctor.

#### 4.4.2.3 Perception of prevention and harm reduction services

##### Prevention

SK18, head of an association concerned with harm reduction, made her point explicit:

*“Prevention is not done at the time of consumption but beforehand. Harm reduction must be linked to care and prevention. Prevention exists before the festival. The opposition between prevention and harm reduction is outdated. If the basic paradigm is abstinence, then you will say that harm reduction is “tertiary prevention”. I find it a bit cynical. As I said, the paradigm of harm reduction is well-being, and this makes harm reduction part of health promotion”.* (citation 29, respondent SK18, female, harm reduction worker)

For this respondent, harm reduction seems to encompass prevention, and not the other way around. And from this perspective, according to SK18:

*“Prevention sometimes really makes sense. For example, succeeding in postponing the age of the first drink, in my opinion, is good: it is better not to experience this during adolescence when the body is in the midst of a process of change and construction”.* (citation 30a, respondent SK18, female, harm reduction worker)

According to SK18, again, by trying to raise the age of first use of psychotropic drugs, for example, or by helping ...

*“certain young people not to give in to consumption and to resist the group effect – I want to do what my friends are doing – prevention actors are also acting in the direction of health promotion”* (citation 30b, respondent SK18, female, harm reduction worker)

This is the central aim of harm reduction, in her opinion.

For some harm reduction actors (whose official title is sometimes “prevention actor”), too, the boundaries between prevention and harm reduction remain blurred in practice, at least from the point of view of the structures that

define themselves primarily as harm reduction. According to the majority of our respondents in the field of harm reduction, prevention is only really meaningful through its interaction with harm reduction initiatives and the recognition of the unavoidable necessity of harm reduction.

### Harm reduction. Philosophy and actions

In the eyes of all the prevention and harm reduction actors we interviewed, the principles of harm reduction were the central reference point for their initiatives. Summarizing the harm reduction philosophy, SK18 said:

*“harm reduction is about accompanying people where they are. And if people consume, and at the moment they do consume, it is necessary to support them in their consumption”.* (citation 31a, respondent SK18, female, harm reduction worker)

Then she added:

*“And, at the meta-level, harm reduction is about enabling a society that is inclusive of people who use drugs”.* (citation 31b, respondent SK18, female, harm reduction worker)

According to another respondent, SK 10, a doctor working in harm reduction teams at festivals:

*“harm reduction is a continuum between prevention, care, and support. A continuum also between different paradigms: prevention, prohibition measures and care or health in the biological, psychological, and social sense”.* (citation 32, respondent SK10, male, first aid worker & harm reduction worker)

In concrete terms, shaping an inclusive policy for consumers and accompanying their consumption – and therefore their social or psychological health – involves a number of actions, as SK12 reminded us:

*“Support means reassuring people about what they have consumed. And so, it's really: we go from the part where we will talk to where sometimes people just go to sleep. They need to rest in a quiet place, not in their tent where it is hot, for example. Really a quiet place where they can get some air, where they have water and space. If someone is vomiting or really unwell, we will take them to first aid.”* (citation 33, respondent SK12, female, harm reduction worker & first aid worker)

In the same sense, the presence of a doctor and/or a nurse in the harm reduction areas is intended to ensure that consumers are in the right place at the harm reduction services and that their condition does not require medical attention. SK10 said that only on very rare occasions they have prescribed medication to a consumer in crisis. Furthermore, most of our harm reduction respondents explained that one of their important actions consists of supporting festival attendees in a bad trip situation, an anxiety crisis or a loss of bearings that could put them in danger. But “bad trip” is the phrase that came up most often. For example, SK8, a harm reduction actor, said that he feels quite comfortable in supporting people suffering bad trips after taking stimulants. Bad trips due to over drinking were more difficult for him. The same applied to those related to the use of hallucinogens:

*“Not especially difficult to manage but more difficult to experience. I mean the big bad trips on LSD or things like that, where you really feel that people are terrified inside. I find that hard for them. But then it's always difficult. You see, if I say too much, there's a risk I might panic them even more. Am I being too intrusive, or not intrusive enough? How can I get on the same wavelength?”* (citation 34, respondent SK8, male, harm reduction worker)

Describing his work in great detail and what happens in the relax zones held by the harm reduction teams, SK8 tells us:

*“It can be very, very quiet or it can be crazy. It depends. So, the relax zone is really about receiving people who are on a bad trip. We have a dozen beds at one festival, twenty at another. And it's about listening to the person, seeing in what state they are in and what they want. Do they just need to talk, do they want a hug? Do they want a bed to lie down and fall asleep in? Do they need a container to puke all their guts out and a hair clip to keep them from getting hair in their mouth? Offer tea, coffee, manage the situation with the Red Cross. That's it. So, in the relax zone, there are also medical staff all the time”.* (citation 35, respondent SK8, male, harm reduction worker)

In another interview, SK4 gave us a detailed description of the actions she is able to perform and the experience and knowledge that underlies them:

*“Four and a half years ago, for example, I did reassurance with a person who was very, very anxious while the drug took effect, a young girl, it was not easy. And so, I offer the girl a syrup with water. So here I am, the girl is sitting. So, I'm below her. I'm on my knees so that she doesn't have to lift her head, which is something very... like an adult talking to a child. When you're under the effect of a drug, it's already something that causes a certain amount of tension. So, I'm going to put myself lower than her so that she looks down, so that she doesn't feel dominated. So, I ask if she prefers grenadine or mint or lemon. Well, something like that. This seems to me a basic approach, because the aim of many people is also to give them water to hydrate them”.* (citation 36, respondent SK4, female, prevention & harm reduction worker)

According to SK4, the interpersonal connection is the very foundation of the work of harm reduction actors. This was also confirmed by other actors. SK3, for example, told us concerning his work with consumers that:

*“it's the relationship, how they are received. A non-judgmental reception, the interpersonal relationship. The fact that we are a source of strength rather than having a negative preconception. Our attitude is more “you are somebody”, “you are a good person”, “you are somebody who is valuable”, “you are somebody who is worthy and worthwhile”. And we'll try to make it as good as possible for you in the state you're in now.”* (citation 37, respondent SK3, female, prevention & harm reduction worker)

Beyond the key words of “connection” and “relationship” is therefore that of “strength”, involving a series of welcoming actions and words capable of helping the person going through a difficult period of consumption to get back their self-confidence.

In addition to working on the connection with consumers and helping them to feel stronger, some harm reduction actors also mentioned that it is important to have local knowledge of the places where they intervene. Thus, as SK6 explained, concerning where he worked in the Walloon countryside:

*“There is something that I think is really essential. ... the link which is extremely important, and I believe that it is essential, really essential, is that with people on the ground, local people. You have to know the reality of the territory in which you are working. My territory is a rural area, a town in the countryside. It's not Brussels. It requires specific actions”.* (citation 38, respondent SK6, male, harm reduction worker)

According to SK6, these actions should be carried out in consultation with, for example, the harm reduction associations from Brussels, which cannot offer actions without working with local people who are aware of the realities and particularities of each area of intervention where the issue of consumption and harm reduction may arise.

#### Other stakeholders' views on harm reduction

As we have seen before, whether they are police officers, security services, first aid actors, or organizers, the view of the various stakeholders on the dynamics and philosophy of harm reduction is undeniably positive and receptive.

It even seems that, to some extent, the harm reduction philosophy has trickled down into the imagination or paradigms of the different services, related to emergency care, security, or law enforcement. During the interviews, they all mentioned either the usefulness of the training provided by the harm reduction associations, the relevance of most of their actions in the field, or the complementarity between their own actions and those of harm reduction.

This is how SK5, a young woman organizing a festival in Wallonia, summed up the impact of harm reduction on festivals and even on the authorities:

*“I think it's necessary in the sense that there haven't been all these (harm reduction) things in festivals for a very long time and it's a very good idea. I can see that every time I pass the harm reduction stand at my festival, people stop to ask about it. And I think there is a demand from the authorities and a curiosity from the festival attendees as well”.* (citation 39, respondent SK5, female, festival organizer)

In addition, the need for complementarity between each initiative was mentioned by each category of stakeholder, especially by first aid and security actors and festival and party organizers. According to SK1, SK5, SK9 and SK15, the complementarity between the harm reduction, first aid and security services is essential for the health and well-being of festival attendees. Party and festival organizers also affirmed the importance for them of being able to follow training courses on harm reduction, where they learn about the specific nature of each product, the appropriate action to take for each type of discomfort, and the strategies to be deployed to treat and regulate the consumption. These training courses were also considered as pivotal by the security team leaders and even by the police officer we interviewed.

However, the complementarity between the different drug interventions is far from a foregone conclusion. Even today, SK18 sometimes feels that the harm reduction actors are looked at by other services *“as weirdos”*. In this sense, SK16 said:

*“I feel more complementary and in tune with the harm reduction services as a security coordinator than as a First Aid actor”.* (citation 40, respondent SK16, male, security & first aid worker)

On how to receive people and what to do in the case of a consumer in crisis or discomfort, the first aid and the harm reduction paradigms can still sometimes clash. But things have certainly changed a lot, at least according to our interviewees. Thus, SK17, a first aid nurse, noted that:

*“The clichés about the harm reduction teams have been fading in recent years. We can now see what they are talking about thanks to their expertise.”* (citation 41, respondent SK17, male, first aid worker)

He also recognized that the fact that some harm reduction actors have used drugs themselves in their lives may ultimately represent a *“plus”*, a valuable experience to support consumers. Later on, the same SK17 finally admitted, not without amusement, that:

*“harm reduction is really a plus for me today, whereas the first time I was told about it, to be honest, I said: “Who are these guys? I hear there are former consumers. Do they encourage substance use?”.”* (citation 42, respondent SK17, male, first aid worker)

#### 4.4.2.4 Perception of the initiatives taken by the festival organizers

The initiatives taken by the interviewed organizers reflect the circulation of the harm reduction philosophy. As mentioned above, the key word has become *“complementarity”* between services; a complementarity laying the ground for, firstly, the reduction of drug-related harms, and, secondly, what is stated by various harm reduction actors as the central paradigm and objective of harm reduction: well-being and health promotion.

According to SK15, the proper management of nightlife – as mentioned above – requires a “*social security system for nightlife*” to ensure well-being and promote health in a festive context. In the same sense, this festival organizer talked about the need to learn more about drugs and the evolution of consumption through regular training on the subject:

*“I think it is necessary to update the training on drugs and new developments in terms of consumption every two months”*. (citation 43, respondent SK15, male, festival organizer)

This point of view is very close to the philosophy of the harm reduction associations.

For his part, SK9, manager of a large Brussels club and, like SK15, aware of the consumption at his parties, mentioned the benefits for his team of following the training provided by the harm reduction associations:

*“The staff have been trained for 'Quality Nights'. There you have it. We just wanted the responsible people in the project [the team] to have the training. That way, if there's ever something to deal with at an event, the person knows what to do and is not panicking. Because it is often the first few minutes that are the most important when something happens. We wanted the bar manager to know how to intervene, we wanted the cashiers to know how to intervene. We wanted the person who we call the “maid manager”, who runs the parties for us, to know how to intervene, as well. So, we followed this training course”*. (citation 44, respondent SK9, male, festival organizer)

In addition, in his parties, which can accommodate between 500 and 800 people each weekend, SK9 and his team have created a quiet area where you can lie down and only hear the music being played in the background. Finally, SK9 organized a kind of relax zone in his club. Although SK9 does not always call on the harm reduction and prevention teams at each party, due to a lack of resources, he has finally ensured that his team adopted the harm reduction approach and that those in it became harm reduction actors.

#### 4.4.3 CONCLUSION

The 18 interviews with stakeholders revealed that:

- interviewees have in common what we will call a certain philosophy of celebration perceived and stated as a universal human need for disconnection, disinhibition and a break with the everyday.
- harm reduction actors were initially – and to some extent still are – perceived by the other festival teams as “eccentrics”, “weirdos”, “oddballs”, “drug addicts dealing with drug addicts”, “ex-drug addicts dealing with drug addicts”, and even “people who encourage consumption”. However, it is clear that the paradigm, or what we might call the harm reduction culture – to provide support and not repress or merely prevent consumption – now seems to influence the majority of the stakeholders we interviewed, to the point of sometimes becoming the central and primary reference point.
- the central watchword used by the various teams is that of complementarity, within which harm reduction plays a central role (it makes it possible, among other things, to relieve the pressure on the first aid services, to calm a consumer in crisis instead of repressing or hindering him/her, to differentiate the role of the security and police teams, and to orientate and make consumption safer with advice and testing).

In order to make this complementarity possible, and to optimize it – noted and claimed by almost all of our stakeholder respondents – perhaps the funds allocated to the different actors involved in targeting the substance use at festivals, should be more equitably distributed according to the factual importance of the role of each type of intervention (see recommendations).

The anthropologist Emmanuelle Lallement (2018) reminds us in her text “*Que la fête s'éclate*” (“Let the party go wild”): “*Although anthropologists have defined the festival, or the festive phenomenon, as a universal category of*



*excess, temporal rupture and inversion of the customary order, it is also legitimate to think of the festival in its institutionalized, professionalized and even industrialized forms”.*

Beyond that, the party should also be thought of as defined by the stakeholders we met: as a time of disinhibition, relaxation and social redress and, finally, also as a place, it seems, capable of providing support to “excess” and ensuring the safety and health of those who sometimes use substances, if the resources are provided.

## 5. LIMITATIONS

Our research, like any other, has its limitations. Experiences were key in terms of the ESM-study and the questionnaires were operationalized within this rationale. Nevertheless, a low level of experience with certain drug-related interventions were found among participants, which has consequences in terms of the generalizability of the findings. Moreover, the ESM-study is based on self-reported data. Meanwhile, this study only gives an insight on the perceived impact on substance use and related behavior.

In terms of the recruitment of festival attendees, both for the ESM-study and the interviews, our study reached a substantial proportion of individuals experienced with illegal substance use. Seen the focus of this project and the related research questions, the purpose was to specifically target this audience. Our samples were not designed to be representative of the general population of festival attendees. Rather, they were intended to be information-rich (Mortelmans, 2013) as the experiences of festival attendees who use illicit drugs were considered of special relevance to our research. Moreover, a majority of our sample indicated to have achieved a level of higher education and a vast majority of the participants specified to be a full time worker or student. Concerning the selection of festival stakeholders, harm reduction workers and festival organizers are overrepresented. By consequence, less stakeholders from the law enforcement field participated in our study, especially in the French-speaking sample. Most likely, this entails that our study reached festival stakeholders with an overall progressive attitude towards the topic of substance use and drug related interventions.

Our study focused on a broad range of drug-related interventions. By consequence, it wasn't feasible to study each intervention in-depth. In this sense, an important implication regarding drug testing services is that different types of such services were not taken into consideration, despite the fact these differences could prove to be crucial seen the different outcomes of each type of testing. However, recent studies show that the implementation of drug testing services at music festivals most probably positively impact PWUD's health and potentially may discourage individuals from using contaminated substances (Measham & Turnbull, 2021; Valente et al., 2019; Measham, 2019; Mema et al., 2018).

