Findings from PhD research with psychedelic support/harm reduction projects at festivals in 2014 and 2015

Deirdre Ruane
INTRO: WHAT’S THIS ALL ABOUT?

On the transformational festival scene, psychedelics and their ‘party drug’ fellow-travellers aren’t just for enhancing the party. They can also be catalysts for connection, deeply meaningful experiences, and personal transformations. But the stakes are high. The openness, sensitivity and suggestibility that can lead to blissful peak experiences on psychedelics can also result in intense paranoia, isolation and misery. For many, the gamble is well worth taking - but the risk of the ‘bad trip’ still lurks at the back of their minds.

Psychedelic care spaces help provide a safety net. Their volunteer workers (‘sitters’) aim to help service users (‘visitors’) by reducing harm, facilitating beneficial experiences, and even transmuting ‘difficult’ trips into breakthroughs. But festivals are chaotic, sometimes overwhelming places where policing can be harsh and a myriad drugs are used in a huge variety of ways. Psychedelic support (PS) workers can also find themselves at odds with festival organisers worried about liability, on-site medics, security forces, and the police. All this makes their job much more complicated.

I’m a longtime festivalgoer who has been interested in psychedelic support (at care spaces and among friends) for many years. In 2013 I was lucky enough to start a PhD exploring how psychedelic support was done, what motivated people to do it, its role in the transformational festival scene, and how it was affected by drug policy and law.

In summer 2014 and 2015 I volunteered with three PS organisations - PsyCare UK (then known as Kosmicare UK), Kosmicare and the Zendo Project - in three countries (the UK, the US and Portugal). As well as participating and observing, I did in-depth interviews with 23 sitters and an online survey of people who’d had a psychedelic crisis at a festival. You can find more detail about how I did it on my website (www.triphazardsbook.com/about).

By the time you read this I’ll probably have worn the daft medieval-style PhD graduation hat - thankfully, as a festival person I’m no stranger to wearing stupid hats. I’m rewriting the thesis for publication, but this could take a while. So in the meantime, here’s a summary of the findings sitters and care space managers might find most useful or interesting. Whether you do care space work formally or just support your friends when they have difficulties, this booklet is for you. Some of the conclusions I’ve come to may surprise you; others might seem obvious, but help to back up things you already knew.

All names have been changed for privacy reasons. Sitters and others I met at the festivals have ordinary names as pseudonyms, but I gave everyone who responded to the anonymous survey a nickname that helped me remember their story.

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Researched, written and designed for print by Deirdre Ruane
All photos and charts are author’s own unless otherwise stated
Colour scheme: slightly adapted from design-seeds.com
druane@gmail.com | triphazardsbook.com/get-in-touch
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**This booklet is dedicated to everyone who participated in my research.**

My sitter colleagues, interviewees, and people who filled in the survey or helped me spread it. Everyone who chatted with me at festivals about their opinions on psychedelic harm reduction. And of course all my care space visitors.

Thank you all for your generosity, your enthusiasm, your wisdom and your trust. May all your future adventures be good ones.

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the highlights

There's a huge variety of substances and adulterants out there

And it's impossible to tell exactly what's in a visitor's system when they arrive.

- If you can work with a drug checking service and have a fast-track for test results, a lot of harm can be reduced or avoided.
- Cases rarely escalate medically, but you need a rapid-response connection with medics just in case they do.

This is because...

Festivalgoers seem to prefer 'classic' substances (like LSD, MDMA, mushrooms and cannabis), but in practice they take a huge variety of substances (on purpose or by accident).

- There's a big problem with adulterants being added to drugs (some very dangerous), and drugs being sold as other ones (like DOx sold as LSD).
- Even for very experienced sitters, it's impossible to be sure exactly what a visitor has in their system. This is one way drug checking labs can help reduce harm.

More on this: pages 6-9.

Have extra staff on call at busy times

Especially the Saturday 8pm-2am shift.

This is because...

Care space use has fairly predictable peaks and valleys.

- They are busier at night and very quiet in the late morning/early afternoon.
- The busiest shift at a weekend festival is Saturday 8pm-2am.
- At longer events people often have a meltdown on the fourth or fifth day.

More on this: pages 10-11.

Making visitors feel they're in safe hands is the best way to turn their case around

A nonjudgmental attitude is a huge asset for sitters. Visitors are likely to be blaming themselves for their crisis, even if it wasn't their fault, and may perceive all the other on-site support staff as likely to be judgmental.

Offer them a low-commitment area where they can meet sitters and get a feel for the atmosphere before they check in.

This is because...

Common factors in crises were interpersonal problems, being overwhelmed by the setting, adulterated drugs, policing, and the person's own drug use choices, but most thought their choices were the most important factor and tended to blame themselves.

This could make them embarrassed to ask for help and fearful of being judged.

Many saw a crisis as a sign of immaturity and irresponsibility (though my data suggests that crises are not just for 'the kids').

More on this: pages 12-14.

Being central, easy to get to, and easy to find is vital

- A central space, even if it's louder and more chaotic, is better than a calm but remote space that fewer people can get to.
- It's worth negotiating hard for transport infrastructure and advertising.
- Roaming teams can also play an important role - if people trust them!

This is because...

The most common reason people gave me for not going to a care space was lack of mobility - being unable to get there.

- This could be physical (can't walk), mental (can't conceptualise how to get there), or both.
- It was a much bigger problem than being afraid to ask for help.
- When the care space was hard to find or a long way from the centre of the site, this situation was much worse.

More on this: pages 16-18.
**Show visitors that you understand drug experiences**

If you have in-depth understanding of psychedelic and other altered states, let your visitors know this. Use it to empathise with them. It will help you come across as caring and competent, and is key to helping them feel safe.

Care spaces should broadcast this understanding through decor. People often come by to check out the care space in advance and will be looking for signals that it’s staffed by nonjudgmental peers.

*This is because...*

Understanding of drug experiences was a very common reason why festivalgoers said they trusted care space workers.

• Psychedelic decor helped visitors approach the care space and see it as safe and nonjudgmental.

• The three strongest traits of good sitters were understanding of altered states, ability to empathise, and coming across as stable and competent. But demonstrating in-depth understanding also seemed to boost the effects of the other two, making sitters seem more empathic and competent.

• Visitors would accept drug information from those they perceived as fellow drug users. Information from others was dismissed as unreliable, maybe even propaganda.

*More on this: pages 19-21.*

**Push for more integration between all on-site support services**

• Do outreach to medics and security – find allies and make sure everyone knows about you.

• Get comfortable with radio communication and make sure newcomers get enough radio training.

• Integrate friendly medical staff into the care space, but in a subtle way that won’t frighten visitors off.

*This is because...*

The most harm can be reduced when care spaces, medics, security and welfare all cooperate and share information – but this can be hard to do well.

• Ideally, medics and security staff should be able to refer drug-related cases (who are not violent or in medical danger) to a care space.

• There should be a strong network of radio communication.

• Although most drug-related crises aren’t medical in nature, having medical support quickly available, or at the space, is still vital.

*More on this: pages 24-25.*

**Avoid anything that comes across as ‘formal’ or ‘official’**

• Don’t introduce any kind of uniform.

• Try to minimise interactions with security guards or police in front of visitors and other festivalgoers, unless you know they are highly trusted.

