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Harm Reduction at Music Festivals - How Peer Organisations Support the Wellbeing of Partygoers

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<p>Drug use is a phenomenon occurring in society despite its legal status, and especially recreational or occasional use seems to be prevalent across a wide social demographic. The context of this thesis is recreational drug use in events and festivals, as there seems to be a need for harm reduction and risk minimization services in these events.</p> <p>As drug use can be described as an inherently risky activity, the intention of this thesis is to discover different harm reduction methods used in harm reduction and risk minimization services, as well as introducing the context of harm reduction and risk minimization in general. This thesis explores, what the effects of harm reduction services are on the individual and on the wider community, and how these services are conducted in practice. The main aim is to give a voice to the clients and volunteers of a harm reduction and risk minimization service that operates at festivals and events in Finland.</p> <p>Theoretical background for the thesis comes from the harm reduction and risk minimisation field, and relies heavily on human rights, first introducing the context and culture of recreational drug use, and then moving onto the harm reduction paradigm, as well as providing an overview of peer and volunteer organization theories. It seems evident that harm reduction services are set upon informality, experts by experience and empathy as the leading concepts.</p> <p>The study was conducted together with Hoivakotilo ry, a Finnish grassroots harm reduction organization facilitating harm reduction services at festivals, through semi-structured interviews of the clients and volunteers of this mobile service, during summer 2019. The sample was a non-probability selective sample of volunteers, clients who had become volunteers, and people who had been clients of this service. Interviews were implemented through the internet.</p> <p>According to the results, harm reduction services are much appreciated in these events; social, emotional and spiritual support, a safe space and empathetic non-judgemental approaches towards peers as clients are keys, as well as proximity, informality and expertise by the peers who come from the same culture. These services have an overall positive impact on the event, as well as the individual's wellbeing. Furthermore, the results can be utilized in other services, and applied into practice with many client groups.</p>	
Keywords	drugs, substance use, harm reduction, risk minimisation, low threshold, grassroots organisations, informality, experts by experience, recreational use, wellbeing

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<p>Laittomien päihteiden käyttö on yhteiskunnassamme yleistä sein laillisuusstatuksesta riippumatta, ja etenkin satunnainen tai niin sanottu viihdekäyttö näyttää olevan suosittua läpi yhteiskuntaluokkien. Tämä opinnäytetyö sijoittuu viihdekäytön kontekstiin; festivaaleille ja tapahtumiin, joissa on tarve, tai pelkästään annettu mahdollisuus haittojen vähennyspalveluille. Koska huumeidenkäyttöä voidaan kuvailla sellaisenaan riskialttiiksi toiminnaksi, tämän opinnäytetyön tarkoitus on tutkailla erilaisia haittojen vähennysmetodeja, joita riskejä minimoivat palvelut käyttävät, sekä esitellä haittojen vähennys itsessään kontekstina – tämä opinnäytetyö tutkii, millaisia vaikutuksia haittojen vähennyspalveluilla on yksilön ja laajemman yhteisön kannalta, ja miten näitä palveluja toteutetaan käytännössä.</p> <p>Opinnäytetyön suurin tavoite on antaa ääni tämän Suomessa eri tapahtumissa toimivan haittojen vähennyspalvelun asiakkaille, sekä palvelussa toimiville vapaaehtoisille. Teoriatausta pohjaa vahvasti ihmisoikeuksiin, sekä haittojen vähennyksen ja riskien minimoinnin teorioihin – ensiksi esitellään viihdekäytön kulttuuri ja konteksti, josta siirrymme haittojen vähennykseen. Työ avaa myös vertaisuuden ja vapaaehtoisuuden teorioita – käy ilmi, että haittojen vähennys pohjaa vahvasti epävirallisuudelle, kokemusasiantuntijuudelle ja empatialle.</p> <p>Tutkimus toteutettiin yhdessä Hoivakotil ry:n kanssa. Hoivakotilo ry on suomalainen haittojen vähennysorganisaatio, jonka toimintametsodi on festivaaleilla toimiva haittojen vähennyspiste. Tutkimusmetodinä käytettiin teemahaastatteluja palvelun vapaaehtoisten ja asiakkaiden kanssa, kesällä 2019. Haastateltaviksi otettiin sekä asiakkaita, vapaaehtoisia että asiakkuuden kautta vapaaehtoisiksi ryhtyneitä. Haastattelut toteutettiin internetin välityksellä.</p> <p>Tutkimustulosten mukaan haittojen vähennyspalvelut ovat hyvin tervetullut lisä näihin tapahtumiin – ne tarjoavat sosiaalista, emotionaalista, ja henkistä tukea, sekä turvallisen tilan ja empaattista, tuomitsematonta kohtaamista vertaisia kohtaan; kuin myös palvelun helppoa tavoitettavuutta, epävirallisuutta ja kokemusasiantuntijuutta niiltä jotka kuuluvat samaan kulttuuriin. Palvelulla on suotuista vaikutus tapahtuman ilmapiiriin kokonaisuudessaan, samoin kuin yksilön hyvinvointiin. Näiltä palveluilta voimme oppia paljon, ja hyödyntää tätä tietotaitoa käytännössä monien eri asiaksryhmien kanssa.</p>	
Avainsanat	huumeet, päihteet, päihdetyö, haittojen vähentäminen, matala kynnys, kokemusasiantuntijuus, epävirallisuus, viihdekäyttö, hyvinvointi