## 6. CONCLUSION

The objective of the POPHARS-project was to obtain insight into the perception of drug-related interventions and substance use (norms) at music festivals, both of festival attendees and festival stakeholders. Therefore, a mixed-method study was conducted between 2019 and 2021, combining a quantitative online survey and qualitative interviews. In total, 320 festival attendees and 44 stakeholders participated in our research and 15 drug-related interventions spanning the four pillars of the Belgian drug policy (i.e., prevention, harm reduction, health care, and repression) were surveyed.

The quantitative study was conducted using experience sampling methodology (ESM), which is based on data collection in a real-world environment (i.e., music festivals). Respondents were asked to complete a short survey at different times related to their music festival visit. In total, 305 attendees completed the pre-festival questionnaire (T1), of which 187 also completed the questionnaire during (T2) and after (T3) their festival visit. The sample consisted of participants with a high prevalence rate in terms of (illegal) substance use. Most of them perceived a(n) (omni)presence of substance use during their festival visit, although at varying degrees and depending on the substance (i.e., alcohol, cannabis, or other illegal drugs).

Previous to their festival visit (T1), the majority of the participants did not believe drug-related interventions would have an impact on substance use as such. Similar perceptions were expressed after encountering such interventions (T3). However, both before attending, as well as after obtaining experience with these interventions at the festival, a different pattern was found concerning participants' perception of drug-related interventions' impact on drug-related risks. Harm reduction actions were clearly believed to result in less risky use. This is in strong contrast to repressive interventions, which a substantial part of the participants believed to (slightly) increase substance-use related risks.

Similar beliefs were expressed regarding the perceived impact of drug-related interventions on personal substance use after having interacted with these interventions. However, some of these actions were only encountered by a limited number of participants (e.g., drug testing service). According to our sample, in general, drug-related interventions did not (strongly) impact illegal substance use, purchasing from unknown dealers, drinking alcohol instead, or switching to other drugs. The perceived impact of most harm reduction interventions, however, resulted in less risky use and/or more awareness of illegal substance use and associated risks. This contrasts with policing strategies (police in uniform and plainclothes police), which might increase substance use-related risks, according to a substantial part of the participants.

The qualitative study consisted of 40 interviews with festival attendees (most of whom participated in the ESM-study) and 44 interviews with festival stakeholders. Most of the festival attendees were experienced with (illegal) substance use, and most festival stakeholders had a background as a festival organizer or harm reduction worker. Both groups regarded substance use as a part of the festival culture, often referring to its hedonistic aspect. Despite or because of the perceived prevalence of drug use at festivals, it seemed key to many of the festival stakeholders to focus on safety and health. Moreover, **substance use norms** at festivals were perceived to depend on different aspects, such as the characteristics of the festival (e.g., music style) and the type of substances used, with certain music genres even being commonly associated with specific substances. Among festival attendees and festival stakeholders, the attitude towards substance use highlighted the difference between responsible (recreational) use and problematic use, rather than the distinction between legal and illegal substances, which was perceived of minor importance. As a matter of fact, some participants even challenged the relevance of this distinction. Further, several participants specifically acknowledged the presence of problematic use of alcohol at the festival.

At first sight, the presence of **health care services** created a feeling of safety among the festival attendees. First aid services were considered as working mainly from a medical perspective, whereas harm reduction initiatives, such as relax zones, were afforded a more specialized role in terms of substance use and a more supportive role towards

PWUD. Although health care interventions were mainly perceived in a positive way, specific barriers were experienced, such as fear of being judged by the medical staff or inhibition to ask for help or communicate crucial health information to the medical staff (e.g., due to repressive actions).

In general, a positive attitude was found among the festival attendees regarding the ***harm reduction approach***, however, not all festival attendees were familiar with the concept or confused specific harm reduction services with other ones. Both festival attendees and festival stakeholders advocated for more prevention and harm reduction initiatives, in particular drug testing services, although some festival stakeholders questioned legal aspects of such services. Harm reduction was not always taken for granted in the past, but an evolution was noticed by different stakeholders, as it is increasingly more often being implemented at festivals and proved to be complementary to the other drug-related strategies. In line, it was advocated to regard prevention and harm reduction initiatives as part of an integrated drug-related approach at festivals.

***Repressive interventions*** were evaluated from two different perspectives by festival attendees and festival stakeholders. On the one hand, repressive strategies were perceived as a necessity (e.g., law enforcement was considered to be in the best position to ensure the general safety). According to several stakeholders, the main purpose of repressive interventions is to send out a clear message that the use of illegal drugs is not allowed within the confines of the festival. In this context, several festival attendees considered these interventions as having a deterrent effect on some PWUD or dealers. On the other hand, overall, the impact of repressive interventions was considered to be weak, mainly because PWUD were anticipating the repressive interventions, for instance by hiding their drugs from the police. Moreover, repressive interventions were commonly believed to have a negative impact on the way festival attendees were using (e.g., taking more substances at once, fear of asking for substance related information at harm reduction stands). Finally, a discrepancy was found, inhibiting the actions of security staff; although they are confronted with substance use during their line of work, legislation does not allow them to search for illicit drugs.

Furthermore, festival stakeholders generally stressed the importance of an adequate collaboration between different drug-related strategies. More specifically, clear arrangements and a mutual understanding of the role of different actors were believed to be crucial (e.g., no police presence at the first aid or harm reduction services). In this context, a balanced drug policy was suggested, where different drug use-related strategies are treated on an equal footing. Furthermore, some stakeholders found it difficult to measure the impact of the implemented actions. Finally, collaboration between the different actors, the implementation of an integrated drug policy, and a resolute festival organization were considered necessary ingredients for maximizing the potential of drug-related interventions.

Overall, both in the quantitative and qualitative studies, similar patterns were found concerning the perceived impact of drug related interventions at music festivals. For instance, none of the 15 interventions under study were believed to have a straightforward impact on substance use frequency. However, festival attendees seem to employ certain strategies to cope with repressive actions. In addition, harm reduction actions were believed to reduce substance use-related risks, while repressive actions were presumed to lead to riskier use. These main findings correspond with recent Belgian research on substance use and drug policy at festivals (Schrooten & Van Damme, 2019), showing no influence of policy specifics on attendees' intention to use. On the contrary, detrimental effects of certain repressive measures were demonstrated potentially negatively impacting PWUD's health. Moreover, our interviews supported the notion of the *third-person effect*, as festival attendees were generally more strongly convinced of the potential of drug-related interventions to impact substance use of others, rather than impacting their personal use and related behavior.

## 7. RECOMMENDATIONS

Based on the results of our mixed-methods research, we formulate the following recommendations, aiming to improve the synergy between drug-related interventions at festivals and their general efficacy as well as to better address the issue of legal and illegal substance use at music festivals in Belgium (and beyond).

- Implementation of an integrated and balanced drug policy at each festival, treating the four pillars – prevention, harm reduction, treatment, and repression – on an equal footing. Thus, safety and health aspects should receive a similar weight. The following should be considered:
  - An integrated policy is not only about promoting interdisciplinarity. It is also about strengthening each pillar. For instance, the efficacy of first aid or harm reduction services most probably depends on clear arrangements with other partners (e.g., law enforcement).
  - A balanced drug policy at festivals could allow law enforcement to focus more on drug dealing.
  - In the context of a balanced drug policy, a stronger emphasis could be put either on prevention or harm reduction, depending on the specific needs of the festival.
- Set-up of a coordination committee at each festival, including strong involvement of the festival organization, taking into account the following:
  - A coordination committee could take several forms. Minimally, coordination meetings should be held on a regular basis – before, during (i.e., daily), and after the festival – in order to monitor the situation on the aspect of substance use, on the one hand, and on the other, to evaluate the joint approach and related interventions. Consequently, drug-related interventions can be adapted according to the specific context.
  - A coordination committee should include representatives of the festival organization and local policy, as well as of each of the above-mentioned pillars. It takes collective decisions concerning drug-related, but also other health-related, issues (e.g., sexual health).
  - To facilitate the implementation of an integrated policy, a professional (intermediary) could be appointed to assess the requirements of each festival and to assist festival organizers in drug policy implementation. This professional could also be in charge of assembling the coordination committee.
  - The expertise of festival organizers should be fully deployed in order to facilitate drug-related interventions (e.g., to spread EWS messages all over the festival, to mark the location of first aid services or relax zones on the festival map, ...).
- Design of a clear legal framework in order to implement and improve drug-related interventions. The following should be taken into consideration:
  - The implementation of drug checking services at festivals should be fostered alongside other harm reduction interventions. This entails taking several intermediary steps, such as adapting federal drug legislation in order to facilitate the removal of drug checking from the grey zone in which it is presently relegated (neither outlawed nor legal). Inspiration could be found in the recently developed, world's first government drug checking licensing scheme in New Zealand (Ministry of Health, 2021).
  - More clarity concerning the actions of security staff in the context of illegal substances at festivals, and in nightlife settings in general, should be facilitated. At the same time, other actors should be better informed on the mandate of security agents with regard to illegal substances.
  - Drug policies should be harmonized or, in other words, coherent policies should be developed both horizontally (i.e., between pillars) and vertically (i.e., between regional and federal levels), in order to avoid the coexistence of conflicting approaches (e.g., festival organizers having to implement a different drug policy depending on the festival location of each particular festival).
- Organization of specialized training on how to deal with substance use at festivals for actors of drug-related interventions, taking the following into account:

- A non-judgmental attitude among actors who come in contact, and/or work, with PWUD at festivals (e.g., medical and security staff) should be maintained.
- Prevention and harm reduction trainings for actors who come into contact, and/or work, with PWUD at festivals (e.g., first aid workers, security staff, law enforcement personnel) should be rolled-out, since several stakeholders highlighted their potency in fostering cooperation between the different actors.
- Evaluation of drug-related interventions, bearing the in mind the following:
  - Drug-related interventions at festivals (like in any other setting) should be evidence-based and evidence-producing. Ideally, evaluation should be conducted by an external party, adopting a longitudinal perspective (i.e., with measures taken before and after implementation of adaptations to drug-related interventions or drug policies at festivals) and including behavioral measures (e.g., going beyond mere self-reports). Here, inspiration could be found in attempts made at Australian festivals (e.g., Olsen, Wong, & McDonald, 2019). Such evaluations could not only enable the improvement of drug policies at festivals but might also fill the knowledge gap regarding the actual impact of drug-related interventions. Moreover, it might fulfil the need expressed by some harm reduction and law enforcement stakeholders to have better insights into the outcomes of their interventions.

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## 9. ATTACHMENTS

### 9.1 ATTACHMENT A: INTERVIEW GUIDELINE FOR FESTIVAL ATTENDEES

Themes	Subthemes	Questions
Substance use	Attitude regarding substance use	<p><b>1. How do you look at the use of alcohol and other drugs at festivals?</b></p> <p><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ Is there, according to you, a distinction between the use of legal (alcohol) and illegal substances?                             <ul style="list-style-type: none"> <li>➤ What differences? Please specify.</li> <li>➤ Why these differences?</li> </ul> </li> <li>○ Is your perception regarding substance use different towards other settings? (e.g., using at home, at private parties, ...)                             <ul style="list-style-type: none"> <li>➤ Please specify these differences</li> <li>➤ Why makes this so different according to you?</li> </ul> </li> </ul>
	Substance use norms at festivals	<p><b>1. Do you think alcohol- and other drug use at festivals is common or not nowadays?</b></p> <p><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ How do you perceive the use of alcohol and other drugs at festivals?</li> <li>○ Why or why not?</li> <li>○ How do you notice this? / Where do you notice drug use in particular? (at the camping site, at the festival area, ...)</li> </ul> <p><b>2. Is alcohol- and other drug use among your friends a common thing or not?</b></p> <p><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ How?</li> </ul>
	Personal substance use	<p><b>1. Do you have experience with the use of alcohol and other drugs?</b></p> <p><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ Which substances did you use already?</li> <li>○ Do you use these substances often?</li> <li>○ When do you use them? (the setting, e.g., nightlife?)</li> <li>○ Do you use multiple substances at the same time?</li> <li>○ Do you consider yourself as an experienced user?</li> <li>○ Do you consider your own use as safe?</li> <li>○ Do you consider yourself as a problematic user?</li> </ul> <p><b>2. a) Which substances do you take during your festival visit? b) Was it your intention in beforehand to use drugs at the festival?</b></p> <p><u>SUBQUESTIONS</u></p>

		<ul style="list-style-type: none"> <li>○ If yes: How did you prepare for it? (e.g., Did you buy your drugs in advance?)</li> <li>○ If not: What makes you to use anyway?</li> </ul>
<p><b>DRUG RELATED INTERVENTIONS AT FESTIVALS</b></p>	<p>I. Experience with prevention and harm reduction services at festivals</p>	<p><b>1. Are you familiar with this kind of actions?</b> (Examples: Safe ‘n Sound info stand, information banners, mobile outreach team, pill testing service, free water service, non-medical care service (e.g., bad trip management))</p> <p><b>2. A) What kind of prevention / harm reduction services did you encounter at the festival you attended?</b> <b>B) Did you make use of these services at the festival?</b></p> <ul style="list-style-type: none"> <li>○ If not: Should you make use of these services if you experienced a drug related problem? (e.g. feeling unwell, consumed too much alcohol, ...)</li> </ul> <p style="text-align: center;"><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ If yes: Which services? Why these services in particular?</li> <li>○ If not: What is the reason behind the fact you don’t want to make use of these kind of services?</li> <li>○ Do you have previous experiences with these kinds of services (at other festivals)?</li> </ul> <p>[In case the respondent has experience with prevention and/or harm reduction services]</p> <p><b>3. What is your experience with these services?</b> <u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ How did you make use of it? (Did you take the first step, or did they take the first step, ...)</li> <li>○ How satisfied are you about these services?</li> <li>○ Should you make use of these services again in the future? <ul style="list-style-type: none"> <li>➤ If not: What is for you an obstruction to make use of these services (again)?</li> </ul> </li> </ul> <p>[For all respondents]</p> <p><b>4. What is the impact of this intervention on the behavior of substance users according to you?</b> <u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ Positive or negative consequences? <ul style="list-style-type: none"> <li>➤ More or less use of illegal substances?</li> <li>➤ Drug use on a more or less risky way?</li> </ul> </li> <li>○ Why? Explain ...</li> </ul>
	<p>Impact of prevention and harm reduction interventions on personal substance use</p>	<p><b>1. Do you experience an impact on your own use of alcohol and other drugs?</b></p> <p>A) Have these drug related services an impact on your personal use of legal substances?</p> <p>B) Have these drug related services an impact on your personal use of illegal substances?</p> <p style="text-align: center;"><u>SUBQUESTIONS</u></p>