*This is because...*

Festivalgoers find interactions with ‘the authorities’, especially police and security teams, very frightening.

• Security are seen as ‘the bad guys’ and contaminate other support staff by association.

• There’s also widespread fear of the medics.

• This is part of the reason why coming across as peers of visitors is so important for sitters.

Drug policy problems make this one difficult to balance with point 7, but there are ways to make it work if everyone’s on board.

*More on this: pages 26-28.*

**Be open to working with visitors’ friends - but not always**

They can be the best possible carers.

But be aware that what some visitors need most is a refuge where they can get away from problem companions – and that even the most caring friends might be struggling to cope and need a break.

*This is because...*

Quite a few people in the survey said they preferred to be cared for by their partners and friends than by strangers. This can work very well, but friends can also be overwhelmed, incapable, missing, or part of the problem.

• After helping a friend through a crisis, you may need help yourself.

• Some visitors come to a care space to escape abusive situations.

• Friends might want to help but not be competent to do it.

In all these situations care spaces can play a vital role.

*More on this: pages 22-23.*
This looks like a simple question, but it turns out to be very difficult to answer. What people say they took, what they think they took, and what they actually took can all be different.

So the data you get from arriving visitors is very prone to errors and missing information, and you certainly can’t get reliable numbers about the drugs being used by the whole festival. But I gathered a collection of clues while working at the care spaces, looking at results from drug checking labs, and talking to drug dealers and their customers. Taken together, they can give us an idea of the overall trends.

It looked as if transformational festival scene members were a bit more into psychedelics, and less keen on stimulants, than the general public. The most sought-after drugs were LSD, MDMA, cannabis and mushrooms (which some people called ‘the classics’). Amphetamines and cocaine could be found but weren’t as popular as these ‘big four’. Ketamine was popular in the UK, but played less of a role elsewhere. Opioids (like prescription painkillers) were rare – at least in 2014 and 2015. For comparison, when the Global Drug Survey of 2016 asked what drugs people had used in the last 12 months, their ‘big four’ (in descending order) were cannabis, MDMA, cocaine and amphetamines, with LSD and mushrooms following, and almost as many people used opioids as mushrooms. The festivalgoers in the study also seemed to use a wider variety of psychedelics, like the 2C family and various forms of DMT, than the Global Drug Survey participants.

At Boom festival in 2014, before testing festivalgoers’ drug samples, on-the-spot drug checking lab Checkin asked them what they thought the sample was. The results were very interesting. They were often wrong about what the sample was, but the data does give an idea of what they wanted to buy and what the dealers claimed to be selling. LSD and MDMA were top of the list by a long way. (Mushrooms and cannabis don’t show up on this chart, nor does alcohol – but one wouldn’t expect to see them in the data of a drug checking service because they don’t really require identification.)

But the Checkin data tells us about overall use of drugs at the event, most of which didn’t cause problems. A more relevant question was which drugs tended to be involved in crises. Again, there’s some fragmentary information about this but also a great deal we don’t and can’t know.

PsyCare UK were kind enough to let me see five years of their visitor records. Figure 2 shows what their visitors or the visitors’ friends said they’d taken when they arrived at the care space.

Figure 1: What Checkin service users at Boom 2014 believed their samples were. There were 625 samples in total. Read clockwise from top (LSD = 39%). Source: Checkin, Portugal.
WHY DO FESTIVALGOERS SAY THEY TAKE DRUGS?

It’s all about connection. Study participants said their favourite festivals made them feel more connected to others, the world around them, and nature. They liked the ‘friendly vibe’ and feeling it was OK to talk to anyone. And they said they took drugs to boost this connection - to help them feel sociable, confident and open, connected to partners and friends, and immersed in the party and ‘the moment’. Many of them also mentioned fun, pleasure, and a search for knowledge or healing, but these were also bound up with connecting with other people.

But drug crises, in contrast, were very often about feeling disconnected from others - lost, lonely, self-conscious, afraid, guilty and ashamed.

Getting the right kind of help from a good sitter at the right time could help them repair the broken connection. But the sitters needed to handle these visitors, who might be scared and embarrassed around strangers, with sensitivity and care - and remember that what some needed most of all was a quiet space where they could be alone.

Figure 2: Substance use reported by visitors to PsyCare UK (formerly Kosmicare UK), 2009-2014. Based on 230 visitors. Source: PsyCare UK records.

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Figure 3 shows what the CheckIn lab actually found in those samples from the pie chart in Figure 1.

This shows how serious the adulterant problem was in Portugal in 2014. Most of the MDMA was pure (Spanish lab Energy Control got similar results in 2014-15) but a third of the ‘LSD’, more than two-thirds of the ‘ketamine’, and all but two of the cocaine samples were not the real thing.

Some of the adulterants CheckIn found were:

- **phenacetine**: found in cocaine, can cause heart failure
- **2C-P**: sold as 2C-B, but lasts 14 hours (2C-B lasts five!)
- **NBOMe**: sold as LSD, but is a lot more dehydrating (along with other possible health risks)
- **DOx**: a family of psychedelic amphetamines sold as LSD. Unlike LSD’s 12-hour duration, DOx can keep going for a gruelling **36 hours**.

CheckIn had a fast-track arrangement for samples sent by Kosmicare sitters. They identified the DOx in the ‘LSD’ immediately and had posted alerts all over the site by the following morning.

But drug checking is still usually illegal in the US, and somewhat legally problematic in the UK (though it has begun to appear at UK festivals thanks to The Loop Foundation²). This also means I don’t have detailed US or UK lab data. However:

- Two US drug checking organisations, DanceSafe (interviewed in 2013) and The Bunk Police (2016), told Vice magazine they’d found virtually no MDMA in those years’ samples of American ‘Molly’³.
- In the UK in 2014 and 2015, synthetic cathinones (the mephedrone family) were often sold as MDMA, including alpha-PVP which can cause bingeing and intense paranoia.

**And then it got worse**

At time of writing (summer 2018) the extremely powerful opiate painkiller fentanyl has been showing up as an adulterant in festival drug samples. Because opiates don’t play a part in festival culture and people very rarely seek them out on purpose, care spaces and other support workers could be caught unprepared for their damaging effects - especially when combined with other depressants, which can lead to respiratory failure and death.

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**Adulterants: the drugs might not be what they seem**

Figure 3: Adulterants, and complete substitutions of substances for others, found by CheckIn at Boom in 2014. Source: CheckIn results presentation.
YOUR CONNECTION WITH MEDICS CAN BE A LIFE-OR-DEATH MATTER

The most obvious implication of all this is that festivals can reduce a great deal of harm by providing drug checking labs, and that laws forbidding them to do so are not protecting festivalgoers but exposing them to more risk.

But in the absence of policy reform, what can care spaces do?

Many sitters have finely honed instincts for what visitors need, but there’s no way to tell for sure what’s in a visitor’s system — especially in a low-trust environment like Burning Man. So, though this is very rare, there’s always a chance that a case will escalate in unexpected ways. A close, friendly relationship with the medics can save lives. Ideally there would be medically qualified people on the care space staff, but failing that, you should at least be able to get a very rapid response from nearby medics if needed. But given that many festivalgoers are frightened of medics and may avoid a care space with visible medical staff or equipment, this can be hard to get right. Section 7 has more on this balancing act.
Patterns, peaks and valleys in care space use

Festivals have a daily rhythm of wild nights, sleepy mornings and lazy afternoons, gradually building to a peak as the days pass. At a weekend event the peak is usually Saturday night. Week-long events are a bit more complex.