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1 Introduction

Drug use has been a part of the Finnish society for decades, if not centuries – as Salasuo (2004) writes, different “waves” of drug trends and phenomena can be identified, out of which the 1960’s and 1990’s would have stood out as the “peak” times. Now, in the era of internet, globalisation and designer drugs, drug use is widely spread, if not more prevalent than ever, and widely discussed.

As Mikkola and Seppälä (2004) already pointed out back then, drug related social services were, and still are, mostly aimed towards problematic users; so-called addicts, people whose drug use poses direct threats to their wellbeing and health. Harm reduction services have been aimed towards these people too, including substitute treatment, or syringe and needle exchanges. Nowadays, harm reduction services are being aimed even at recreational users, and this is the discourse I am mostly interested in; as Aldridge, Measham and Parker found out in their research (2001), over three-quarters of recreational drug users take one or more steps to minimise the harmful effects of their drug use.

Since recreational, non-problematic use is the most common way of using drugs in Finland nowadays (Hakkarainen et al, 2019), I was set to find out, what are the needs of this wide demographic – and what are the solutions and services created. I wanted to take a more pragmatic, non-judgemental, and non-interfering standpoint, and thus ended up researching the harm reduction principles in this context.

Harm reduction as a frame work is such a new one, and especially when implemented in the recreational context – it is a very current and fresh way of thinking, trying to ensure the wellbeing of the people who decide to use drugs; and with things like injection rooms, pill testing and mobile harm reduction services being piloted or even discussed, it is a very current phenomenon (THL n.d; Martin, 2019).

My thesis is created with the intention to recognize phenomena in the field of recreational drug use; to introduce a harm reduction model into this context; and to research what impact said frame work then has in practice on the individual and community level, and how it is implemented.

To research further, this thesis will be exploring the effects these services have on an individual and context community level. What will also be discussed, is the practical work itself, since the field is such a new one, and all information is needed.

Whether it be a future volunteer of said services, a healthcare and social work professional or a recreational drug user themselves, I hope this thesis will shine a light on an important issue, resolve some of the taboos surrounding recreational drug use, and provide valuable information on how to meet said client groups and individuals; highlighting their needs and the practical implementation of the work.

2 Context of the study

2.1 Drug Policy and Recreational Drug Use

Drugs, or illicit substances, are used by many people – according to Tilastoraportti (Hakkarainen et al, 2019), lifetime prevalence of drug use (having used or tried drugs once in their lifetime) in Finland is nowadays around 45% among the general population of adults, and according to World Health organization, only 10% of drug users are considered to be addicted, or their use is considered to be harmful. This means, 90% of drug users are considered to be occasional, or recreational users.

In most countries the use, possession and/or distribution of drugs is considered illegal, and is criminalized – in Finland, all of this is criminalized and policed, which poses difficulties when dealing with harm reduction (EMCDDA, n.d.), and when even talking about recreational drug use or risk minimization – the illegality of drug use makes drug related problems a taboo, unless addiction is admitted. As the Ministry of Social and Health Care (Sosiaali- ja terveystieteiden ministeriö, n.d.) has outlined, the treatment of drug related problems is mostly focused on treatment of addiction, and prevention of addiction – followed by policing and preventing the distribution and demand of drugs. This, among with what Mikkola and Seppälä (2004) clearly emphasize, puts recreational drug users and their problems in a marginalized group, even though they are the vast majority of users nowadays, and these might be the reasons why it is very difficult to gain accurate data on recreational use and users.

Recreational drug use refers to the use of illicit substances in a way that does not interfere with normal life, cause addiction or withdrawal and is “under control”, happens only

once in a while and in settings thought to be “special”, like parties, festivals or other social interactions - recreational use is also thought to bring “more benefits than harm” (Mikkola, Seppälä, 2004). Usually people who use drugs recreationally are considered to have jobs, and use a class of drugs considered as “party drugs”, which usually include MDMA, cocaine, amphetamine, LSD and other psychedelics, and cannabis (Winstock, 2018; Buecheli et al, 2011). Carvalho et al. (2014) defines the recreational use environments mostly as formal or informal settings, typically with friends, and for pleasure; it is considered non-problematic use.