		<ul style="list-style-type: none"> <li>○ How does it have an influence on your personal use?             <ul style="list-style-type: none"> <li>➤ On a positive or negative way? More or less use? More or less risky use?</li> <li>➤ Specify why...</li> </ul> </li> </ul>
	<p>II. Experience with care services at festivals</p>	<p><b>1. Are you familiar with this kind of actions?</b> (Examples: first aid, emergency services)</p> <p><b>2. A) What kind of care services did you encounter at the festival you attended?</b> <b>B) Did you make use of these services at the festival?</b></p> <ul style="list-style-type: none"> <li>○ If not: Should you make use of these services if you experienced a drug related problem? (e.g. feeling unwell, consumed too much alcohol, ...)</li> </ul> <p style="text-align: center;"><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ If yes: Which services? Why these services in particular?</li> <li>○ If not: What is the reason behind the fact you don't want to make use of these kind of services?</li> <li>○ Do you have previous experiences with these kinds of services (at other festivals)?</li> </ul> <p>[In case the respondent has experience with care services]</p> <p><b>3. What is your experience with these services?</b></p> <p style="text-align: center;"><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ How did you make use of it? (Did you take the first step, or did they take the first step, ...)</li> <li>○ How satisfied are you about these services?</li> <li>○ Should you make use of these services again in the future?             <ul style="list-style-type: none"> <li>➤ If not: What is for you an obstruction to make use of these services (again)?</li> </ul> </li> </ul> <p>[For all respondents]</p> <p><b>4. What is the impact of this intervention on the behavior of substance users according to you?</b></p> <p style="text-align: center;"><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ Positive or negative consequences?             <ul style="list-style-type: none"> <li>➤ More or less use of illegal substances?</li> <li>➤ Drug use on a more or less risky way?</li> </ul> </li> <li>○ Why? Explain ...</li> </ul>
	<p>Impact of care services on personal substance use</p>	<p><b>1. Do you experience an impact on your own use of alcohol and other drugs?</b></p> <p>A) Have these drug related services an impact on your personal use of legal substances?</p> <p>B) Have these drug related services an impact on your personal use of illegal substances?</p> <p style="text-align: center;"><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ How does it have an influence on your personal use?             <ul style="list-style-type: none"> <li>➤ On a positive or negative way? More or less use? More or less risky use?</li> </ul> </li> </ul>

		➤ Specify why...
III. Experience with repressive actions at festivals	<p><b>1. Are you familiar with this kind of actions?</b> (control at the entrance by security staff, police actions with sniffer dogs, police in plainclothes, police in uniform, amnesty bin/mercy bin, OMS, clear rules of the house (drug policy in force at the festival))</p> <p><b>2. A) What kind of repressive interventions did you encounter at the festival you attended?</b> <b>B) How do you experience these kinds of interventions?</b></p> <p><b>3. What is the impact of this intervention on the behavior of substance users according to you?</b></p> <p><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ Positive or negative consequences? <ul style="list-style-type: none"> <li>➤ More or less use of illegal substances?</li> <li>➤ Drug use on a more or less risky way?</li> <li>➤ Why? Explain ...</li> </ul> </li> </ul>	
Impact of repressive interventions on personal substance use	<p><b>1. Do you experience an impact on your own use of alcohol and other drugs?</b></p> <p>A) Have these drug related interventions an impact on your personal use of legal substances?</p> <p>B) Have these drug related interventions an impact on your personal use of illegal substances?</p> <p><u>SUBQUESTIONS</u></p> <ul style="list-style-type: none"> <li>○ How does it have an influence on your personal use? <ul style="list-style-type: none"> <li>➤ On a positive or negative way? More or less use? More or less risky use?</li> <li>➤ Specify why ...</li> </ul> </li> </ul>	
IV. Drug related interventions at festivals in general	<p><b>1. Do you experience similar drug related actions at other festivals in Belgium (or abroad)?</b></p> <ul style="list-style-type: none"> <li>○ If not: What makes it different? A better approach or not?</li> </ul> <p><b>2. Are there any drug related services you like to make use of, but who are missing at (other) festivals in Belgium?</b></p>	

## 9.2 ATTACHMENT B: INTERVIEW GUIDELINE FOR FESTIVAL STAKEHOLDERS

<b>A. SUBSTANCE USE NORMS AT FESTIVALS</b>		
<b>THEMES</b>	<b>SUBTHEMES</b>	<b>QUESTIONS</b>
<u>INTRODUCTION</u>	ROLE AND EXPERIENCE WITH FESTIVALS	<p><b>Can you tell me about the work you do, especially your role regarding festivals?</b></p> <ul style="list-style-type: none"> <li>✓ How long have you been working at festivals?</li> <li>✓ Which festivals do you work at?</li> </ul>
<u>SUBSTANCE USE NORMS AT FESTIVALS</u>	PERCEPTION OF SUBSTANCE USE NORMS PRESENT AT FESTIVALS IN BELGIUM	<p><b>How do you perceive the use of alcohol and other drugs at festivals in Belgium?</b></p> <p><u>POSSIBLE SUBQUESTION</u></p> <ul style="list-style-type: none"> <li>✓ Can you tell me something more about the use of alcohol and other drugs at festivals in Belgium?</li> <li>✓ Is there, according to you, a distinction between the use of legal (alcohol) and illegal substances?                             <ul style="list-style-type: none"> <li>○ What differences? Please specify.</li> <li>○ Why these differences?</li> </ul> </li> <li>✓ Is your perception regarding substance use different towards other settings? (e.g., using at home, at private parties, ...)                             <ul style="list-style-type: none"> <li>○ Please specify these differences</li> <li>○ Why makes this so different according to you?</li> </ul> </li> </ul> <p><b>How do you perceive drug use norms and possible trends at festivals in Belgium?</b></p> <p><u>POSSIBLE SUBQUESTION</u></p> <ul style="list-style-type: none"> <li>✓ Do you think drug use is common or not common? Please explain.</li> <li>✓ Do you think drug use is accepted or not accepted? Please explain.</li> <li>✓ Do you notice any changes regarding substance use through the years? Can you tell me something more about that?</li> <li>✓ Did you see any evolution in substance use among festival attendees? Can you tell me something more about that?</li> </ul>
	PERSONAL ATTITUDE REGARDING SUBSTANCE USE	<p><b>How would you describe your vision on substance use at festivals?</b></p> <ul style="list-style-type: none"> <li>✓ What do you personally think of the use of alcohol and other drugs at festivals?</li> <li>✓ Do you experience a certain discrepancy between your personal vision and professional role? Please explain.</li> <li>✓ Do you think your opinion is different than the one of your colleagues?</li> </ul>
<b>B. PERCEPTION ABOUT DRUG RELATED INTERVENTIONS AT FESTIVALS</b>		
<b>THEMES</b>	<b>SUBTHEMES</b>	<b>QUESTIONS</b>
<u>PERCEPTION &amp; EXPERIENCE CONCERNING THE</u>	GENERAL PERCEPTION & EXPERIENCE	<p><b>How do you perceive your presence and actions at music festivals (from a drug related point of view)?</b></p>



<p><u>OWN DRUG RELATED ACTIONS AT MUSIC FESTIVALS</u></p>		<ul style="list-style-type: none"> <li>✓ Are there differences between your official role and the reality on the field? How do you cope with it?</li> <li>✓ Did you experience an evolution in the way of working and intervening throughout the year? Please explain.</li> </ul> <p><b>Do you perceive a possible impact of your presence and work in terms of health- and drug related measures? Please explain.</b></p> <ul style="list-style-type: none"> <li>✓ Do you perceive a possible impact on substance use among festival attendees?</li> <li>✓ Do you perceive a possible impact on drug related incidents?</li> <li>✓ Do you perceive a possible impact on drug related risk perception among festival attendees?</li> <li>✓ Are these impacts the ones that you aim for?</li> </ul> <p>DIFFERENT AREAS: substance use at festivals – less drug related incidents – drug related risk perception of festival attendees – ...</p> <p><b>Are you satisfied with your actions and interventions at festivals? Please explain.</b></p> <p><u>POSSIBLE SUBQUESTION</u></p> <ul style="list-style-type: none"> <li>✓ Do you think you should be implementing more drug related actions?</li> </ul> <p><b>Do you think your opinion is different than the one of your colleagues? Why (not)?</b></p>
	<p>FEEDBACK</p>	<p><b>Can you tell me something more about the feedback you get about your actions at festivals?</b></p> <p>a) From festival attendees? b) From other festival stakeholder (police, prevention worker, first aid staff, festival organizer, ...)</p> <ul style="list-style-type: none"> <li>✓ Do you think that your actions are understood correctly by festival attendees and other stakeholders?</li> <li>✓ Are your actions visible enough?</li> <li>✓ Do you have a way of evaluating the impact of your work?</li> </ul>
	<p>BARRIERS AND FACILITATORS</p>	<p><b>Do you perceive any barriers concerning the implementation of your drug related actions at festivals?</b> (regulations, public opinion, ...)</p> <ul style="list-style-type: none"> <li>✓ Please explain.</li> </ul> <p><b>Is there a possibility to improve your way of working?</b></p> <ul style="list-style-type: none"> <li>✓ If yes, how?</li> </ul>
	<p>KNOWLEDGE &amp; SKILLS</p>	<p><b>How do you perceive your knowledge concerning substance use at festivals?</b></p>

		<p><u>POSSIBLE SUBQUESTION</u></p> <ul style="list-style-type: none"> <li>✓ To what extent do you feel specialized in the topic of substance use?</li> <li>✓ Would you like to increase your knowledge about substance use at festivals?</li> </ul> <p><b>How do you feel about your own skills and ability concerning substance use at festivals?</b></p> <p><u>POSSIBLE SUBQUESTION</u></p> <ul style="list-style-type: none"> <li>✓ How to cope with persons who use drugs?</li> </ul> <p><b>How do you perceive your knowledge concerning the different (other) drug related interventions possible at festivals?</b></p> <ul style="list-style-type: none"> <li>✓ Are you familiar with the different types of drug related strategies possible at music festivals?</li> </ul> <p>DIFFERENT AREAS: prevention – harm reduction – care – repression</p>
<p><u>PERCEPTION &amp; EXPERIENCE CONCERNING OTHER DRUG RELATED ACTIONS AT MUSIC FESTIVALS</u></p>	<p>GENERAL PERCEPTION &amp; EXPERIENCE</p>	<p><b>How do you perceive the presence and actions of other drug related interventions at music festivals?</b></p> <p>DIFFERENT AREAS: prevention – harm reduction – care – repression</p> <ul style="list-style-type: none"> <li>✓ Are there specific types of drug related actions who are working well?</li> <li>✓ Do you miss certain drug related strategies at festivals?</li> </ul> <p><b>Do you perceive a possible impact in terms of health- and drug related measures concerning the other drug related interventions? Please explain.</b></p> <p>DIFFERENT AREAS: substance use at festivals – less drug related incidents – drug related risk perception of festival attendees – ...</p>
	<p>COLLABORATION &amp; COMMUNICATION</p>	<p><b>How do you perceive the collaboration and communication with other stakeholders at festivals?</b></p> <p>DIFFERENT AREAS: e.g., prevention, harm reduction, first aid, emergency service, police, local government, festival organization, security staff, ...</p> <ul style="list-style-type: none"> <li>✓ How do you look at the collaboration with other stakeholders in particular? Is there place for improvement in your way of working with the other stakeholders? If so, in what way?</li> <li>✓ Do you consider your actions as complementary with the other drug related interventions? Why (not)? Please explain ...</li> </ul>
	<p>KNOWLEDGE &amp; SKILLS</p>	

		<p><b>How do you perceive the knowledge of the other stakeholders concerning substance use at festivals?</b></p> <p><b>How do you feel about the skills and ability of the other stakeholders concerning substance use at festivals?</b></p> <p><u>POSSIBLE SUBQUESTION</u></p> <ul style="list-style-type: none"> <li>✓ How do they cope with persons who use drugs?</li> </ul> <p><b>How do you perceive the knowledge of other stakeholders concerning the different drug related interventions possible at festivals?</b></p> <p>DIFFERENT AREAS: prevention – harm reduction – care – repression</p>
<p><u>CONCLUSION</u></p>	<p>RECOMMENDATIONS</p>	<p><b>What do you recommend in terms of drug related interventions at music festivals?</b></p> <p><u>POSSIBLE SUBQUESTION</u></p> <ul style="list-style-type: none"> <li>✓ Are there drug related actions in particular missing at festivals in Belgium?</li> <li>✓ Is there space for improvements concerning the current offer of drug related interventions at festivals in Belgium? If yes, how?</li> </ul>

### 9.3 ATTACHMENT C: ORIGINAL CITATIONS OF THE DUTCH SPEAKING PARTICIPANTS

#### C1. Original citations of the festival attendees

- Citation 1: *“Als ik op een festival bijvoorbeeld, euh, ecstasy gebruik, dan let ik wel op dat ik nooit teveel neem. Euh, dat ik genoeg water drink, dat ik kan afkoelen. Ik ben mij bewust van de risico's en ook van de manier waarop ik met risico's kan verminderen, laten we zeggen. [...] Ja, maar natuurlijk is het nooit 100% risicovrij, ben ik me van bewust.”* (respondent NL-18, male, 24 years)
- Citation 2: *“Ik ben vrij rationeel en ik heb dat op voorhand ook allemaal opgezocht wat ik allemaal moest doen. Euh, wat voor effecten dat kon hebben, wat euh, wat ik kon doen om het... als het te erg werd wat dat ik... Allé, genoeg raad ook ingewonnen bij mensen die dat wel vaker hebben gedaan. Nooit te veel pakken. Altijd zo in, euh, in kwartjes bijpakken in plaats van ineens een halve [pil] ofzo dus... Ik, euh... ik beschouw mezelf wel als veilige gebruiker of zo [lacht].”* (respondent NL-16, female, 24 years)
- Citation 3: *“Euh, en eigenlijk altijd op een relatief gemodereerde manier eigenlijk. Niet teveel hé. Euh, in kleine beetjes. Euh, éh een pilleke. Nu vandaag de dag, een pilleke, euh, ecstasy verdeel ik dat in 8 stukken. Euh, ik neem iedere keer een ... achtste om de twee uur en op het einde van de avond heb ik misschien één derde van een pil genomen dus... Dat valt allemaal wel goed mee. Het is ook omdat ik een paar keer... het is voldoende dat je een paar keer overdrijft en voelt hoe hard dat, euh, diene comedown is.”* (respondent NL-15, male, 36 years)
- Citation 4: *“Ik heb altijd mijn eigen dingen mee. Het zou heel sporadisch zelfs dat ik iets koop op een festival of in het uitgaansleven, maar zelden tot nooit. Euh, ik heb daar éénmaal een slechte ervaring mee gehad. Dus sindsdien, euh ja, pak ik mijn eigen gerief gewoon altijd mee. Dat is het veiligst. [...] En ja, uiteindelijk niet hé... daar heb ik nog geen slechte ervaring mee gehad. Je weet ook niet 100% wat erin zit, ... maar ik denk toch wel dat de kwaliteit van waar ik het haal, een stuk hoger ligt dan de gemiddelde kwaliteit op festivals of zo [wanneer een middel wordt aangekocht op een festival].”* (respondent NL-19, male, 22 years)
- Citation 5: *“Het is moeilijk te definiëren wat een veilige situatie is natuurlijk. Maar euh, mensen om mij heen. Er zijn altijd meerdere mensen die op de hoogte zijn van wat ik consumeer en hoeveel ik ongeveer wel consumeer, zijn er altijd wel minstens één iemand die ervan op de hoogte is, euh, die zelf eventueel ook veel minder of zelfs niet gebruikt. Maar dat die iets meer controle zou kunnen hebben indien de situatie fout zou aflopen.”* (respondent NL-13, male, 27 years)
- Citation 6: *“Vroeger had ik daar een duidelijke grens tussen getrokken. Euh, dat illegale middelen, dat ik daar absoluut tegen was. Maar euh, ja, aangezien dat ik zelf ook vind dat alcohol ook al een redelijk zwaar iets is, heb ik dat, is dat [grens tussen legaal en illegaal] eigenlijk iets minder van belang... Want, ja, dat hangt allemaal van de situatie af hoe je ermee omgaat. Sowieso. Het kan zijn dat je bijvoorbeeld iets illegaal gebruikt, maar dat je er meer verantwoord mee omgaat dan bijvoorbeeld met alcoholgebruik. Dus het is een beetje het totaalplaatje.”* (respondent NL-06, female, 23 years)
- Citation 7: *“Dus, en alcohol is legaal en... Voor mij maakt dat niet zo, nee. Dat is eigenlijk gene grens voor mij. Voor mij is eerder de grens wat ik er zelf over denk en [...] op wat dat ik zelf heb ervaren. [...] Dan ga ik daar wel over oordelen. Maar als ik daar iets ergens lees omdat de overheid zegt van: Ja, wiet is slecht, alcohol dat mag. Voor mij is het omgekeerd.”* (respondent NL-17, female, 27 years)
- Citation 8: *“Laat ons zeggen na mijn 18 jaar heb ik toch gemerkt dat cannabis toch euh... heel euh... frequenter aanwezig is bij euh een veel breder publiek, ja.”* (respondent NL-10, male, 37 years)
- Citation 9: *“[...] mijn eerste echt festivalletje was ik 16 [jaar] en, euh, ben ik met een maat van mij die wat hippie was meegegaan naar [NAAM FESTIVAL]. [...] Maar toen 's nachts op die [electronic dance music stage] keek ik zo rond mij, ik weet dat moment nog heel goed. En echt iedereen rond mij was iets aan het gebruiken. Er was iemand een lijntje aan het kappen op het scherm van zijn gsm, er was iemand, euh, een pil aan het innemen, er was iemand... Ja, die nacht... [...] Dat was voor mij wel efkes zo een moment van: Oké dus zo zit het [lacht].”* (respondent NL-12, male, 21 years)
- Citation 10: *“Wat dat enorm frappant is op techno festivals is dat iedereen het weet van elkaar. Euh, dat merk ik enorm. Mensen die het gewoon vragen van: Heb je iets?, Heb je nog bollen? [ecstasy pillen], Verkoop je iets? Euh, of sjeiken [kauwgum] komen vragen of zo tegen dan het kauwen [kaakschaatsen wegens het gebruik van*