It’s not surprising that care spaces are busier at night, when more people are taking drugs. Figure 4 uses five years of PsyCare UK’s records from weekend festivals to show how many new visitors arrived on each shift.

Saturday night (8pm-2am) is in the lead, with the same shift on Friday a close second. Visitors tended to keep arriving throughout the night, and the 2am-8am shifts on Saturday and Sunday mornings were also busy. Afternoon shifts are usually fairly relaxed, though Saturday afternoon is sometimes when people collapse if they’ve been partying solidly since Friday evening. Morning shifts (8am-2pm) are the quietest of all in terms of new arrivals, but that doesn’t mean there’s nothing to do. This was when people who had fallen asleep at the care space would be waking up, drinking tea and chatting before checking themselves out. Morning shift workers often have the best opportunities to help visitors make sense of their experience.

Week-long festivals: watch out for the fourth-day meltdown

I didn’t have detailed space usage data for Boom or Burning Man, but week-long festivals seemed to have a pattern of their own and some extra things to be aware of. In Jeet-Kei Leung’s documentary about US transformational festivals, The Bloom, an event organiser told him:

*I think there’s a beauty that happens when people are up partying and having the time of their lives, after 4 days in a row, 5 days, there’s this kind of wearing down of the self and there’s this kind of vulnerability that you arrive at, and this willingness to drop into a place of trust.*

In his interview with me, welfare worker Ken said something similar about the fourth day, albeit in less positive terms (see page 15). It was when the ‘emotional breakdowns’ happened, sleep deprivation had seriously kicked in (whether by choice or due to the difficulty of sleeping in hot tents in sunshine), and people tended to run out of steam and sometimes patience with each other. But at weekend events people are likely to go home on the fourth day rather than seeking help, whereas at a week-long event all the intensity of the last few days is still to...
come, and care spaces should brace themselves for an influx of breakups and existential angst. As the Bloom quote implies, the fourth-day vulnerability doesn’t have to be a bad thing - if the people you’re with are trustworthy, and you have a safe place to take a pit stop.

**Backup for the busy times**

Most care spaces put the same number of staff on each shift. This results in a ‘shift pattern’ that shares out day and night shifts fairly, is easy to remember, and allows shift teams to bond. But it does often mean that teams are stretched very thin on the busy night shifts, especially on Saturday. It’s a good idea to have a backup squad of sitters on call, who are contactable by phone or easy to find. In summer 2017 a sitter told me PsyCare UK was increasingly using ‘floaters’, additional team members who step in if things get hectic. But every care space could benefit from a backup system like this.

**WHERE WAS EVERYBODY?**

Care space visitor numbers were very low at Burning Man’s Zendo and at UK events compared to Kosmicare at Boom. The Zendo in 2014 was particularly quiet, with just 55 visitors (that same year, Kosmicare had just under 400). It became clear that at these events, only a tiny fraction of people who had difficulties with drugs came to a care space. The rest were either unaware, unable or unwilling. I decided to try to find out why.

Burning Man’s distinctive culture of self-reliance and close-knit, supportive camps might have played a part in low Zendo usage. But it didn’t explain the low UK numbers and didn’t seem to be a complete explanation on its own even at Burning Man. Section 4 gives some of the other answers I found, and the last section (which looks at possibilities for the future of care spaces) gives suggestions for what care spaces could do about it.
I wanted to make sure the voices of care space visitors (and others who’d needed help but hadn’t got any) were included in the research.

But, as you can imagine, interviewing them in detail when they came seeking help would have been wildly inappropriate. So I asked survey respondents to tell me the story of a drug-related crisis they’d had at a festival.

They usually started with some kind of explanation of what they thought had gone wrong. The explanations had three central themes.

First of all, problems between friends and/or partners came up a lot. It seems to be a particularly bad idea to trip with an ex, someone you’ve just got back together with or are about to break up with, or an unrequited crush – or when going through a messy breakup even if your partner isn’t with you. Arguments and unspoken issues with partners and friends before taking the drugs could also sour the atmosphere. There was one ‘get out of jail free’ card for survey respondents who’d argued with partners. If they’d also talked honestly about how the physical stresses of the festival were causing tension between them, like Outlaw and his partner, they could still feel secure together and able to help each other when the crisis hit because they knew the argument didn’t mean their relationship was crumbling. For everyone else, it seemed to be a one-way ticket to a bad trip.

Unsurprisingly, the setting also has a strong influence. Not only are many festivals deliberately laid out and decorated to feel ‘mind-altering’ even without drugs (as blogger Adam Wallace wrote about Boom 2014), they can be physically, mentally and emotionally challenging. Rain, mud, cold and extreme heat, the sensory intensity of psychedelic decor and non-stop loud music, being constantly surrounded by crowds, and sleep deprivation can all build up to make you very emotionally vulnerable (and can be a cause of the arguments above).

But people tended to put most emphasis on their own choices – especially decisions about what to take, how much and when. Many said they felt irresponsible, silly or ashamed about taking too much, not drinking enough water,
taking the drugs too soon after the last time, not getting them checked, and so on.

**Blame, shame and invisible problems**

There was something odd about many of these stories. Though they blamed themselves for the crisis, it often sounded as though they’d been doing their best to use the drugs responsibly and hadn’t taken serious risks or particularly large doses. It was as though they were reasoning that crises only happened because you overdid it, therefore they must have overdone it somehow. I began to think they were being too hard on themselves and that it often wasn’t their fault, or not entirely. In the field, I’d observed that there were more factors at work that the respondents usually didn’t notice or take into account.

For instance, as the chart in section 1 shows, the adulterant problem seemed to be more serious than anyone realised and there were usually no checking facilities available.

Another factor, one ordinary festivalgoers couldn’t do anything about, was the way festivals were policed. In the survey, respondents often mentioned feeling fearful or paranoid about police patrols and searches, especially at Burning Man. Several sitters told me they got more paranoid visitors at events with heavier policing. What he called ‘the legal threat of being a drug user’ was what triggered Outlaw’s panic attack, and Firebird worried about getting all her friends arrested if the police realised she was on acid. If anything, it was the respondents who valued responsible drug use that were most likely to freak out about this. But few blamed politics for their crisis and most just accepted the policing situation as a fact of life – though one respondent did write, ‘If drugs were legal this never would have happened.’

**On the whole, respondents tended to blame themselves and feel ashamed for having a crisis. Sometimes this was because they associated drug misadventures with immaturity and inexperience.** They were for ‘the kids’, something you were supposed to grow out of. Interestingly, this doesn’t seem to be true. All the data I collected suggested that although crises do peak somewhat in the early 20s, they can strike at any age, no matter how experienced you are. The oldest survey respondent was 49 and had been taking drugs for 35 years.

**Why is the issue of self-blame and shame so important? One major reason is that it can stop people asking for help.** Ruby was worried that if people thought she couldn’t handle her drugs, they’d decide she didn’t belong in the psytrance scene that meant so much to her.