- oppeppende middelen]. Euh, en de hoeveelheid watertjes die dan gedronken worden. Allé, ge merkt dan wel dat iedereen daar toch wel door heeft wat er aan de hand is. En dat daar toch eigenlijk onderling ook wel zeer open over wordt gecommuniceerd. [...] En dat is wel meer op de techno festivals of de elektronische muziekfestivals dan op andere festivals. Op andere festivals merk ik dat niet zo.” (respondent NL-20, male, 24 years)*
- Citation 11: *“Gho ja, ik denk een festival [...] Ik denk dat je daar niemand ziet rondlopen zonder een pintje, bijna. [...] Dat dat echt wel genormaliseerd is.” (respondent NL-09, female, 25 years)*
  - Citation 12: *“Ik zal veel sneller met iemand onder invloed van alcohol naar de EHBO, dan onder invloed van een illegale substantie. Want het is veel meer, ja, aanvaard of minder fout om te zeggen van ... Ze gaan misschien zeggen van: "Allé, ge hebt hem te zat laten worden" of "Wat heeft hij nu gedaan?", maar het zal daar bij blijven. Euh, er gaat niemand de politie bellen of ge gaat niet van het festivalterrein gesmeten worden. Terwijl dat ge dat toch niet weet, euh, met andere substanties.” (respondent NL-20, male, 24 years)*
  - Citation 13: *“Dat was, ja, toevallig één van onze burens en die kon echt niet meer op haar benen staan en dan hebben we die daar [EHBO-post] naartoe gebracht en die mensen waren... Allé, ik dacht eerst zo van, ja, die gaan haar misschien zo wat scheef bekijken want, ja, die was echt ladderzat... Maar die waren echt super lief en die vroegen gewoon gegevens en ze zeiden van: We houden jullie op de hoogte en deden daar ook, ja, vrij los nu niet, die namen dat wel serieus ... Maar je voelde u niet zo beoordeeld ofzo.” (respondent NL-04, female, 21 years)*
  - Citation 14: *“Euh ja, beetje gênant. Euh... waren mijn lippen open van erop te bijten. Dus ik ben daar [EHBO-post] naartoe geweest om, euh ... maar ze konden mij niet helpen [lacht]. [...] Dat was wat aan het ontsteken. Dus ik euh... dus ik mij dan een beetje over mijn gêne gezet. Daar naartoe gegaan. Lang moeten aanschuiven. Op voorhand gevraagd van: Ga je mij kunnen helpen? Ja, jaja. Als t aan mij was: Ah ja, nee, we hebben niks voor uw mond te desinfecteren, ga maar terug.” (respondent NL-16, female, 24 years)*
  - Citation 15: *“Nee, ik houd daar niet echt rekening mee. Euh, ik ben wel aware van het feit dat ze [EHBO-medewerkers] er zijn of niet, maar het is niet in functie van dat of ik meer of minder zou nemen.” (respondent NL-07, male, 26 years)*
  - Citation 16: *“Ik denk dat het moeilijk is om te zeggen dat niemand gaat gebruiken, want dat is volgens mij onmogelijk om te vermijden [...] Euh, als er dan gebruik, ja, voorkomt, dan is het denk ik beter om toch ervoor te zorgen dat je festivalgangers dan veilig gebruiken, dat er geen slachtoffers vallen. En, ik weet niet, ik denk dat dat veel positiever is dan gewoon, allé, niets van informatie te geven.” (respondent NL-R06, female, 23 years)*
  - Citation 17: *“Ik ben wel eens gaan kijken naar het standje van Safe 'n Sound, maar de informatie die ik wou dat had ik op voorhand eigenlijk al opgezocht. [...] Wel goed dat ze er waren natuurlijk.” (respondent NL-08, female, 28 years)*
  - Citation 18: *“Er zijn wel mensen die gemakkelijk de stap zetten om naar zo'n standje te gaan, maar dat zijn meestal de mensen dat er al veel van weten dat naar zo'n standje zullen gaan. Ik denk dat er redelijk veel mensen die daar zo, ja, zo een beetje zich over schamen of toch niet goed er kunnen over babbelen, of toch misschien allemaal niet goed weten op te zoeken, die gaan niet zo snel naar een standje gaan.” (respondent NL-08, female, 28 years)*
  - Citation 19: *“Natuurlijk, voor de mensen die dan niet zo iemand [trip sitter] hebben of die echt heel hard aan het trippen, dan kan dat [relax zone] inderdaad wel een, euh, oplossing bieden. [...] Ik denk dat het vooral belangrijk is dat er iemand bij is die ze rustig kan helpen, iemand die er iets van af weet. [...] Ja, zeker ook bij psychedelica, want als ge naar de dokter zou gaan, euh, en ge zijt onder de invloed van psychedelica, die gaat u waarschijnlijk een, euh, benzo of zo geven voor te kalmeren. Voor de trip wat te verminderen. Maar die weten niet wat dat gij doormaakt op die moment. Dus wat dat hij zegt tegen u denk ik ook niet dat dat veel gaat uithalen, dus ja. Op die moment staat gij onder invloed van psychedelica en wat die dokter zegt tegen u. Ik denk niet dat dat ... Ik denk dat het eerder beangstigend kan zijn.” (respondent NL-19, male, 22 years)*
  - Citation 20: *“Ja, zeker en vooral als het dan op festivals [...], ze merken van die bepaalde pil is gevaarlijk, ja, laat dat dan circuleren op die beelden dat ik zei aan het podia van: opgepast, deze pillen zijn in omloop, euh, met die bepaalde stof en die misschien het risico of het effect veroorzaakt, en dat is een effect dat je niet wilt ... Allé, stel dat ze zeggen van: deze chemische stof zit erin, euh, vermijd die pillen, pas er mee op, laat ze testen etc. Ja, dat*

*lijkt, allé, dat lijkt me wel een stap in de goede richting. Dat zorgt ook voor bewustwording en qua sensibilisering en harm reduction ook weer. Omdat dat een ... dat is toch harm reduction zou ik zeggen.”* (respondent NL-18, male, 24 years)

- Citation 21: *“Ik moet zeggen: ik heb ook, allé, gesproken met de mensen van Modus Vivendi en, allé ik heb ook, één van mijn vragen die ik toen ook stelde – want toen was ik nog wat aan het zoeken – van kijk, ik vind dit leuk maar ik weet niet echt hoe vaak ik het kan doen of wil doen enzo. En ze hebben ook wel goede tips gegeven van kijk, euh, als ge vindt het is leuker op feestjes euh... als ge elk weekend een feestje doet, dan zijn het eigenlijk geen feestjes meer, dan is het gewoon een routine en dan is er niks speciaals meer aan en dat was wel heel, euh... dat was wel heel, euh, krachtig vind ik, dat bericht. [...] Ik heb echt van, kijk, ik vind iets leuk, ik moet het niet absoluut gaan maximaliseren en ik kan het gewoon houden voor speciale gelegenheden, euh, zodat niet, euh, zodat het leuk blijft en veilig blijft.”* (respondent NL-07, male, 26 years)
- Citation 22: *“Ik denk dat dat heel hard afhangt van wat er juist opstaat [lacht]. De manier waarop de boodschap wordt gebracht. [...] Ik denk gewoon al iets kort, en niet te belerend. Zoals die van Safe ‘n Sound, die zijn kort en daar staat een prentje bij. En daar zit zo een kinkslag in, die een beetje grappig is.”* (respondent NL-14, female, 31 years)
- Citation 23: *“Op hun website [van de festivalorganisatie] staat bijvoorbeeld niet meer van drugs wordt ... Allé, vroeger staat er, en ik denk dat dat bij bijna op alle sites van clubs en festivals staat van: euh, drugs zijn verboden, zijn niet getolereerd. Als ge gepakt wordt, vliegt ge buiten. Euh, het is niet oké. Doe het niet. En nu staat er van: oké, euh... het is verboden, we tolereren het niet, maar we willen u wel deze tips geven: als ge u slecht voelt, en dat staat er ook expliciet bij van als ge u slecht voelt, ga naar de EHBO en wees eerlijk, want wij zijn verbonden door het medisch [beroeps]geheim.”* (respondent NL-07, male, 26 years)
- Citation 24: *“Wel gratis water en dat is... het ene bij het andere festival. Bij sommige [festivals] is dat heel duidelijk. Bij andere is dat precies goed weggestopt. Euh, maar ik heb ook altijd het gevoel gehad dat dat meer was voor de warmte dan voor, euh, druggebruik.”* (respondent NL-17, female, 27 years)
- Citation 25: *“Ik denk niet dat mensen het minder gaan gebruiken daardoor, want als die willen gebruiken, dan gebruiken die toch. Maar als je zo die relax zones en die infostanden hebt, dat die het wel op een veiligere manier kunnen doen”* (respondent NL-17, female, 27 years)
- Citation 26: *“[...] Stel dat ze zeggen: ho, vorige week was te veel, en mijn lichaam heeft daar van afgezien. Ik zou eigenlijk wel willen minderen maar dan, ja, we spreken af bij die en dan gaan we daar naartoe en dan is dat moeilijk zo, met die sociale druk, om dan niet mee te doen. Maar als ze dan zo een bord zien dan gaan ze misschien wel denken van: ja, ja, ja, ik ga mij daar toch aan houden. Vanaf nu ga ik niets meer bijnemen want ... Allé, zo ergens een beetje een reminder of toch zoiets van, allé ja, dat is het teken voor mij om nu te stoppen. En er voor te zorgen dat ik nu, dat ik volgende week wel een goeie week heb. Want vorige week was niet goed, want ik heb overdreven in het weekend.”* (respondent NL-05, female, 50 years)
- Citation 27: *“Ik denk misschien bij, euh, beginnende gebruikers of mensen die niet echt veel ervaring hebben dat dat [harm reduction initiatieven zoals een infostand en een drug testing service] wel heel hard invloed kan hebben op hun eerste keer dat ze dat proberen, hoeveel dat ze nemen en de dosis en zo, zal ik zeggen.”* (respondent NL-11, male, 22 years)
- Citation 28: *“Euh, ik zeg wat dat vooral opvalt op festivals, vind ik vooral dat mensen voorbereid komen. Dus mensen die willen gebruiken, die gaan gebruiken. Als ge daar dan een euh, wat meer informatie over kunt geven, dat beter kunt kaderen, een aantal tips meegeven, denk ik dat dat een positieve uitwerking heeft op mensen die toch al sowieso weliswaar nog iets gingen gebruiken.”* (respondent NL-15, male, 36 years)
- Citation 29: *“Ik ben naar die standjes geweest. Maar, euh, vrienden van mij die harddrugs gebruiken of euh – geen legale middelen zal ik maar zeggen – veel van hen passeren dat gewoon. Dus ben ik eigenlijk degene die met de boekjes zo wat rondloopt en dat wat aan het lezen ben, waardoor dat zij dat wel wat oppikken uiteindelijk maar... het is dus niet dat iedereen daar even vatbaar voor is.”* (respondent NL-03, male, 24 years)
- Citation 30: *“Je kan je wel informeren op voorhand, en ook zo, komaan, op het einde weet je nog altijd niet helemaal zeker wat je neemt. [...] Maar je weet dan dat er iets inzit dat er niet moet inzitten, of dat het heel*

- zwaar gedoseerd is of heel zuiver. Dan kan je je dosis ook al wat aanpassen, aan hetgeen dat je hebt. Waardoor je minder gemakkelijk een overdosis hebt of andere negatieve effecten.”* (respondent NL-14, female, 31 years)
- Citation 31: *“Ik was wel geïnformeerd, maar dat was sowieso een beetje uit mezelf [...]. Maar niet met die standjes. Allé, misschien in de toekomst dat dat wel zo zou zijn, maar allé, door die standjes zelf ben ik persoonlijk daar niet, allé, heeft dat niet echt een grote invloed gehad.”* (respondent NL-06, female, 23 years)
  - Citation 32: *“Ook zo een heel specifiek voorbeeld dat ik van de standjes heb geleerd is dat, ja, bij middelen die je moet snuiven dat je dan eerder euh ... Veel mensen gebruiken een sleutel of een biljet, maar daar kan je ook hepatitis door krijgen terwijl, ja, veel mensen weten dat niet en doen het gewoon. Dat is jammer.”* (respondent NL-03, male, 24 years)
  - Citation 33: *“Ja, natuurlijk afhankelijk van het resultaat van mijn pil zou ik dan misschien wel mijn gebruik bij stellen. [...] Allé, het is gewoon iets anders dan MDMA. Het is gewoon een andere stof. Dus euh, die vermijd ik dan liever dan een risico te nemen.”* (respondent NL-18, male, 24 years)
  - Citation 34: *“De omstaanders, de buitenmensen die er niet echt mee te maken hebben. Die vinden de politie wel goed. Maar dat is ook het meest zichtbare he. Dat is zo: we hebben iets gedaan, we hebben daar politie gezet, we hebben honden, we doen iets tegen drugs. Maar dat is dus niet he.”* (respondent NL-05, female, 50 years)
  - Citation 35: *“Ik ben meer voorstander van te informeren en te zorgen dat mensen op een veilige manier drugs kunnen gebruiken, want druggebruik is al... dat gaat al mee vanaf dat de dancingscène bestaat en dat gaat nog blijven gaan, hoe repressief ze ook zijn en hoe hard ze ook schreeuwen dat het illegaal is.”* (respondent NL-16, female, 24 years)
  - Citation 36: *“Ik heb dat al meermaals gezien, ja. Euh, maar eerlijk gezegd ik heb daar nog nooit in gedeponeed. Euh, ja ik snap het principe sowieso. Euh ... Maar ik denk dat de perceptie van de festivalgangers van: Ok, ik ben nu al zó dicht bij de ingang van het festival [...]. Ik weet eigenlijk niet of het heel veel gebruikt wordt. Euh, ik heb er nog nooit van gehoord dat vrienden van mij het zouden gebruikt hebben. Euh, ik denk als mensen het meenemen naar een festival dan ... euh, dan doen ze dat met voorbedachte rade [mompelt even]. Ze nemen het risico tóch om ermee binnen te komen, dus waarom zou ge dan inderdaad waar zo'n ton staat van mening veranderen?”* (respondent NL-18, male, 24 years)
  - Citation 37: *“Het zal misschien een kleine impact hebben van hoeveel dat mensen meenemen maar ik zeg het: iedereen die het wilt doen, neemt het wel mee of doet het dan op de camping of zo dus ... Ja, ik denk dat dat op zich niet zo gigantisch veel impact heeft. Als een festivalganger drugs wilt gebruiken gaat die het op één of andere manier toch doen met of zonder die controles.”* (respondent NL-16, female, 24 years)
  - Citation 38: *“Dat ge op een onveiligere manier ermee omgaat omdat ge het stiekemer doet of een grotere dosis in één keer omdat ge weet van, ja, misschien krijg ik het niet allemaal binnen [het festivalterrein] en dan kan ik niet meer bij doseren naarmate dat het festival vordert. Euh, en dat ge algemeen ook meer schrik hebt dat de politie betrokken wordt moest ge bij een andere hulpverlener of steward terecht komen waardoor dat de drempel voor alle andere hulpverlening ook hoger ligt.”* (respondent NL-20, male, 24 years)
  - Citation 39: *“Ho, ik denk voor, zeg maar beginnende wel... Allé, want als ik nu wat naar mezelf kijk, ik zou daar echt schrik voor hebben. Dat je zo gepakt wordt. Maar ik denk eens dat je doorhebt dat er zoveel mensen mee weggeraken en da lukt bij u ook een keer. Da je dat gewoon eigenlijk quasi ga negeren. [...] Dat je u gewoon trucjes leert om euh daardoor te glippen.”* (respondent NL-04, female, 21 years)
  - Citation 40: *“Respondent: Maar ik doe wat dat ik doe. Ik vind politie nuttig maar ook wel bijzonder on-metal en euh... ik vind dat ze daar staan euh... ja oké die mensen doen gewoon hun werk maar ik ben daar op mijn plek en zij niet. [...] Dan heb ik zoiets van: ow fuck. En dan moet je wat creatiever zijn. Interviewer: Ja. Dus eigenlijk zoek je dan een oplossing om het toch mee binnen te krijgen? Respondent: Ja tuurlijk. Allé, ik val ook niemand lastig met wat dat ik doe eh. Euh, stel dat ik, euh, op de één of andere manier betrap wordt en ze willen mij een boete geven, ja, dan zal ik die moeten betalen.”* (respondent NL-02, male, 34 years)
  - Citation 41: *“Mijn gebruik is geminderd de laatste jaren wel, maar dat heeft absoluut niets met de repressieve maatregelen te maken. Dat heeft te maken met mijn eigen zoektocht naar informatie. Mijn eigen beter leren kennen, ouder worden.”* (respondent NL-01, female, 32 years)

## C2. Original citations of the festival stakeholders

- Citation 1: “ [...] als ik het vergelijk natuurlijk met in de jaren '90, is er wel een taboe doorbroken. Het is in de mainstream gekropen.” (respondent NL-18, female, prevention or harm reduction worker)
- Citation 2: “Ik weet niet of dat mensen het nu meer aanvaarden, maar ik denk wel dat mensen meer bewust zijn, dat het er gewoon is. Dat geloof ik wel. Gewoon omdat het ook in de media, in alles, in heel onze leefwereld, komt drugs veel meer ter sprake [...]” (respondent NL-24, male, prevention or harm reduction worker)
- Citation 3: “De verdovende middelen zijn wel meestal gerelateerd toch aan een aantal, allé, typische evenementen” (respondent NL-16, male, law enforcement)
- Citation 4: “De gemiddelde leeftijd was op [NAAM FESTIVAL] 28 jaar. Euh, wat wil zeggen dat er, allé, iedereen die 30+ is, die staat al anders in het leven. Die heeft die experimentele fase niet meer en die kan daar euh, al goed, heel goed mee omgaan. Er zijn veel mensen die ik ken ... zijn mensen (lacht), die 30, 40, 50 jaar zijn, die drie keer per jaar weggaan en die dan drie keer per jaar een pilletje nemen. Dat zijn zo'n mensen, dat zijn recreatieve gebruikers, die vroeger misschien elke week uitgingen en elke week een pilletje pakten, maar nu dat zo nog een keer vol feesten. Euh, en [NAAM FESTIVAL] heeft als voordeel dat er veel van die type mensen zijn die geen euh, die weinig overlast creëren, die voor zichzelf al veilig hebben leren uitgaan.” (respondent NL-02, male, festival organizer)
- Citation 5: “Wij moeten als festival daar [recreatief versus problematisch gebruik] eigenlijk geen onderscheid in maken hé, maar we willen wel dat de mensen, euh, die recreatief gebruiken, gewaarschuwd worden voor de gevaren hé. En we willen de mensen die problematisch gebruiken ook wel het aanbod geven van kijk, je kan er ook uit geraken hé, je kan ook geholpen worden. Dus, dat is een onderscheid, daar hebben we specifiek voor gekozen op het festival om te kijken van, ja, gewoon ook een beetje een vervolgtraject, de nazorg aan te bieden hé.” (respondent NL-07, female, festival organizer)
- Citation 6: “Dus die veiligheid moet ... die garanties en, ja, dat is een vertrouwensband dat ge opbouwt over jaren met festivalgangers. Euh, want ja, als het dan een keer misloopt, dan gaat dat gelijk een lopend vuurtje.” (respondent NL-25, male, first aid services)
- Citation 7: “We hebben eigenlijk een urgentiearts euh op het terrein, op zaterdag en op zondag. En in het verleden was dat eigenlijk puur de EHBO met het Rode Kruis, die mensen ja, van zodra dat er eigenlijk iemand eventjes buiten westen gaat dan euh, bellen ze de ambulance, staat de ambulance klaar. [...] op negen van de tien gevallen is dat niet nodig hé. Dus dat is hetgeen dat een arts natuurlijk wel kan inschatten van oké ja, eventjes rusten, wat water drinken of een baxter of whatever.” (respondent NL-08, male, festival organizer)
- Citation 8: “[...] dat vond ik ook wel een goed initiatief. Euh, minderjarigen die krijgen geen OMS he. Op [NAAM FESTIVAL] hebt ge natuurlijk heel veel minderjarigen. Euh, en daar was het zo, dat er een vaste huisarts beschikbaar was gedurende het hele festival, die een telefoongesprek had met die minderjarige die dan, euh ja, betrapte werd met drugs. Dat was een luchtig gesprek, maar dat was wel een gesprek met he: dit zijn de gevolgen van, denk daar goed bij na. Euh, dus vaak een beetje de medische insteek, dan werd meegegeven. [...] Ik denk dat dat niet slecht is. Vooral dat gesprek met die huisarts is iets waar dat ik zeker en vast wel achter sta, omdat dat de juiste figuur is.” (respondent NL-22; female; law enforcement)
- Citation 9: “[...] maar we proberen dat toch allemaal zo een beetje, ja, politie weg te houden van, van het gebeuren. Bijvoorbeeld euh, de medische post en de politiepost uit mekaar trekken. Vroeger stond dat vaak naast mekaar. Maar dat is een drempel voor de mensen om naar de medische post te gaan. Ik vind die mensenlevens belangrijk, dus ze moeten naar de medische post gaan. Dus OK, we zetten ons een beetje verder, dat ze ons niet zien, zodanig dat ze daar geen schrik van hebben.” (respondent NL-19, female, law enforcement)
- Citation 10: “Wat dat ik ook wel een belangrijke vind, is zo het medisch personeel, dat die ook wel opgeleid zijn in hoe omgaan met illegale middelen en weten wat dat ge bij wat wel of niet kunt doen. [...] Ik voel dat dat ook



*nog niet altijd er zo in zit. Of dat ze er zelfs gewoon, er niet naar vragen eigenlijk ook [refererend naar het vragen naar het middelengebruik bij de patiënt].” (respondent NL-13, female, prevention or harm reduction worker)*

- Citation 11: *“Het is heel vaak zo dat festivals in hun organisaties vooral fan zijn van zo die meer 'one shots', euh, acties en interventies, waarvan dat wij eigenlijk weten dat da niet echt veel doet. Euh, maar dan kunnen ze wel zeggen dat ze aan drugspreventie gedaan hebben natuurlijk. Dus dat is vaak wel een beetje een afweging van ... Soms doen we da wel of ondersteunen we daar bijvoorbeeld hun lokale preventiewerker in, een beetje vanuit het idee van: Stel dat we nu wat toegevingen doen, dan hebben we al een voet binnen voor misschien de volgende editie, dat we wat integraler kunnen werken of zo.” (respondent NL-13, female, prevention or harm reduction worker)*
- Citation 12: *“Ge kunt met heel veel diensten en organisaties en stedelijke diensten ook, en ook politie, aan tafel zitten en iedereen kan overtuigd zijn van hetzelfde idee dat harm reduction misschien wel de meest aangewezen vorm is. Maar om dat dan te gaan ondertekenen als politiek bestuur en als politie, dat is een heel ander verhaal hé.” (respondent NL-24, male, prevention or harm reduction worker)*
- Citation 13: *“De mensen stellen zich dan wel altijd vragen van: “Ja, ik ben net binnen. Eigenlijk moest ik alles afgeven, en nu ben ik binnen en nu zijt ge mij eigenlijk informatie aan het geven over hoe dat we eigenlijk onze gezondheidsrisico's kunnen beperken bij het gebruiken van alcohol of andere drugs”. Dat is een beetje paradoxaal, maar dan proberen we dat ook altijd te plaatsen.” (respondent NL-15, female, prevention or harm reduction worker)*
- Citation 14: *“Respondent: Dat wij nog altijd anno 2021 geen drug checking mogen doen, dat vind ik ook een enorm gemis. En dat is tweeledig, zowel het analyseren van de producten, als twee, wat nog belangrijker is, dat ge mensen bij u aan de tafel hebt waar dat ge harm reduction boodschappen rechtstreeks al zittend [...], ge hebt ze bij u, de aandacht is er, en er is zovéél ruimte en zoveel potentieel en zoveel ... daar zit zoveel kracht in, om daar boodschappen over te brengen en mensen in te lichten die wij nu missen.  
Interviewer: Ja. Het is veel meer dan die drug testing op zich?  
Respondent: Absoluut.” (respondent NL-18, female, prevention or harm reduction worker)*
- Citation 15: *“Vandaag moeten we omgaan wat de wet ons verplicht en dat is ook een constante oefening en discussie hé. Vandaag euh, politie zegt: het moet zo, ja, je moet zero tolerance promoten, dat moeten we doen. [...] Ja, we moeten er mee omgaan en we willen ons hoofd niet in het zand steken, maar het is wel constant hé. Ik wil morgen niet naar de rechtbank moeten gaan omdat ik de facilitator ben van euh, drugsgebruik.” (respondent NL-02, male, festival organizer)*
- Citation 16: *“[...] we hebben euh gezegd van, ja, als we die [harm reduction organization] gaan toelaten dan op het festival bijvoorbeeld met een standje over preventie van drugs, dan gaat dat automatisch een beetje een toegeving zijn van, ja, hier wordt drugs gebruikt hé. Als we realistisch zijn, is dat ook wel gewoon altijd zo. Euh, er komt ook een hele hoop politiek kijken, dus ja, dan gaan die ook een beetje verbaasd zijn van ja, euh, hoe komt dat hier een drugspreventie standje staat?” (respondent NL-06, male, festival organizer)*
- Citation 17: *“En inderdaad die communicatie [omtrent veiliger uitgaan]. Ja, ... we zouden dat ook eens een keer moeten meten, in welke mate, hoe dat dat binnenkomt. Hoeveel mensen dat zien, dat lezen, dat daar, dat effectief absorberen.” (respondent NL-08, male, festival organizer)*
- Citation 18: *“Dat [prevention or harm reduction info stand] stak heel erg tegen af ten opzichte van de, euh, professionele standen van Coca-Cola en Maes en interimkantoren. Ze hadden dan zoiets van: wat voor een dodgy tentje is dat?! Dat stak dan heel erg tegen af. Die stonden daar ... alle dat soort flyers uit te delen in plaats van weet ik veel, ja, met een sexy app te werken [...]” (respondent NL-04, male, festival organizer)*
- Citation 19: *“Bijvoorbeeld, ge merkt dat de Safe 'n Sound stand niet ... De bedoeling was om die heel, heel centraal op het festival te plaatsen, dat die ook heel duidelijk aanwezig was. Nee, dat is niet gelukt. Die stond ergens, euh, redelijk achterin.” (respondent NL-22, female, law enforcement)*
- Citation 20: *“Zoals ik al zei: dat is, allé ja ... dat is geen klopjacht. Als wij willen [lacht], kunnen wij daar ... Hoe meer ge daar [OMS Fest] op inzet, hoe meer geld dat ge binnen haalt. En dat is zeker en vast niet de bedoeling. De bedoeling is gewoon om die aanwezigheid te tonen, om die controles, he, om te tonen: Wij staan hier wel*