Sitters are aware of this problem. In fact, many of them think it’s the central reason for low care space usage. They know it’s important to make care spaces unthreatening to enter – for instance, by having a low-commitment social area just outside where potential visitors can meet sitters and chat. But, as the next section shows, most of the survey respondents who wanted care but didn’t get it had a much simpler, more practical problem.

**IMPLICATIONS FOR SITTERS**

**Addressing people’s fear and helping them feel safe is half the battle.** Survey respondents who had a dramatic turnaround or breakthrough usually had a sudden conviction that they were in safe hands around the same time or just before it.

**Never judge or shame visitors, or imply that they brought the crisis on themselves.** They’re probably already judging themselves harshly and may have had to work hard to gather the courage to ask for help. They may have done their best to be responsible, even if they now blame themselves. And they are likely to have come to you rather than the medics or security because they expect peer sitters not to be judgmental.

(There’s more on this in section 8.)
It’s important to have some kind of low-commitment area for visitors near the entrance, like a campfire or other social space. Without having to check themselves in formally, they can meet sitters and get a feel for the atmosphere, pick up on signals like decor and clothing, and realise the staff are fellow scene members, which lets them feel safer about asking for help.

During the research, some people told me they’d have doubts about going to a care space because they’d be surrounded by others who were also having bad trips. Several sitters mentioned this, and recommended having a laid-back social area at the space where people who were having good trips or simply chatting with friends would ‘dilute’ the atmosphere of crisis. All in all, it seems to be a good idea to have several separate areas — a calmer, quieter ‘intensive care’ area for those who are really struggling and some private cubicles as well as the social and/or ‘campfire’ areas — and to make sure the whole space doesn’t have an ‘A&E’-like atmosphere.

Several sitters said the care space decor shouldn’t be ‘too trippy’. They thought the space should be fairly low-stimulus to help people relax. Soft, muted colours without too much pattern, along with gentle lighting, can help create a calm, cozy feeling - but there should be some visual interest, and ideally some sensory toys and interesting objects to examine (and it’s important to convey at least some ‘trippiness’; the next section explains why).

Desdemona thought the care space that looked after her was calming and comfortable except for its dark red lighting, which she said reminded her of ‘danger and blood’.

A passer-by, pointing to the candlelit altar inside the bell tent: ‘Is this a shrine?’
(He continues examining it for a while)
‘I do think you’ve done this really well, actually… when I was off my ‘ead on acid the other night, I looked in there and I really did feel calm… I thought if I went in there I would feel really safe.’

(from field notes at a festival in Wales, summer 2014)
“On the first day, you get the young men who’ve had to bring all the camping equipment probably a long way from the car park, and they may have had to drive five hours to get to the site, but they’ve been able to stop off and get a couple of cases of beer on the way. They eventually drag everything up to the campsite and pitch the tent, and probably they haven’t read the instructions, so it takes them a long time. Then they’re exhausted, but the beer is there. So on the first night we get an awful lot of young male drunks, and I make sure that we’ve got lots of vomit buckets and latex gloves.

On the second day, you tend to get the girlfriends and the drug dealers... and the young men are delighted to see both. They haven’t eaten, they haven’t slept, they’ve had a lot of alcohol, and now the girlfriends have arrived, and the drug dealers have arrived, so they have a happy drug... and probably add more alcohol to that. That’s when we have the unprotected sex, so that’s why we always offer free condoms, particularly on the second night of festivals.

The third day gets messy because now they haven’t had any sleep for two nights, they haven’t eaten for two nights, they’ve had lots of alcohol and some drugs, and this is where they often try to take another drug to counteract the effects of the drug they did the day before. They’re still not going to eat or sleep - if you’ve paid £180 to get into a festival, you don’t want to sleep through it. That’s when they’re likely to do some speed to keep them awake, but it also means they can drink a lot more alcohol without feeling drunk.

Of course the alcohol’s still in the system, so on the fourth day they’ve got the hangover from hell. And this is when you have the emotional problems, because you slept in a tent for three days with somebody you thought you loved, and maybe it’s been pouring down all the time, and the drugs are beginning to wear off or run out. Then one of you turns to the other and says ‘I think we have to talk.’ And really, you don’t... This day, which is usually the Sunday at festivals, is when most of the emotional breakdowns and relationship splits happen.”

“All kinds of weekend festivals follow the same pattern...”

From my interview with Ken, a veteran welfare worker.
Some survey respondents were happiest being looked after by friends, but a
good many others knew there was a care space and would have liked to go but
couldn’t get there.

Lone Rider didn’t want to waste a sitter’s time because he was ‘still in touch with
reality’. But people who have lost touch with reality have often also lost the ability
to get to a care space across the festival site, whether because they’re physically
unable, mentally incapacitated, or both. It’s crucial to make it as easy as possible
for festivalgoers to get to you - but there were many obstacles in the way of doing
this.

Transport to the care space was a much bigger problem than the others
commonly mentioned by sitters, like difficulty asking for help and anxiety about
strangers. Though these did play a role, the most common reason people gave for
not going to a care space was that they simply couldn’t get there.

• This was often a problem of physical mobility (they couldn’t move or were
struggling to walk). Ariadne was a sitter herself and knew she’d get help and a
warm welcome at the care space, but she couldn’t leave her tent due to crippling
stomach pain.

• It could be a mental problem (they couldn’t conceptualise what it would take to
get there). While having a crisis in his camp, Moebius wrote, he was ‘frozen in his
chair’. He believed he had no free will and was predestined to sit there forever. He
was only able to conceive of getting help after the worst had passed.

• It could also be both at once. King of Cups was both in physical difficulty
(vomiting and about to pass out) and highly out of touch with reality (‘everything
became its polar opposite... straight was round, round was straight’, he wrote).
Luckily, his friends were able to carry him to Kosmicare.
What helped the respondents in cases like these

- **Knowing where the care space is** and how to get there. This makes the journey seem less of an impossible task.
- **Shorter and easier journeys** to a care space which is **near the centre of the site**. This helps with mental confusion and also limited physical mobility - friends can only carry you so far. Nightingale wrote about how much she appreciated the Sanctuary at Shambhala (in Canada) being central and well signposted.
- Having had a chance to discover and check out the care space in advance. There has to be natural footfall past the space.
- **Some other way to get to the space besides walking** there themselves. King of Cups’ friends carried him, but a lift would have been even better. At Boom a lot of visitors were brought in by medics and security, while the Zendo sometimes has the Rainbow Bridge art car (‘the psychedelic metro’ as one interviewee called it), which runs between the main dance camps and the care space.

What the mobility problem means for care spaces

When negotiating with festival organisers, it’s worth giving a high priority to:

- **Being positioned as centrally as possible.** The Zendo case study box demonstrates what an impact this can have. Sitters often debate the merits of a central space versus a calmer, quieter space, but because mobility is such a serious obstacle for potential visitors, it’s better to have a central, accessible space - even if it’s sometimes loud and chaotic - than a quiet space which is harder to get to and might end up being severely underused.
- **Being featured on maps**, brochures and ‘survival guides’.
- **Being given transport facilities** like a golf cart, or being able to cooperate with other staff who have them. Because of large-scale drug policy issues, organisers will often push back against requests like these, but it’s worth fighting for them if you’re in a position to.

Having a **roaming team** who can reach out to people in difficulties across the site is also important.