- [...] Het is niet toegelaten. Een signaal te geven, daar gaat het over.” (respondent NL-22, female, law enforcement)
- Citation 21: *“Ho, ik moet eerlijk zeggen van, ja, dat wordt ook niet wetenschappelijk onderzocht hé. Ik durf ook niet zeggen van: Ho, hebben wij nu ervoor gezorgd dat er bijvoorbeeld 100 mensen minder komen in de Rode Kruis post of niet. Ik durf dat, ho, ik durf dat echt niet zeggen van ... Er worden middelen gebruikt op het festivalterrein. [...] Euh, we halen er inderdaad heel wat uit, maar volgens mij is dat, ja ... Maar, ik kan het wetenschappelijk niet onderbouwen, maar ... het is een fractie van wat dat er aanwezig is en gebruikt wordt op het terrein.”* (respondent NL-16, male, law enforcement)
  - Citation 22: *“Ge zag ook wel dat dat inderdaad voor meer gemoedsrust bij de festivalgangers zorgde. Ja, en dat is zo een beetje het principe van, euh, actie-reactie, en de manier waarop dat ge mensen benadert. Euh, en hoe dat ge uzelf opstelt, dat heeft toch wel een impact op de attitude van de festivalgangers. Dus ge zag ook daar, ja, dat mensen ... heel veel weten dat van: Ok ja, het mag niet, dus ja, als je mij betrapt, ja, dan heb ik pech gehad. Maar het feit dat wij niet meer zoals robocopkes, heel ostentatief, voor iedereen zichtbaar uit het publiek plukten ... dat zorgde ervoor van... ze voelden zich eigenlijk minder direct geïsoleerd. En we hebben eigenlijk al bij al, hoo, eens één of twee, euh, mensen die wij betrapt hebben op [illegale middelen], die wij gecontroleerd hebben, die door het lint zijn gegaan.”* (respondent NL-12, male, law enforcement)
  - Citation 23: *“Ik heb ook altijd gefocust op de grote dealers. Diegene die echt willen geld verdienen en die eigenlijk niet kijken naar de gevolgen voor de mensen.”* (respondent NL-19, female, law enforcement)
  - Citation 24: *“Als je een [drugs]dode hebt, hebt ge niet genoeg gecontroleerd. En als ge geen [drugs]dode hebt, dan hebt ge teveel gecontroleerd.”* (respondent NL-19, female, law enforcement)
  - Citation 25: *“De [festival]organisatie wilt nul tolerantie op drugs. De bewaking ziet dat: Aja, Ok, wij moeten controleren op drugs. Ja, maar de wetgeving zegt: Wij mogen niet zoeken achter drugs. Dus we gaan dat altijd toevallig aantreffen. Euh, dus de finaliteit van de oppervlakkige aftasting aan de inkom vervaagt naar: We gaan op zoek naar drugs he.”* (respondent NL-23, male, law enforcement)
  - Citation 26: *“We moeten informeren, ontraden. Als je het toch wil doen, informeren hoe. Dat is denk ik de rol van festivals: het gebruik ontraden. Maar als mensen – allé, dat is de rationele keuzetheorie hé – als mensen de beslissing hebben gemaakt om toch te gebruiken, gaan we die daar ook niet van kunnen tegenhouden.”* (respondent NL-07, female, festival organizer)
  - Citation 27: *“Wat dat ik bijvoorbeeld als organisator heb gemerkt, de eerste twee jaar van [NAAM FESTIVAL]. Dan waren stadsbestuur en politie nog niet echt bezig met ons festival. [...] Er werd nog niet echt naar ons gekeken. En euh, dat drugsgebruik was er toen ongetwijfeld ook al, maar dat leidde niet tot mensen die op de EHBO belandden. Dat viel allemaal wel mee. Maar wat dat wij wel merkten, vanaf dat er in jaar 3 de politie erbij kwam en echt zeer hardhandig zero tolerance kwam toepassen met honden en met wasstraten euh enzovoort enzoverder, dan zaten wij plots toch elke dag met 4-5 mensen in onze EHBO die te veel hadden genomen. Euh, wat dat ergens wel toont dat mensen onder een bepaalde druk komen en dan al wat sneller alles gaan innemen of euh ja, minder gaan spreiden. Ze voelen zich wat opgejaagd, er worden euh slechte beslissingen genomen. Misschien wordt er ook wel meer gekocht bij dealers die ze niet kennen en dus, hoeveelheden, ja waar dat ze niet van weten, van wat heb ik hier nu eigenlijk vast. Euh, dus wij zagen wel direct een zotte toename van mensen die in de EHBO belandden. En ik vond die cijfers wel zo frappant dat ik niet anders kon dan dat een beetje linken aan het feit dat er plots heel repressief werd opgetreden aan de entree. Het eerste wat je daar zag waren 10 politiemensen op een rij en ik kan mij wel voorstellen dat je dan zoiets hebt van: Wow, wat is dat hier en dat er dan domme beslissingen vallen.”* (respondent NL-11, male, festival organizers)
  - Citation 28: *“Dat was eigenlijk wel leuk om te zien dat mensen ten eerste appreciatie voor [de preventieve alcohol ademtest actie] hebben. Nu, soms is er ook drank mee gemoeid hé en zijt ge beste maat plots en is het allemaal leuk. Ook bij nuchtere mensen heel veel appreciatie. En dat is niet vreemd, want bij repressieve controles heb ik ook al een keer een hele grote meegemaakt in [NAAM STAD]. En ook daar merk je dat er veel mensen eigenlijk het appreciëren dat er controle is. Dus dat is wel, hé ja, mogelijks met boetes en zo - wat bij ons nu niet het geval was.”* (respondent NL-24, male, prevention or harm reduction worker)

## 9.4 ATTACHMENT D: ORIGINAL CITATIONS OF THE FRENCH SPEAKING PARTICIPANTS

### D1. Original citations of the festival attendees

- Citation 1: « *Moi je ne fais pas de différences [entre drogues légales et illégales]. L'alcool, c'est la drogue la plus dangereuse au monde, la plus addictive, et c'est la seule drogue qui, quand tu l'arrêtes du jour au lendemain, tu peux en mourir. Sur l'échelle des drogues, l'alcool, il est tout en haut avec le crack et l'héroïne. Et puis je connais des tonnes de gens alcooliques, des tonnes de parents de mes amis alcooliques. L'alcool fait des ravages sur le corps, autant que la drogue. Selon moi* » (respondent F15, female, 19 years)
- Citation 2: « *LSD, champignons, enfin tout ce qui est psychotrope [il n'emploie pas « psychotrope » pour l'alcool]. J'aime assez bien, mais je fais ça, je dirais une fois par mois au grand maximum. Et sinon là j'ai bien calmé, mais il y a une période où tout ce qui était amphétamines, donc speed, MDMA et ecstasy : allez, une fois par semaine, une fois toutes les deux semaines. Mais j'ai bien calmé, parce que le moment des descentes était de plus en plus fort* » (respondent F3, male, 25 years)
- Citation 3: « *du LSD, je pense le premier jour. Et ça a duré pendant trois jours parce que j'ai continué le trip. Et sinon, j'ai pas consommé d'alcool puisque c'est pas mon truc... J'ai pris de la Ké [ketamine], de la Coke et puis le dernier jour j'ai pris du speed pour tenir. Et voilà. En globalité c'était ça. Je sais pas si c'est assez explicite* » (respondent F4, female, 20 years)
- Citation 4: « *organiser sa consommation en festival* » et « *ramener la drogue en festival cachée* » dans ses « *soutiens gorges* » ou ses « *tampons* » (respondent F14, female, 24 years)
- Citation 5: « *En festival j'ai commencé fort. C'était directement ecsta, MDMA, et cannabis (mais ça je ne sais pas si c'est vraiment le sujet principal). Donc, c'était principalement ecsta et oui après ça a évolué vers le speed, cocaïne, Kétamine* » (respondent F13, male, 22 years)
- Citation 6: « *J'ai jamais voulu tester les médicaments. Heu, j'ai pris une fois du tramadol mais c'est parce que ma copine en avait en prescription. Du coup, ben voilà. Mais sinon, j'ai jamais pris de xanax ou des choses comme ça. Moi, je suis quelqu'un d'hyperactive, j'ai pas du tout envie de prendre des drogues qui risquent de me ralentir* » (respondent F15, female, 19 years)
- Citation 7: « *La MDMA ! Mais ça c'est pas souvent. L'Ecstasy, ça c'est on va dire une fois par mois maximum. La Kétamine ça c'est une fois par semaine voire deux. Le 2CB pour le moment aussi, ça c'est une fois tous les deux mois ou une fois par mois ça dépend. Et le speed aussi ça c'est juste quand je suis fatigué et que je sens vraiment que j'ai besoin* » (respondent F18, male, 21 years)
- Citation 8: « *Avant je consommais beaucoup d'amphétamines donc principalement du speed. Au tout début quand j'allais en festival, j'ai rien consommé pendant un an et demi, puis après j'ai recommencé la consommation avec des pilules, puis j'ai continué avec des amphétamines donc beaucoup de speed et de la MDMA. Et puis j'ai arrêté la MDMA et j'ai continué avec le speed. Puis j'ai arrêté le speed et je suis passé à la cocaïne* » (respondent F9, male, 22 years)
- Citation 9: « *Positive. Parce que j'ai pas eu de Bad. J'ai passé que des bons moments donc voilà quoi donc* ». Puis, il précise : « *Enfin par contre les jours après, là ça se passe pas bien* » (respondent F14, female, 24 years)
- Citation 10: « *A l'époque, je savais pas trop ce que ça voulait dire dépasser les limites, dépasser les doses, parce que j'avais l'impression que j'allais jamais pouvoir aller trop loin. Je pensais que tout allait bien se passer. Et, le dernier jour, à 8h. du matin, j'suis tombée. Ben j'ai fait une overdose [F15 a pris différentes drogues chaque jour, alcool, speed, ecstasy]. Je suis tombée par terre. J'suis par morte. Hein ! J'suis là donc tout va bien. Mais ça m'a servi de leçon. Mais on a pas vu les hôpitaux, ni rien [...] Je me suis juste réveillée un peu plus tard. On m'a mis dans un train. Et j'suis rentrée chez moi et pendant une semaine, ça a été l'enfer, ça a été la redescente, et, après ça, j'ai vraiment fait hyper gaffe et j'ai plus du tout consommé comme j'avais fait à ce festival* » (respondent F15, female, 19 years)
- Citation 11: « *Ah oui, je pense que c'est répandu et je pense que tout le monde le sait. Je pense que c'est même parfois une image qu'on se fait du festival. En tout cas, ce festival depuis que j'y vais, je sais que... Allez, quand on pense à lui, même pour les parents, c'est drogues et alcool quoi !* » (respondent F3, male, 25 years)

- Citation 12: « *On a commencé le festival comme ça avec une prise de speed. Après on trouvait des marchands partout. On était dans le camping festif et on marchait juste cinq minutes et on rencontrait quelqu'un qui nous disait « Voilà, là tu peux trouver ça. Et là-bas tu peux trouver ça, etc. Si t'es plus intéressée par « ça », c'est plus là-bas ». Et nous, on était en mode : où est-ce qu'on est, quoi ? C'est pire que ... le festival de X., quoi ! J'ai déjà entendu des avis sur X., et des témoignages, mais c'est vrai que là, moi, j'ai eu l'expérience avec un autre festival que X » (respondent F15, female, 19 years)*
- Citation 13: « *Tout ce qui est police ou agents de sécurité c'est indispensable. Il y a rien à faire. Il y a beaucoup de gens. Enfin voilà, il y a des gens qui boivent, qui se droguent etc. Et puis voilà, il y a parfois même des gens juste agressifs comme ça. Ça peut arriver donc c'est indispensable ». Pourtant, F1 nous dit par ailleurs penser que l'intervention d'autres « acteurs intermédiaires » du type « éducateurs ou stewards » serait pourrait être plus efficace ou plus adaptée. (respondent F1, female, 39 years)*
- Citation 14: « *...Ah oui oui ça calme les gens, ça les freine dans leur consommation. Parce que je pense que la peur de se faire chopper est assez commune à tout le monde » (respondent F9, male, 22 years)*
- Citation 15: « *ça [police et sécurité] cause parfois plus de problèmes légaux à certains consommateurs » par ailleurs, cela « ne va pas tant que ça les freiner de re-consommer » (respondent F4, female, 20 years)*
- Citation 16: « *Je ne vais pas te mentir, dans notre situation, souvent ça [police et sécurité] évoque les problèmes. Enfin, on sait que c'est illégal, on sait que ça peut mener à des choses assez négatives dans nos vies. Donc ça évoque les problèmes » (respondent F3, male, 25 years)*
- Citation 17: « *D'un autre côté, j'essaie de faire la part des choses et de ne pas voir tous les flics comme juste des gens qui vont nous poser des problèmes. Je comprends leur métier, je comprends qu'on ait envie d'aider les gens et faire respecter la loi. Je pense que ça fait partie des choses et je pense qu'en tant que consommateurs on a besoin d'avoir conscience qu'ils ne sont pas là juste pour nous casser les couilles. Voilà, il y a un système et il faut faire avec. Je crois que parfois ça aide les gens parce que, allez, ça empêchera peut-être un petit garçon de 15 ans de consommer un produit qu'il aurait trouvé trop facilement » (respondent F3, male, 25 years)*
- Citation 18: « *Je pars du principe que la drogue c'est illégal et ça restera illégal. Donc la vente c'est illégal, c'est normal qu'il y ait des flics qui contrôlent ça. Même si je le fais et que je le fais tout le temps [transporter et passer de la drogue]. Mais si un jour je me fais contrôler, enfin que j'ai des problèmes avec la police, je pourrais m'en prendre qu'à moi-même. Tu vois ce que je veux dire ? Genre c'est normal que je me fasse arrêter parce que j'ai de la drogue sur moi » (respondent F4, female, 20 years)*
- Citation 19: « *S'il y en a un qui tombe, qui ne va pas bien on va aller choper un vigile et lui dire » ; afin que le vigile puisse amener la personne en état de malaise vers les services Premiers Soins ou RdR » (respondent F11, male, 31 years)*
- Citation 20: « *plus il y a la police etc. etc... et on va consommer la drogue mais de manière beaucoup plus rapide et plus souvent. [...] Moins il y a de policiers, plus je me sens tranquille et je peux prendre mes stupéfiants tranquille, sans devoir me stresser etc. etc » (respondent F9, male, 22 years)*
- Citation 21: « *[au grand festival auquel il a assisté], j'ai pas vu grand-chose [pas beaucoup de policiers ou de vigils]. J'ai pas l'impression que ce soit utile [la police et la sécurité]. J'ai même tendance à dire que c'est pas utile parce que, du coup, ils [les festivaliers consommateurs] vont acheter sur place. Et là, on est moins au courant de la qualité de ce qu'on va trouver. Les gens qui vont dealer sur le site moi j'aurais moins tendance à leur faire confiance » (respondent F6, male, 28 years)*
- Citation 22: « *il y a eu pas mal de flics qui ont ramené des gens beaucoup trop défoncés. Ils les ont pas foutu en cellule ou si ou ça. Non ils les ont amenés aux stands premiers soins et aux stands où se trouvent les équipes de Prévention et de Réduction des Risques » (respondent F9, male, 22 years)*
- Citation 23: « *On pense toujours à tel ou tel autre service de Premiers Soins connus. On voit leurs tentes qui sont indiquées sur le site, qui sont sur tous les plans. C'est assez clair, les gens sur le festival savent où c'est, ça fonctionne plutôt bien » (respondent F6, male, 28 years)*
- Citation 24: « *Je pense que ça permet d'éviter pas mal d'overdose. Mais c'est des overdoses surtout liées à la kétamine. Je ne sais pas si vous connaissez le k-hol » (respondent F9, male, 22 years)*

- Citation 25: « Je crois que si jamais j'ai un Bad trip ou quoi ou – ouais - un coup de chaleur comme tu dis, je vais d'abord aller voir les relax zones. Si jamais vraiment ça passe pas tout seul dans mon coin ou quoi. Ou avec des potes. Et puis de là du coup, si jamais vraiment je sens qu'il y a des complications, alors je demanderai au service Premier Soin présent à côté. Mais pour moi, les Premiers Soins, c'est un des services qui faut pas engorger tu vois. C'est faut vraiment y aller en dernier recours » (respondent F10, male, 22 years)
- Citation 26: « En général quand je vois quelqu'un commencer à taper un malaise, je suis du genre à aller vers la personne pour voir ce qui se passe. Ou j'appelle souvent le service Premier Soin qui se trouve là, même pour des gens que je ne connais pas parce qu'ils sont pas bien, ils font un k-hol ou ils ont trop chaud ou comment ils ont trop pris donc du coup, ils ont des remontés d'acide ou quoi » (respondent F9, male, 22 years)
- Citation 27: « sécuriser ses voies aériennes [de l'utilisateur], le mettre en condition de sécurité, le laisser cuver. Veiller à ce qui n'inhale pas son propre vomi. Prendre un peu ses constantes etc. Enfin du secourisme de base le temps que la crise passe » (respondent F11, male, 31 years)
- Citation 28: « Si on y va pour une blessure, alors oui parce que les choses sont faites et voilà. Mais je pense que si on y va pour un bad trip ou des trucs liés à la drogue, malheureusement, même si la déontologie des Premiers Soins c'est de ne pas juger, il y a beaucoup trop de gens qui ne s'y connaissent pas, simplement en fait » (respondent F5, male, 21 years)
- Citation 29: « beaucoup plus en tout cas. Mais ça déjà la relax zone on y va déjà de base. [...] Rarement le soir. J'y vais plutôt en après-midi ou des trucs comme ça. Ou voilà, on est bien défoncés pour se poser un peu quoi effectivement » (respondent F14, female, 24 years)
- Citation 30: « Quand on arrive sur le festival, y a plein de gens qui viennent nous voir, avec des fascicules [...] Et, je veux dire, c'est des jeunes comme nous. Ils ont déjà pris ! Ils sont là, ils sont chouettes. Ils sont à l'écoute. Simplement, les fascicules qui t'expliquent le danger des drogues, il y en avait une quinzaine différents, qui t'expliquent plein de choses, qui t'expliquent comment réagir, quel numéro appeler : les centres anti-poisons, etc... Et puis, y a plein de stands. En tous cas, dans le grand festival où je suis allée, c'était vraiment bien, vraiment bien construit par rapport à ça, hyper top » (respondent F15, female, 19 years)
- Citation 31: « J'ai trouvé ça hyper hyper bien en fait. Tous les festivals devraient avoir les même dispositifs. Même dans les écoles, il devrait y avoir quelqu'un qui passe un jour pour faire ce genre de préventions. Pour moi, c'est vital, tout simplement. Ça a dû aider pas mal de personnes. Y a plein de gens qui passaient au stand et posaient des questions » (respondent F15, female, 19 years)
- Citation 32: « Je sais pas s'ils peuvent franchement avoir un impact préventif en festivals. [...] Si on vient m'aborder avec un flyer qui explique les dégâts de la drogue, si je suis en festivals et que je me suis dit je vais me mettre la tête à l'envers, je le ferai quand même ! Donc je pense que l'impact préventif il est quand même limité » (respondent F11, male, 31 years)
- Citation 33: « ce serait de renforcer plus la prévention » à la fois « primaire » [prévention de base] et « tertiaire aussi. Enfin voilà je pense qu'il faut pas se voiler la face, il y a des gens qui ont besoin de ça, qui consomment. Et autant qu'ils le fassent en toute sécurité aussi » (respondent F1, female, 39 years)
- Citation 34: « La prévention primaire c'est avant que le problème n'apparaisse. Donc c'est les messages de prévention type comme on peut voir [dans des stands uniquement liés aux logiques de prévention]. Ça s'adresse à un public qui n'est pas consommateur. Et « tertiaire » c'est plus des gens qui sont déjà dans la consommation de drogue. [...] Dans certains festivals j'ai déjà vu que ça se faisait : ils peuvent faire tester leur pilule d'ecstasy [...] leurs produits pour voir si les produits sont cleans. C'est pas le bon terme puisque par définition c'est des produits chimiques (Sourire). Mais [...] les produits n'entraîneront pas de risques pour leur vie. C'est pas du curatif. C'est de la prévention tertiaire » (respondent F1, female, 39 years)
- Citation 35: « Y avait tout un stand : je sais pas si c'était un service Premiers Soins ou quoi mais c'était : si un de tes amis fait un « bad », s'il fait une overdose, s'il ne se sent pas bien à cause d'une drogue, tu l'emmènes là-bas. Ils te mettent sur un petit lit, avec une petite couette, un petit coussin. Tu te mets là et, paf, tu peux rester autant de temps que tu veux. Ils t'hydratent, ils te donnent à manger, ils prennent soin de toi. Donc : incroyable. A côté de ça, y a un stand où tu peux aller tester tes drogues. Donc, tu ramènes n'importe quoi, la personne, elle te le rend à la fin ! Elle prend son échantillon, elle fait son test et elle te rend la drogue. Et elle va te poser aucune

question. Elle va juste te conseiller de faire ça ou ça par rapport à ton produit. Et comme ça, toi, t'as les infos. Tu les prends, tu les prends pas, c'est ton problème.

En plus de ça, le stand avec tous les fascicules, c'était tenu, de base, par des gens qui savent, qui ont déjà pris eux-mêmes des drogues. C'est pas juste des vieilles personnes qui n'ont aucune expérience et qui vont commencer à te rabâcher des trucs et toi, t'es en mode « ouais, lui, il est relou ». Non, c'est vraiment des gens qui savent ce que c'est, qui ont déjà vécu des choses... Ils vont même te raconter leur expérience. Moi j'ai adoré cette partie-là du festival « X » où j'ai été » (respondent F15, female, 19 years)

- Citation 36: « Ben ce qui est bien, c'est que c'est des gens avec qui on peut discuter, on peut parler un peu produits, on peut poser des questions. Mais sinon c'est aussi tout simplement pour la distribution de produits qui peuvent aider, comme les Roule Ta Paille. Je suppose que ça porte bien son nom pour réduire les risques et éviter le partage de paille et ce genre de choses. [...] A chaque fois que je les croise, je passe un peu de temps avec eux, Je connais assez bien une des structures RdR » (respondent F3, male, 25 years)
- Citation 37: « Premièrement, ce sera mettre une tente « chill out », donc pour permettre aux gens qui sont trop « prodés » de se reposer dans le calme et dans un climat de confiance, puisque ce sera directement avec des personnes assez expérimentées qui pourront éventuellement les aider à revenir correctement dans leur trip s'ils « badtripent » ou simplement à se reposer, quoi. Eventuellement donner de l'eau et tout ça. Voilà : vraiment donner les trucs de base pour pouvoir gérer les « bad trip » et tout ça » (respondent F5, male, 21 years)
- Citation 38: « Il y a un moment où tu [les] utilises parce que rester debout et tout c'est quand même crevant. Donc tu te poses, je vais dire, une demi-heure. Et même, c'est un point, moi je l'utilise comme point de rendez-vous. Dès que je trouve plus mes potes ou quoi, je sais que je vais là et j'attends un peu et il y aura pas de soucis. On va se retrouver là parce que c'est un endroit facile où il y a pas beaucoup de monde » (respondent F18, male, 21 years)
- Citation 39: « Je crois que si jamais j'ai un « bad trip » ou quoi ou - ouais - un coup de chaleur comme tu dis, je vais d'abord aller voir les relax zones. Si jamais vraiment ça passe pas tout seul dans mon coin ou quoi » (respondent F10, male, 22 years)
- Citation 40: « Ça leur [aux consommateurs] permet de réaliser un peu leur consommation je trouve. Genre rien que se poser des questions en fait là-dessus. Puisque il y a plein de gens en fait qui le font de manière automatique. Et rien que le fait de se poser une question là-dessus de commencer même juste, à réfléchir là-dessus, ça permet de prendre un peu de recul, un peu de distance par rapport à ça, à se dire « bon je fais quoi, j'en prends toutes les semaines, c'est peut-être un peu dangereux ou quoi » ? Et puis je me dis « ah là il y a moyen du coup chez Modus de prendre contact avec un psy ? » (respondent F10, male, 22 years)
- Citation 41: « Ben pourquoi pas. Après, j'ai jamais vu ces services de testing. Donc j'ai jamais fait mais franchement : why not ? Parce que c'est vraiment important. Surtout que moi, ça m'est déjà arrivé, au grand festival en Wallonie en 2010, chopper du NDMA avec une amie, mais un truc ! A se demander ce qu'il y avait réellement dedans, quoi ! Donc c'est vrai que c'est intéressant de bien vérifier ton produit. Parce que des fois, y a tellement de merdes qui sont mises dans un produit ! » (respondent F20, female, 21 years)
- Citation 42: « être sûr que les gens prennent des trucs de qualité qui sont qualitatifs et pas avoir une weed, dans laquelle on a mis du verre pilé pour augmenter la masse sans augmenter la quantité de cannabis ». Selon cet interlocuteur il faut pouvoir « faire en sorte que les produits que les gens consomment, vu qu'ils vont consommer, soient qualitatifs. Moi, ça, c'est mon opinion » (respondent F6, male, 28 years)

## D2. Original citations of the festival stakeholders

- Citation 1: « L'alcool fait partie du festival, de la culture du festival car on en vend » (respondent SK2, male, harm reduction worker)
- Citation 2: « la musique electro est l'ambassadeur des drogues dures, fortes, déstructurantes (timbres LSD) et des alcools énergisants ; drogues fortes démocratisées par les mafias ». Selon SK14, les festivals electro offrent une sorte de « pack [euphorisant] : drogue forte, musique répétitive » (respondent SK14, male, law enforcement)

- Citation 3: « *Plus on monte dans l'underground techno, plus les drogues sont dures : le must c'est les festivals techno. Par exemple on a en beaucoup plus de crises et d'hosto dans un grand festival annuel vraiment accés techno à Bruxelles que dans un autre festival qui dure trois longues journées. A la dernière soirée de ce festival techno, on a intubé 13 patients en une seule soirée. Ce qui est un chiffre énorme* » (respondent SK17, male, first aid worker)
- Citation 4: « *Moi je pense que on n'est pas mal autour de la MDMA et l'Ecstasy. Cocaïne ? Je dirais que dans notre événement un peu moins par rapport à d'autres endroits à Bruxelles. Peut-être parce que c'est une tranche d'âge un peu plus jeune. Et donc parfois pour certains c'est peut-être les premières fois. Je pense aussi que pour certains jeunes de 16-17 ans, [le festival] c'est leur première grosse fiesta un petit peu en dehors de France ou d'autres villes. Ils viennent à Bruxelles faire la fête. Donc je crois qu'ils sont plus axés oui sur des drogues comme l'ecstasy* » (respondent SK1, male, festival organizer)
- Citation 5: « *Il faut arrêter l'hypocrisie par rapport aux produits licites et illicites. Voilà il n'a jamais été question de diminuer la vente d'alcool par exemple sur aucun des événements auquel j'ai participé ! Il n'a jamais été question de ça. On ne se pose pas la question, on se pose la question de savoir comment limiter entre guillemets les dégâts ... mais c'est tout* ». [...] car la vente d'alcool fait « *clairement partie des bénéfiques des organisateurs* » (respondent SK13, male, security)
- Citation 6: « *de retourner vers la partie concrète de la vie* » (respondent SK1, male, festival organizer)
- Citation 7: « *universalité des besoins d'instant de lâcher prise, de conscience différée : qui peuvent être acceptables et dangereux aussi* » (respondent SK13, male, security)
- Citation 8: « *fête peut être magique, elle contient aussi le risque du destin brisé. Il suffit de prendre le mauvais produit, au mauvais moment, etc.* ». A partir de ce constat, SK15 insiste sur la nécessité d'encadrer la fête et également les consommations qui peuvent aller avec, et va même jusqu'à parler de la nécessité de concevoir une « *sécurité sociale de la Nuit ou de la Fête* » (respondent SK15, male, festival organizer)
- Citation 9: « *consommer de plus en plus vite et de plus en plus fort, même l'alcool, qu'ils boivent vite à l'extérieur pour économiser le prix élevé des boissons alcoolisées à l'intérieur des soirées ou des festivals* » (respondent SK14, male, law enforcement)
- Citation 10: Elle parlera alors de « *Binge drinking* », terme désignant l'acte de « *boire en très peu de temps une grande quantité d'alcool* ». Cette tendance contemporaine au Binge drinking va, selon SK18, au terme de 30 ans d'expériences en RdR, de pair avec ce qu'elle désigne comme une « *banalisation, notamment chez les plus jeunes, de la consommation* » [...] « *Le bien-être et non l'abstinence. De ce fait la RdR s'inscrit dans une logique de promotion de la santé* » (respondent SK18, female, harm reduction worker)
- Citation 11: « *dissuasion* », « *préservation des choses et des gens* », « *sécurisation du public* » plus que répression, ou encore « *gestion négociée de l'espace public* ». Fort de ce qu'il nomme une « *nouvelle culture policière* », SK11 en vient même à reconnaître durant l'entretien que : « *Les acteurs RDR et médicaux peuvent nous aider à la prise en charge de la personne en crise sous psychotropes* » (respondent SK11, male, law enforcement)
- Citation 12: « *Pas seulement pour la consommation mais aussi par rapport à la violence, aux agressions de femmes qui peuvent être liées à la consommation mais pas toujours* » (respondent SK8, male, harm reduction worker)
- Citation 13: « *C'est arrivé que le stand de la police se trouve à côté du nôtre* », nous dit-elle. « *Et les festivaliers consommateurs n'osaient pas aller nous voir pour nous demander des renseignements. Ça bloquait carrément les festivaliers. La police et nous, on ne doit pas se trouver côte à côte* » (respondent SK12, female, harm reduction worker & first aid worker)
- Citation 14: « *Un agent de gardiennage ne peut pas contenir une personne contre son gré de façon manuelle j'ai envie de dire. Il y a que la police qui peut faire ça* ». Ainsi si jamais un agent de gardiennage trouve un festivalier avec, par exemple, un paquet de cocaïne « *il doit appeler la police* » (respondent SK13, male, security)
- Citation 15: « *d'empêcher les gens de consommer. C'est-à-dire que moi je ne me fais pas d'illusions je sais que même si on fait de la fouille au corps. Mais on le fait pas. Si on se disait : « OK ! Cette année on fait rentrer rien du tout. On n'y arriverait pas. C'est pas possible... On va pas empêcher mais on va pas la faciliter ! ... Parce que*