Finally, it can be a literal lifesaver to have good, clear communication and cooperation between all the support staff - sitters, medics, stewards and security - forming an interconnected safety net that spans the festival site. More on this in sections 7 and 8.

CASE STUDY: THE IMPACT OF POSITIONING

During his crisis, Moebius was ‘frozen in his chair’. He believed he had no free will and was predestined to sit there forever.

In 2013, the Zendo care space at Burning Man had a central location with a lot of footfall. They were on the Esplanade (the main street) near major dance camp Fractal Planet. That year they had about 150 visitors.

In 2014 Fractal Planet didn’t attend and the Zendo had to find new hosts, who were much further out of town at 2.30 and E/F, a poorly lit area with very little footfall on the edge of residential camping. Visitor numbers dropped to just 55.

In 2015, partly due to support from the local police, they had two central, easily visible spaces, one at each of the busy ‘keyhole’ plazas on either side of the city. Visitor numbers recovered to around 2013 levels.
How drug policy creates obstacles

Those who have managed a care space will know that in countries with stricter drug policy, these seemingly common-sense practices can be a major struggle to carry out.

Many festival organisers worry about being liable under drug laws (like the US’s 2003 RAVE Act) which can put an end to their event and even get them prosecuted. They don’t want to be seen to ‘condone drugs’ – which can include providing a care space or (worse) a drug checking lab.

If they do let the care space in, they will probably try to tuck it away somewhere as unobtrusive as possible and won’t mention it on maps or brochures. They will resist telling festivalgoers what the space is for. They won’t want to brief medics or security about working with the space, so sitters have to do outreach to these teams themselves (see section 7 for some of their strategies).

There can be major problems getting access to resources like radios, golf carts and even electricity. All of this was much less of an issue in decriminalised Portugal (though one year Kosmicare wasn’t on the Boom map because the organisers forgot).

What’s more, in harsh policy countries fear and suspicion of support staff – sitters and others – creates problems when support services try to cooperate, and makes the transport problem worse. The security team often have the best transport capabilities and radio links on site, so they’re best placed to help less mobile visitors get to the care space. But when almost everyone is terrified of them, being picked up by a security vehicle can be enough to give a visitor a panic attack. (This happened to survey respondent Ana-Suromai, who ended up being hospitalised.) Roaming sitters have similar problems at events with a lot of undercover police, where festivalgoers in difficulty are very wary of admitting they’ve taken a drug at all, never mind going with them to the space.

On the ground at events, sitters and their managers can’t be expected to do much about large-scale policy problems (though section 8 has a few suggestions). This topic is really one for the activists, who are fighting for reform of laws like the RAVE Act. It’s a worthwhile struggle. All the evidence I collected suggests that far from making festivalgoers safer, harsher drug policies are causing considerable harm by restricting access to help and information.
A great deal depends on the first few minutes when a visitor arrives and meets their sitter. But they can be hectic. While figuring out as best they can what the visitor might have taken and how serious their case is, and making a judgment call about what they need, sitters also have to help them feel safe and welcome, make a personal connection with them and try to gain their trust.

How to go about this? While every case is different, I noticed there were three themes to how successful sitters presented themselves. First, they came across as knowledgeable about psychedelics and other drug experiences. Second, they empathised well with visitors. And third, they conveyed an impression of competence, calm and stability.

But one of these was the key: obvious knowledge of drug experiences. It was especially powerful because when sitters communicated it clearly it boosted the impact of the other two, making them seem more empathic and more competent. Those who didn’t have it (especially medics) got perceived as insensitive and dangerously incompetent.

Spaces and sitters with evident ties to psychedelic culture help visitors feel safe to approach. People often checked out the space from a distance before coming in, looking for signals that the care workers would be sympathetic with their situation. Sitters wearing subcultural clothing and care spaces with psychedelic decor imply understanding of psychedelics (whether through personal experience or that of friends and loved ones) even before you start talking, and suggest sitters won’t be judgmental (as they expect the medics to be).

As well as being very important on its own, demonstrating drug knowledge helps sitters come across as more empathic. When I told one visitor some coping strategies for intense experiences like the one she was having, she said ‘It’s like you can see what’s going on in my trip.’ The sensation that I could somehow read her...
mind seemed to help her feel understood, safe and cared for. In contrast, survey respondents associated lack of drug knowledge – for example among medics – with lack of empathy and the risk of being treated unkindly or medicated in unsuitable and harmful ways.

Finally, knowledge of drug experiences boosts the sitter’s apparent stability and calm, not to mention the impression that they know what they’re doing. When a visitor arrives in the throes of an experience which is very strange, frightening or even shameful to them, sitters can help by normalising it. Conveying calmly that the sitter or someone they know has also gone through something like this, that it doesn’t mean there’s anything wrong with them, and that it will end, can be very reassuring for people who feel as if they’ve lost their minds for good. This air of breezy normality was one of sitter Gus’s favourite strategies, and on the flipside, he said it was very important to avoid looking anxious and repeatedly asking the visitor if they were OK. This could convince them once and for all that something was badly wrong.

In contrast, survey respondents often thought lack of drug knowledge went hand in hand with incompetence in other support workers. As King of Cups wrote scornfully, ‘Like a G4S rent-a-cop is going to know what to do with someone in a psychedelic crisis.’

There’s an important caveat: drug knowledge isn’t enough to make a connection if empathy, competence or both are low. One sitter gave a severely paranoid visitor a highly perceptive, well-informed explanation of the state she was in, but it didn’t help because she’d just told him she didn’t want to hear it. He’d empathised with her altered state, but wasn’t tuned in to what she was saying in the moment. (Still, she did investigate what he’d told her when she sobered up, was amazed at ‘what brains can do’ and relieved to know ‘it’s not just me’, and told us she’d resolved to research drugs more before taking them in future. Giving visitors information like this is an important aspect of sitters’ work.)

Conveying that you or a loved one have gone through something similar helps reassure people who feel like they’ve lost their minds

If it’s safe, let visitors know you’re knowledgeable about drugs

The Manual of Psychedelic Support (MOPS) mentions that to be a good sitter it’s useful to have some experience with psychedelics (though it’s not a requirement). But in regimes that condemn drug use, there can be a temptation to play this aspect down in order to seem more respectable to authorities and festival organisers.

My research suggests that, though it can be useful at other times, it’s important not to strive for this kind of ‘respectability’ when dealing with visitors. Personal drug knowledge is such a central aspect of caregiving that concealing it can seriously impair sitters’ ability to work, and make visitors more reluctant to engage. As much as they can, care spaces should embrace and broadcast their peer status. In many drug policy environments it’s still too risky to spell it out to everyone, but do crank up the subcultural signals as much as you can. (Attempts at cover-ups are often unconvincing anyway, so there isn’t much to be gained.)

Broadcast psychedelic knowledge through décor. Some of this must be visible from outside when visitors and potential visitors come to check the space out. The best kind of aesthetic is evidently psychedelic-friendly yet gentle, warm, cozy and not too intense, as the last section suggested.

Both the comfortable environment and the lack of judgment it implies help visitors feel safe – ideally, safe enough to confront and process whatever they’re struggling with. Conveying safety seems to be a decisive factor in turning a case around.
Talking frankly: how to give out drug information and get taken seriously

There's another very important reason why it's a good idea for sitters to present themselves as 'party people'.