- effectivement je pense que s'il y avait pas ce filtre-là ce serait encore pire » (respondent SK16, male, security & first aid worker)*
- Citation 16: « *pouvoir gérer ça au mieux sans que la personne qui assure la sécurité et la prévention soit mal à l'aise et sans que la personne qui est dans cet état-là soit mal à l'aise et sans que les deux ne dysfonctionnent voilà ça c'était ma démarche » (respondent SK13, male, security)*
  - Citation 17: « *la protection de la personne. Parce que s'il y a danger pour la personne c'est évidemment important de pouvoir le reconnaître le plus vite possible. Mais aussi comment se comporter vis-à-vis d'une personne qui a un comportement elle bizarre. Et c'est ça un peu qui m'a interpellé. C'étaient les comportements bizarres pas forcément dangereux mais vraiment bizarres. Et pouvoir gérer ça au mieux sans que la personne qui assure la sécurité et la prévention soit mal à l'aise et sans que la personne qui est dans cet état-là soit mal à l'aise et sans que les deux ne dysfonctionnent voilà ça c'était ma démarche » (respondent SK13, male, security)*
  - Citation 18: « *La sécurité peut jouer un rôle de soin : ils amènent les personnes en détresse et les repèrent. Ils sont le premier maillon de la chaîne de soin » (respondent SK17, male, first aid worker)*
  - Citation 19: « *Une circulaire qui permet de réduire l'entrée des stupéfiants à l'intérieur des festivals. On a eu l'occasion en tout cas de la mettre en œuvre qu'une seule fois, vu la pandémie ... : sur deux festival, un techno et l'autre également assez orienté electro et où il y avait déjà une présence judiciaire et policière depuis pas mal d'années. ... Cette circulaire permet en fait d'encadrer un peu mieux le travail des policiers. Et elle a pour but surtout de percevoir immédiatement une somme, une transaction en fonction des quantités retrouvées sur les personnes et du type de produits. Et donc, en fait, elle a aussi pour vocation de faire un peu un rappel à la loi pour toutes les personnes qui fréquentent ces festivals pour éviter qu'elles ne pensent que le festival est un lieu de non droit où la loi sur les stupéfiants ne s'applique pas du tout. ... On continue à appliquer de toute façon aussi les circulaires nationales. Il y en a une qui date de 2015 et qui concerne les simples détenteurs. Là c'est un procès-verbal simplifié pour les moins de 3 grammes de cannabis ou autres. Donc, il y a toujours une tolérance qui existe aussi. Les policiers sont donc amenés à pouvoir percevoir immédiatement la somme ou à proposer une transaction avec un virement. Et donc notre rôle après nous c'est en seconde ligne. C'est-à-dire que nous allons voir si la personne a payé ou pas. Et puis on appréciera aussi l'opportunité des poursuites. Qui dit non-paiement ne dit pas spécialement poursuites » (respondent SK14, male, law enforcement)*
  - Citation 20: « *On fait évidemment une différence en fonction des produits. Evidemment dès qu'il s'agit d'héroïne, cocaïne, là on n'applique plus la transaction et on applique la façon « classique » - je vais dire de réagir - : une enquête plus de fond ».* Puis il ajoute : « *La privation de liberté n'intervient que de manière très exceptionnelle si la personne est vraiment trouvée en possession d'un certain nombre de produits et en grande quantité » (respondent SK14, male, law enforcement)*
  - Citation 21: « *En fait, on se voit de manière régulière, un peu moins à cause du COVID mais dans le cadre de l'atelier de prévention des usagers de la drogue. J'ai pu y ramener la police qui prend conscience aussi que la prévention est aussi importante que la répression. Et donc je crois que le dialogue est rétabli aussi à ce niveau-là. Dans le festival d'ailleurs, on avait bien discuté entre la police et les services de prévention pour que l'un ne pollue pas l'autre. Et pour finir je veux dire le stand police ne se situe pas trop près du stand prévention parce que évidemment les personnes qui pourraient être bénéficiaires auraient une tendance à dire « moi je n'y vais pas ... la police va voir que je veux aller à cet endroit-là ». Donc voilà ça s'est passé vraiment en très bonne coordination » (respondent SK14, male, law enforcement)*
  - Citation 22: « *On agit sur l'offre mais on essaye d'air aussi sur la demande. Si on réduit le nombre de consommateurs par tant la médiation pénale que l'offre de soins que la police peut proposer aussi après audition, on se dit que, s'il y a moins de demandes, l'offre baissera aussi. Je crois qu'on doit agir absolument sur ces deux leviers-là » (respondent SK14, male, law enforcement)*
  - Citation 23: « *Nous on connaît les molécules, les équipes RdR connaissent les usages ».* Et en amont, selon SK17, « *il s'agit d'anticiper, en fonction du festival où l'on intervient à quoi on doit s'attendre et ce qu'on doit prévoir de quoi on va avoir besoin médicalement ».* Plus loin, il détaille : « *Nous on met en place la structure médicale à proprement parler. Donc c'est-à-dire du monitoring, du matériel de réanimation, d'intubation s'il faut pour évacuer en tous cas vers un hôpital le cas échéant si on ne sait pas stabiliser sur place. C'est-à-dire qu'on peut*



*prendre en charge les patients qui sont pas trop atteints au niveau neurologique, qui ne nécessitent pas une intubation. On peut les maintenir sur place, faire un traitement de réhydratation, les réchauffer et généralement c'est 50% des cas. Ils peuvent en fin de soirée regagner la soirée ou leur domicile. Dans les cas plus graves, les patients qui sont fortement intoxiqués dont les voies aériennes sont compromises par l'utilisation de stupéfiants ou dans un autre cas qui sont extrêmement agités par les stupéfiants et qui deviennent dangereuses pour eux-mêmes et les autres, on doit évidemment les hospitaliser et prendre les mesures sur place de conditionnement. Que ça soit une intubation ou l'injection d'un médicament, un calmant. Voilà c'est les deux choses pour lesquelles on travaille le plus. On conditionne, on envoie vers l'hôpital. Notre rôle en tous cas sur place c'est de ne pas phagocytter des demandes de l'aide médicale urgente au quotidien » (respondent SK17, male, first aid worker)*

- *Citation 24: « Si jamais la personne se dégrade ou qu'il y a un problème on va passer la personne aux premiers soins. ... Par exemple, dans un festival à Bruxelles où j'ai travaillé avec les services Premiers soins, il y a eu plusieurs intubations parce que les gens avaient consommé trop à ne plus respirer en fait ! ». Puis cette même interlocutrice précise que « s'il y a une plaie, s'il y a quelque chose de traumatique, quelque chose de médical les gens vont plus aller vers les services Premiers Soins. Maintenant quand c'est quelque chose lié à la consommation comme c'est parfois un peu tabou, comme il y a parfois des consommations de drogues illégales, qu'il y a des mineurs, vu qu'aux Premiers Soins, il faut donner sa carte d'identité, je sais qu'il y en a qui préfèrent, si jamais ils se sentent pas bien, plutôt venir vers la relax zone. C'est pour ça que l'importance [pour les Premiers Soins] aussi c'est de pouvoir faire connaître cette relax zone d'où le fait des préventions sur site » (respondent SK12, female, harm reduction worker & first aid worker)*
- *Citation 25: « Nous portons un uniforme un peu strict et ça bloque parfois les festivaliers. La tenue Premiers Soins est clivante. Elle représente une autorité... Il est vrai qu'il y a quelques années, en plus, les services Premiers Soins pouvaient avoir un comportement assez autoritaire parfois... Les acteurs de telle association assurant les services RdR savent ce que vivent les consommateurs et sont habillés en civil. Ce qui crée une plus grande proximité avec ces derniers » (respondent SK17, male, first aid worker)*
- *Citation 26: « on n'a pas les moyens de faire appel à un autre service en plus. Les Premiers Soins c'est déjà un coût incontournable mais conséquent » (respondent SK9, male, festival organizer)*
- *Citation 27: « aux yeux des services Premiers Soins, à la base on était perçu comme une bande de drogués qui travaillaient avec des drogués » (respondent SK4, female, prevention & harm reduction worker)*
- *Citation 28: « Je pense que la personne est pas vue comme une entité [par les acteurs Premiers Soins]. Eux ils vont gérer la personne par rapport au symptôme. Elle est déshydratée? On va lui filer de l'eau en perf. Elle est angoissée, on file un relaxant, un calmant. Voilà ! Elle a tel symptôme on gère. Par contre, la cause du symptôme et ce que ça peut donner et comment faire après pour calmer l'angoisse ou côté psychologique c'est pas leur truc. Eux ils sont là pour que la personne elle reste vivante » (respondent SK4, female, prevention & harm reduction worker)*
- *Citation 29: « On ne fait pas de prévention au moment même de la situation de consommation mais en amont. La RdR doit s'articuler avec le soin et la prévention. La prévention existe avant le festival ». Puis, explicitant son propos, elle ajoute : « L'opposition entre prévention et RdR est dépassée. Si le paradigme de base est l'abstinence, alors tu vas dire que la RdR est de la « prévention tertiaire ». Je trouve ça un peu cynique. Comme je l'ai dit, le paradigme de la RdR est le bien-être et cela inscrit la RdR dans la promotion de la santé » (respondent SK18, female, harm reduction worker)*
- *Citation 30: « la prévention a parfois vraiment du sens. Par exemple, réussir à postposer l'âge de la première conso, à mes yeux c'est bien : il vaut mieux ne pas vivre ça pas pendant l'adolescence au moment où le corps est plein processus de changement et de construction ». Selon SK18, encore, en tentant de reculer par exemple l'âge de la première consommation de psychotropes, ou en aidant « certains jeunes à ne pas céder à la consommation liée à l'effet de groupe – je veux faire comme mes copains -, les acteurs de prévention agissent également dans le sens de la promotion de la santé » (respondent SK18, female, harm reduction worker)*
- *Citation 31: « La RdR c'est accompagner les gens là où ils sont ». Et si les gens consomment, et puisqu'ils consomment, nécessité est de les accompagner dans leur consommation ». Puis, elle ajoute : « Et, au niveau*

- méta, la RdR, c'est permettre une société qui soit inclusive au niveau des personnes qui consomment »* (respondent SK18, female, harm reduction worker)
- Citation 32: « *la RdR est un continuum entre prévention, soin et accompagnement. Un continuum aussi entre différents paradigmes : prévention, mesures d'interdits et soins ou santé au sens biologique, psychologique et social »* (respondent SK10, male, first aid worker & harm reduction worker)
  - Citation 33: « *L'accompagnement, c'est rassurer les gens par rapport à ce qu'ils ont consommé. Et donc voilà c'est vraiment : on passe de la partie où on va discuter où parfois les gens vont simplement dormir. Ils ont besoin de se reposer au calme, pas dans leur tente où il fait chaud par exemple. Vraiment un endroit calme où s'aérer où ils ont de l'eau et de l'espace. Si quelqu'un vomit ou ne va vraiment pas bien, on va l'emmener vers les Premiers Soins »* (respondent SK12, female, harm reduction worker & first aid worker)
  - Citation 34: « *Pas spécialement difficiles à gérer mais qui sont plus difficiles à vivre. Je veux dire les gros Bad trip sous LSD ou des choses comme ça, où tu sens vraiment que les gens sont terrorisés en eux. Ca je trouve que c'est dur pour eux. Mais du coup c'est toujours difficile. Tu vois t'es entre si j'en dis trop est-ce que je vais pas là le paniquer encore plus. Est-ce que je suis trop intrusif, pas assez. Comment bien sentir le lien ? »* (respondent SK8, male, harm reduction worker)
  - Citation 35: « *Ca peut être très, très calme comme ça peut être la folie. Ca dépend. Donc la relax zone c'est vraiment accueillir les gens qui sont en Bad Trip. On a une dizaine de lits dans tel festival, une vingtaine dans tel autre. Et c'est écouter la personne, voir dans quel état elle est ce qu'elle a envie. Est-ce qu'elle a juste besoin de parler, est-ce qu'elle a envie d'un câlin. Est-ce qu'elle a envie d'un lit pour se poser et s'endormir. Est-ce qu'elle a besoin d'un récipient pour vomir toutes ses tripes et d'une pince à cheveux pour ne pas qu'elle en ait plein la gueule. Offrir du thé, du café, gérer avec La Croix Rouge. Voilà. Et donc dans la relax il y a aussi tout le temps du personnel médical »* (respondent SK8, male, harm reduction worker)
  - Citation 36: « *Il y a quatre cinq ans, par exemple, j'ai fait une réassurance avec une personne qui était très, très angoissée sur une montée, une jeune fille c'était pas évident. Et du coup je propose à la jeune fille un sirop à l'eau. Voilà donc je suis là, la jeune fille est assise. Donc moi je suis en dessous d'elle. Donc je suis à genoux pour que du coup elle ait pas à lever la tête qui est quelque chose de très... comme un adulte qui parle à un enfant. Quand on est sous produit, c'est quelque chose déjà qui amène une certaine crispation. Du coup, forcément je vais me mettre plus bas qu'elle pour qu'elle, elle baisse les yeux, qu'elle soit pas en situation de se sentir dominée. Et donc du coup je lui propose si elle préfère de la grenadine ou de la menthe ou du citron. Enfin un truc dans le genre quoi. Ce qui moi me paraît une base parce que du coup le but de pas mal de personnes c'est aussi leur donner de l'eau pour hydrater »* (respondent SK4, female, prevention & harm reduction worker)
  - Citation 37: « *c'est le relationnel, l'accueil. L'accueil dans le non jugement, le relationnel. Le fait qu'on est dans le renforcement plutôt que dans un a priori négatif. On est plus dans « tu es quelqu'un », « tu es quelqu'un de bien », « tu es quelqu'un qui a de la valeur », « tu es quelqu'un qui est digne et qui est digne d'intérêt ». Et on va essayer de faire ensemble en sorte que ça aille le mieux pour toi dans l'état dans lequel tu es là maintenant »* (respondent SK3, female, prevention & harm reduction worker)
  - Citation 38: « *Il y a quelque chose qui me paraît vraiment essentiel. ... le lien qui est hyper importante et je crois que c'est essentiel mais vraiment essentiel que ce soit avec des gens de terrain, du cru. Il faut connaître la réalité du territoire sur lequel on intervient. Mon territoire, c'est, voilà, une zone campagnarde, c'est une ville à la campagne. C'est pas Bruxelles. Ça demande des actions spécifiques »* (respondent SK6, male, harm reduction worker)
  - Citation 39: « *Je pense que c'est nécessaire dans le sens que ça fait pas non plus super longtemps qu'il y a toutes ces choses (RdR) dans les festivals et c'est une très bonne idée. Je vois bien à chaque fois que je passais devant le stand RdR qu'il y avait dans mon festival, les gens s'arrêtaient quand même pour se renseigner. Et je pense qu'il y a une demande des autorités et une curiosité de la part des festivaliers aussi »* (respondent SK5, female, festival organizer)
  - Citation 40: « *Je me sens plus complémentaire et en phase avec les services RdR en tant que coordinateur de sécurité qu'en tant qu'acteur premier soin »* (respondent SK16, male, security & first aid worker)

- Citation 41: « *Les clichés sur les équipes RdR s'estompent depuis ces dernières années. On voit maintenant de quoi ils parlent grâce à leur expertise* » (respondent SK17, male, first aid worker)
- Citation 42: « *la RrR représente pour moi aujourd'hui une plus valu vraiment, alors que la première qu'on m'en a parlé, pour être franc, j'ai dit : « C'est quoi ces gars? Il paraît qu'il y a d'anciens consommateurs. Est-ce qu'ils incitent à la prise de substance? »* (respondent SK17, male, first aid worker)
- Citation 43: « *Il y a pour moi la nécessité d'updater les formations sur les drogues et les nouveautés en terme de consommation, tous les 2 mois* » (respondent SK15, male, festival organizer)
- Citation 44: « *Le staff a suivi une formation pour « une nuit de qualité ». Et donc voilà. Nous on voulait juste que les personnes responsables dans le projet [l'équipe] aient la formation. Comme ça, si jamais il y a un truc à régler lors d'un événement, la personne sait quoi faire et elle est pas là en train de paniquer. Parce que c'est souvent les premières minutes qui sont les plus importantes quand il se passe quelque chose. On voulait que le responsable de bar sache comment intervenir, que, nous, on sache comment intervenir, que les personnes à la caisse sachent comment intervenir. Que la personne qu'on appelle : « Maid manager », qui gère les soirées pour nous sache aussi comment intervenir. Donc on a fait cette formation voilà* » (respondent SK9, male, festival organizer)