Accurate drug information - for instance about dosage, duration, dangerous interactions or how to identify substances - can save lives.

But on the festival scene most sources of drug information have a crippling image problem which destroys their credibility. In the grand tradition of public service films like Reefer Madness, government drug advice (like UK website 'Frank') is seen as propaganda, driven by political agendas and probably wildly inaccurate. This rubs off on advice from the medical profession too. People in dance culture often discover early in their drug-taking careers how alarmist and exaggerated the official advice about 'soft' drugs is, then get in the habit of questioning everything they hear on the topic from any authority figure.

Drug information compiled and distributed by fellow users seems to be the only kind with a chance of being taken at face value. Most care spaces have a drug information stand with non-judgmental leaflets put together by other drug outreach organisations, and a lot of sitters like to geek out with visitors about drug science. My experiences in the field suggested that this was a vital, potentially life-saving aspect of care space work, and should be embraced and developed further.
Familiarity and trust help people in crisis feel safer, and many respondents’ first instinct was to reach out for their friends or partners. This can work very well, but sometimes friends can’t cope on their own, they aren’t around, or they’re part of the problem. In situations like these, care spaces can play a vital role.

**Friends can be great carers - especially with support**

In the survey, comforting familiarity could come from belongings (High Plains Drifter had a favourite camping pillow), well-loved music (Brainstorm recovered from her crisis by listening to Hawkwind in her tent), or the surroundings of your own camp, but especially from **having your own friends around you**. Friends and partners were thought to know best what to do to help, and many participants didn’t like the idea of going to a strange place and/or being looked after by strangers during their crisis.

One way sitters can help here, if the situation is right, is by **providing backup for the friends of the person in crisis**. They can provide friends with advice, tea, water, food, the chance to take breaks, predictions about how their friend’s crisis is progressing and how long it might last, and help to cope with the strong emotions that often go with caregiving.

Cullen and Sinead brought their friend Ferdia to Kosmicare because he thought he was in hell. They’d helped him through similar experiences before and clearly knew how to care for him. My role was to support them practically and emotionally, and to contribute drug-specific knowledge by passing on some coping strategies to Ferdia and letting him know what to expect. He recovered quickly and left in his friends’ company. When
sitters and caring, competent friends worked together, this could bring about dramatic turnarounds and breakthroughs for visitors.

And some people check themselves in as visitors because they need support and care after a gruelling session of looking after a friend.

But sometimes friends are not around

People often lose their friends when a crisis begins, especially if it’s dark or there’s no phone signal, and don’t find them again until the next morning. When Boom visitor Grace’s ‘reality went to pieces’ on LSD, she walked off the dancefloor leaving her friends, her bag and her shoes behind. Ulla asked her two companions to stay with her through their trip, and was upset when they left camp without her. Being lost and alone is a very common theme in people’s crisis stories. Others may not trust the people they came to the festival with enough to lean on them in a difficult experience.

Further, sometimes friends can’t deal with their companion’s crisis, whether because they’re having an intense experience themselves or simply because looking after a friend in crisis is hard, emotionally demanding work.

Merkaba wrote that when he got concussion while on LSD, ‘friends were no help as they were all f*cked’. And Berenice, who was having a blissful trip, wanted to support her friend Natalie who was having a dark, disturbing, nihilistic experience – but upset her because she kept thinking she and Natalie were connected telepathically and Natalie was having as great a time as she was. But sober friends too can be scared and overwhelmed when trying to care for a companion in difficulty, especially if the problem developed suddenly.

And sometimes the person’s companions are the cause of their problem

Simone had been spiked by her partner after telling him she wanted an early night. Daniela’s boyfriend was trying to convince her she was going crazy. Jesse’s girlfriend broke up with him while they were both on mescaline. In the survey, Nevermore became paranoid because of (what she saw as) unkind comments from her friends; Inanna found herself endlessly reliving the argument she and her boyfriend had just had; and Catkin felt stuck looking after her partner although her story suggests his possessive behaviour earlier had been an important cause of her own crisis.

Problems with companions range from arguments and misunderstandings right through to clear-cut situations of abuse. At times like these, it’s vital to have a formal care service that’s always open, where people can talk to someone who’s not involved in their situation.

SUGGESTIONS FOR CARE SPACES

Be open to working with friends, if they’re competent to do it. Especially if they have backup from sitters, they can be the ideal carers.

Because of the familiarity factor, it might be worth exploring the possibilities of sending sitters out on ‘house calls’ to work alongside friends in the person’s own camp (though this would be logistically difficult – more on this in the final section).

But it can also be vital, depending on the situation, to offer visitors a refuge from their friends and a chance to talk to someone uninvolved. Sitters might have to preserve the integrity of the space by asking a visitor’s companions to leave if it becomes clear they’re part of the problem, or create a buffer between visitors and well-meaning but less competent friends (as I ended up doing with Natalie and Berenice).

Some people I talked to about this project questioned whether formal care like that of a support space was really needed, because friends could be such good carers. But my observation suggested that it was. Besides the reasons above, the fact that friends can doesn’t mean they should always have to. This is especially important because the work often isn’t shared fairly. In many friendship groups there’s one person or a few people (they were sometimes called ‘festival mummies’) who always get called upon to do the tough emotional labour of psychedelic support.
In the ideal scenario, all festival support staff work together, communicate freely and contribute resources and skills to form an interconnected, site-wide network. Cases can be referred between services via radio, those with transport can help visitors across the site, and medical assistance is quick and easy to get in an emergency.

Unfortunately, cooperation like this is rare. But when it works it can make the festival experience much safer for everyone.

**Case study: support services cooperating well**

On the last night of Alchemy 2014 (a small event in the UK) a panicked man was running round and round the outer edge of the site. He fell into the marsh next door, scrambled out and kept running, now soaked and covered in pond weed. Two security guards spotted him and set off in pursuit. Their security firm was an unusual one, staffed by longtime members of the free party scene, and unlike most security guards they understood the kind of panic he was in. Catching up with him near the PsyCare UK camp, they dodged a punch, held his arms by his sides and firmly but slowly pushed him to the ground, speaking to him softly and kindly throughout. My shift leader hurried over to them, sat on the ground next to him and talked quietly with him till they all judged it was safe to let him go. He came to our campfire with the shift leader, was given some dry clothes and a blanket, and spent the next few hours there recovering and chatting with the sitters and other festivalgoers. The security guards also spent several hours at the campfire that night, joining in the conversation; because they were known to be scene-friendly, this didn’t seem to bother anyone.

We also worked closely with the medics at that event. Based just round the corner, they brought in people they’d decided were not at medical risk and responded quickly to our radio calls when we found festivalgoers in need of being medically assessed. The care space was in the centre of the site and the organisers were
highly supportive, even providing signposts to the space.

**Everybody benefits from good cooperation**

**Medics’** facilities are set up to deal with as many cases as possible, as fast as possible, like minor injuries, sunburn and dehydration. They don’t have the time, space or staff for multi-hour care of people in a drug-related crisis. If they can send these people to a care space, this burden’s lifted off their shoulders and those of the local hospitals where medics often send cases like these.

**Security staff** - usually unequipped and untrained to de-escalate situations with festivalgoers in crisis – can also benefit from being able to pass these cases on to people who understand what’s going on.

**Festivalgoers** picked up by medics or security, who aren’t in medical danger or behaving aggressively or violently, get to recover at their own pace in a calmer space with understanding sitters rather than having to stay at a medical facility or in custody of security (or be sent to hospital).

And **care space workers** can be called out to cases where their skills are most relevant; can call for help from medics at the first sign of a case escalating, or get security help if a visitor is violent; and receive more visitors, especially the less mobile, with the help of security and medical transport.

But **festival organisers** also benefit because without this kind of integration festivalgoers in crisis are more likely to end up in hospital or being arrested, which reflects badly on their event. One event without a care space got bad press in the local paper when cancer patients at the nearby hospital told journalists they couldn’t sleep due to festivalgoers screaming in the ward next to theirs.

Unfortunately, especially in stricter drug policy situations, there are many complications in the way of the kind of cooperation we had at Alchemy.

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**FIXING THE HOLES IN THE SAFETY NET**

Policy problems and organisers’ liability fears can make it very difficult to get a good working relationship going with other support services. Medics and security will most likely never have heard of you. Security teams may be hostile and untrustworthy. In some jurisdictions, drug laws may even forbid medics to team up formally with care spaces, and there may be mutual distrust between medics and care spaces. And you probably won’t get much help from organisers to raise awareness or help the services connect. These problems are looked at in more depth in the next section.

But here are some strategies that sitters and managers tried:

**Doing outreach with medics and security teams:** Visiting the medical facility or security HQ before the event started, to tell them what the care space did and make sure they knew how to do referrals. One team leader’s favourite way to the hearts of security guards was to bring them salty snacks.

**Spreading awareness among festivalgoers.** Some sitters went on ‘walkabout’ around the festival, telling festivalgoers and crew about the space (especially when it wasn’t on the map) and giving them business cards and stickers.

A further recommendation for within the space is **making sure everyone is comfortable using the radios** to facilitate free flow of communication through the ‘safety net’. In training sessions managers would demonstrate how the radios worked, but this would usually be very brief. In situations where newcomers were likely to be in charge of a radio at some point in their shift, they were given very little time to get clear and confident about using one.

As a result, first-time sitters were often very radio-shy and didn’t know how to check that their radio was working. This could be bad news for potential visitors. At one event, a call from the medics about a referral went unanswered for some time because the sitters on shift thought the radio was broken and didn’t know what to do about it. It turned out that they were just pressing the wrong buttons when trying to reply.

**Clear procedures for when radios fail** should also be in place – for example, if a referral comes in and then your radio runs out of battery preventing you from answering, the rule could be to find someone else with a radio immediately (like a steward) and get them to relay your reply to the right place.
The problem with ‘officialdom’

In jurisdictions with harsh drug policy, most festivalgoers – often including care space workers – fear interacting with anyone official-looking. There’s often good reason for this; security and police can be hostile and adversarial. But anyone they work closely with comes under suspicion as well, including the medics and sometimes even sitters and welfare workers. These suspicions break up the safety net and keep the different services from trusting, communicating with or helping each other – which is bad news for people in crisis.

The survey showed me how deep this mistrust runs. I asked the respondents to tell me which of the standard festival services they’d consider asking for help in a crisis, and to explain their answer if they wanted. Figure 5 shows the results.

Fear of security personnel

The most striking thing is the strongly negative attitudes to security – which was also a serious issue I observed in person in UK and US support networks. Almost everyone who expressed an opinion viewed them with mistrust and dislike. They were outsiders, ‘the bad guys’, and didn’t understand festival culture values. Any interaction with them was potentially dangerous.

Even many sitters are wary of interacting with security.

Sitter Shirley told me she once asked a security guard to let the medics know a man was having an epileptic fit in the dance tent at Boomtown Fair. But he didn’t call the medics – instead he summoned a security detail to search the young man roughly for drugs in the midst of his fit. The man received no medical care.

There are important exceptions to this. Security crews who are part of the festival community – like Burning Man’s Black Rock Rangers, who are all seasoned Burners,
or the team of party veterans who worked at Alchemy in the last section - are trusted far more and their authority is seen as legitimate.

But as a rule, security staff are viewed with fear and dislike, which undermines the integrity of the support network. For one thing - as discussed earlier - it worsens the transport problem for potential visitors. But further, everyone security guards are involved with gets contaminated by fear of them. Worryingly, this often includes the medics.

Respondents were mostly uncertain if they’d trust the medics in a crisis, and this often came down to how close the ties were between the medics and security. Several said they wouldn’t go to a medical facility if they knew security guards spent a lot of time there. They worried about being searched and arrested.

But many others - not just survey respondents but people I met everywhere in the field - had a more general fear of ‘official’ sorts in uniforms. Whether they were talking about the medics, security or police, they worried about a range of problems from being treated badly and judgmentally right up to physical abuse and arrest. Many tried to avoid interacting with these people if at all possible, and when this was forced upon them, they tended to panic.

**Why were people afraid of the medics?**

Besides their association with security and the police:

- They were **expected to be judgmental** of drug users (‘you brought this on yourself’). Dryad, a medical student, said she’d found that other medical students and professionals were closed-minded about drugs.

- Medical facilities are seen as deeply uncomfortable and **unfriendly spaces for those on psychedelics**. ‘It’s all strip lights and high-viz and… aargh!’, one of the artists at a UK festival told me, and many others said something very similar.

- As section 5 showed, they were expected to be **poorly informed** about drug experiences and what to do about them. People worried about being medicated against their will or being denied medication that would help.

**Attitudes to peer care spaces are different**

The survey respondents had a much more positive attitude to peer care spaces (‘PS/HR’) and were more open to asking them for help. Reasons included:

- they **wouldn’t judge**, having probably been through similar experiences themselves

- care spaces are designed by people who **know the importance of set and setting**

- they **aren’t perceived as part of ‘officialdom’**, the way the medics, security and police are

This backs up how important it is to come across as a peer, a scene member and someone who understands drug experiences. However...

**Care spaces and medics need each other**

A care space can’t and shouldn’t exist independently of the medics.

Psyculture’s favourite drugs - the big four ‘classics’ mentioned earlier and other psychedelics - have very low risk of physical harm if the circumstances are right. In an ideal world where festivalgoers had access to unadulterated substances of known purity and strength, were able to control the size of the dose, and had
accurate information, there would be much less need for medical support at care spaces and the majority of problems would be emotional and psychological.

But even decriminalised Portugal is far from that ideal world. Because of the huge range of substances available (many of which were developed because safer, better-understood substances were banned), the even longer and stranger list of adulterants, lack of understanding of what the newer drugs do and how they interact, and the impossibility of judging dose size or strength in advance, medical crises like cardiac arrest do happen now and then. A speedy, efficient medic response can save lives.

Sitter Kitty told me about a medical emergency where a man who had mixed alcohol, Valium and oxycodone had a heart attack at the space. The paramedics got there just in time.

Crisis can also result from pre-existing mental health problems. Time gets fluid and confusing at a festival, and people may run into trouble after forgetting to take their meds. Mental health professionals can help identify these visitors and work out what they need (instead of wasting time waiting for their crisis to ‘wear off’).

On the whole, it makes sense to have at least some medical support at the space – or failing that, close and responsive enough to come to emergency calls within a minute or two. But there are obstacles to overcome. Two things are needed for this to work.

Firstly, care space workers are often wary of medical professionals – some for the same reasons as ordinary festivalgoers, and some because they worry the medics won’t understand the values and practices of the care space. You need open-minded, scene-friendly doctors to work as care space team members – and/or a friendly medical team willing to work closely with you. Some UK teams (like Hardcore Medical) include a lot of scene members and specialise in party health care.

But due to the same fears, the medical staff need to blend in as much as possible, to avoid frightening visitors with medical paraphernalia and uniforms. Some medics understand this well, like one casually dressed doctor I met at Sunrise who called paramedics in standard-issue gear ‘rear admirals’.

At the Zendo, Stella – a sitter, a doctor and the medical shift lead – was working with Veronica, unconscious due to a GHB overdose. Stella displayed longtime scene loyalties (she had long braids, a patchwork coat, and stories of following the Grateful Dead in her youth) and also, more subtly, medical efficiency and expertise. She used a medical kit to monitor Veronica’s blood oxygen levels, breathing and heart rate closely as she recovered, then segued seamlessly into emotional caregiving when Veronica woke up severely distressed – a great example of medical care being combined with psychedelic support in an informal environment.

**KEEP AVOIDING UNIFORMS OF ALL KINDS**

In summer 2014 team meetings, PsyCare UK and the Zendo both discussed introducing some kind of identifying garment (like an armband or a a T-shirt) but decided not to. All my forms of data say that they were right.

People everywhere, in person and in the survey, mentioned uniforms in connection with their fear of medics, security and police. They signalled formality, hostility, and the risk of arrest.

Medics told me they sometimes got mistaken for security guards because their uniforms and torches were similar. The potential patients panicked and ran away.

But I also heard stories about distressed festivalgoers inside medical facilities who were reassured instantly when a sitter showed up dressed like ‘a festival person’.

Any kind of formal uniform will seriously reduce the advantages sitters get from being seen as scene members.

**BE CAUTIOUS AROUND ASSOCIATING WITH SECURITY GUARDS IN PUBLIC**

Apart from the aforementioned unusual situations in which everyone trusts the security team, potential visitors will notice if security staff are hanging around the care space. Some survey respondents gave this as the reason they wouldn’t go to the medics, and similarly, they’ll be less likely to come to you for help.

This is a difficult part of having a closely integrated ‘safety net’. Being able to work with security has big advantages in terms of communications and transport – but it’s best not to be seen to be too friendly.
However dedicated they are, care space workers can only fix so much of this situation on their own.

Having given all these suggestions, it seems important to acknowledge this. A lot of what’s holding psychedelic support and harm reduction projects back is not their fault, and a good deal of it is outside their direct control. One of my main arguments in the thesis and the book is that many of the problems come down to the effects of drug law and policing in different countries and regions, and that these overarching systems need to change before real progress can be made.

Because of the political situation, some of the suggestions in the document are easy to put into action (if your space isn’t doing them already), but others are very difficult, especially in places where drug laws are harsh. They’re included here more in a spirit of ‘if you have a chance, try to negotiate for these’. Some even seem incompatible with each other in the harshest policy situations (for one thing, being well integrated with other on-site staff is hard to balance with presenting yourselves as a peer-based, informal service).

My research made me realise that no matter how hard care spaces try, there’s a certain amount of drug harm at festivals that isn’t going to go away unless the larger systems change. And indeed many of the sitters I met were also activists, campaigning hard to bring about a political shift that would make things easier for care spaces in the field and help them reduce harm.

There’s much more about the big social factors like how policing affects care space work, why adulterants are so common, and how tough drug laws change the ways drug dealers do business (in short, they don’t reduce it, just make it riskier for sellers and buyers) in the forthcoming book. You can also hear more about this in my papers and talks listed at the back of this document.
FUTURE POSSIBILITIES

It’s important to have plans and priorities to put into action in potential post-prohibition futures, however distant those futures might seem. While working at the festivals, I tried to imagine what psychedelic support might be like at events in a world with low legal threat and high trust.

In such a system, some sitters could work like midwives or old-fashioned family doctors, calling on visitors in their own camps. A friend of the person having a crisis could alert the care space through a steward or someone else with a radio. Sitters could arrive with a kit bag (snacks, flask of tea, electrolytes, trip toys, a blanket, information leaflets...) and work with the person’s friends in their familiar environment. Mobility wouldn’t be so much of an issue; the person in crisis could adjust to having a stranger around; their friends could get advice, reassurance and practical backup; and if the friends became overwhelmed or exhausted, transport to the care space could be arranged. I saw this work well at one UK event when a veteran sitter went to sit with someone in their own van.

But thinking about putting this into practice on a larger scale shows up how much else would need to change, especially in the US and at bigger UK events, to make this possible. In the meantime, fighting for better transport and more central positioning might be the best care spaces can do.

Some writers have described the Zendo at Burning Man as a ‘teaching hospital’, where would-be psychedelic therapists can learn skills from each other. They hope that this kind of therapy will eventually become legal. But right now, when trust of care workers is low and spaces are underused, this role of care spaces is already very important. Sitters who mentor each other through the cases they do work on, and document what worked and what didn’t, can then share their knowledge through publications like the Manual of Psychedelic Support (MOPS) or run workshops at events (as PsyCare UK plan to do this summer) and empower people to be good sitters for each other.

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Endnotes


If you’re interested in the academic sources I used, send me a message at https://www.triphazardsbook.com/get-in-touch/ and I’ll send you a short bibliography of the best and most relevant stuff (and maybe some PDFs).
The Mystical is Political: festival crowds, peer harm reduction and the sociology of the psychedelic experience
What does being on psychedelics have in common with being in a large crowd, and what does that tell us about the role of festivals - and care spaces - in society?
Published in Neurotransmissions: Essays on Psychedelics from Breaking Convention (2016).

Get a cheeky PDF from my own site: https://www.triphazardsbook.com/writing-and-talks/
Or buy the anthology, which is full of good stuff (from Strange Attractor Press; search the book title on Amazon).

Wearing Down of the Self: embodiment, writing and disruptions of identity in transformational festival fieldwork
A paper about psychedelic sitting, the difficulties of doing field research in actual fields, and catastrophic collapses of the ego.
Published in Methodological Innovations (August 2017). This is an open access journal with no paywall - you can read, download or share the PDF free.
http://journals.sagepub.com/doi/abs/10.1177/2059799117720611

The harms of prohibition: on the frontline of ‘Psychedelic A&E’ at transformational festivals
Stories from my fieldwork, the history of harm reduction, how care spaces work, and how drug policy and policing in the UK and the US is making things worse.
Breaking Convention 2015, University of Greenwich, UK.
https://vimeo.com/137262644

Drug checking, policy and harm reduction at festivals
A tale of two care spaces in different countries, dealing with two strange new substances - and an argument for why drug checking facilities are so important.
Criminology Common Session conference, 2015 (theme: ‘Crimes Against Reality’), University of Hamburg, Germany.

Everything I’ve said in this booklet has a story (and a hefty chunk of research) behind it. If you’ve been left wanting to know more about any of this, please do get in touch, join the mailing list, and get yourself a copy of the book when it’s out. Thanks for reading - maybe I’ll see you in a field somewhere.

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