Different classes of drugs pose their own risks and harms, even when taken recreationally, and this is why there should be services targeted at recreational users. Nowadays, the drug discussion is very polarized, as Adam Winstock points out in his speech at Päihdepäivät (2018) - it is either liberal or constricted, which poses another issue when dealing with informed information about substance use; drugs are either seen as inherently bad, things that you should not do at all, or glorified by users and enthusiasts, providing information that can be biased.

2.2 Demographic of Users

As can be seen from this year’s Tilastoraportti (Hakkarainen et al, 2019), lifetime prevalence of drug use amongst 15-34 year olds in Finland in 2018 has increased to 45%, meaning almost every second young adult has tried drugs in their lifetime – and as can be seen from the yearly and monthly use prevalence, which are much lower, drug use is mostly occasional, one-time use or so-called “responsible use” amongst this demographic.

Drug users are a wide, heterogenous demographic, as are drugs - we cannot necessarily pinpoint a certain age, gender, socio-economic status, or even effects of the drugs ingested (Buecheli et al, 2011). Instead, we can define a broader user demographic - certain risks associated with certain substances, or ways of ingestion (Mikkola, Seppälä, 2004), and certain subcultures where drugs are more liberally ingested. Within these cultures, we can define events where drug use is mostly taking place (Carvalho et al, 2014), thus declaring the need to provide onsite services at these events, and thus further defining the user demographic into the average attendee at these events.

Moreover, from Buecheli et al.'s research (2011), and Carvalho et al.'s research (2014), we can draw some basic conclusions about drug users in recreational settings; they are usually young adults, looking to have a good time, with potential polydrug use – usually, these people do not use drugs on a daily basis, but have vast experiences of different substances on different occasions.

As Mikkola and Seppälä state in their book “Huumeet internetissä ja nuorisokulttuureissa” (2004), it is important to understand who drug users are, what they use and what cultures they are used in - only this way, we can effectively provide them with specific services and information they need, where they need it the most. They also underline how recreational users have been forgotten in the development of preventative and early intervention drug services, even though this “style” of drug use is widespread and even emphasized in their research. They also mention, that recreational users are the ones least in contact with health and social care professionals, which poses a threat to this demographic of drug users; they get marginalized and misunderstood, and they might not get the healthcare or social services they require. They might have misinformed views about drugs or drug use, or as mentioned by Järvi, at the ending seminar of Muunto-hanke (Ainetunnistuksen aika-seminar, 2019), even misconceptions or lack of knowledge, either about the substances they are using, or the way they are using them. It is important to know the effects of a substance in advance, to be mentally and physically prepared to the experience about to unfold.

2.3 Context of Recreational Drug Use

According to Burkhart et al (2016), drug use amongst active nightclub goers is 4-25 times higher than amongst general population – meaning, this is mostly the context of recreational drug use; as Carvalho et al (2014) would put it, an informal or formal setting, usually amongst friends.

According to Buecheli et al.'s research (2011), so-called “party culture” is posing new challenges to the harm reduction scene in the form of popularity of so-called “party drugs” - substances usually taken at parties. In 2003 “partying” was mentioned as one of the main leisure activities among youngsters in Zürich, and people going to night clubs have shown higher levels of drug use. 42% of these people report occasional use, and 6% daily use - this highlights an important issue in harm reduction; reaching people where they are, and where drugs are consumed. In Zürich, this form of harm reduction services

was conducted through a drug checking service, that also offered counseling and information on drugs. This research by Buecheli et al. was able to pinpoint the social demographic of such service users, and highlight problems such as poly drug use amongst the demographic. The researchers also found, that during the years of collecting data, offering counseling and drug checking services, poly drug use seemed to be decreasing - as did the consumption of amphetamines and ecstasy in general.

Aldridge et al (2001) also mention poly drug use, and another defining characteristic of the recreational drug use culture in the clubbing scene; the tendency towards experimentation. In their research, Viagra was being used by 3% as a recreational drug in the club scene, and within weeks of it being legalized (in the UK).

Mikkola and Seppälä (2004) along with Salasuo (2004) raise the point of different drug use cultures, and especially the importance of the techno and rave culture, in which drug use seems to be more prevalent and accepted than elsewhere. Furthermore, Ruane (2018) has conducted his whole research in a culture he refers to as “dance culture” and “psychedelic trance culture” - a scene of transformational events, often enhanced by recreational use of substances.

Mikkola and Seppälä (2004) also mention that by conforming to certain groups and differentiating themselves from other groups, recreational and other drug users form social norms around their drug use - meaning, that drug use becomes socially policed - there are certain rules to the style of use, occasion of use, and substances that are accepted. This is a form of harm minimisation performed by the peers themselves - they share information amongst each other, and even stigmatize certain use (IV use, heroin, prescription medication). These groups also want to stand out from so-called “junkies” (addicts) and clearly differentiate themselves from them. These peer groups have started forming services among themselves, as can be seen through different research (Buecheli et al, 2011; Carvalho et al., 2014; Ruane, 2018)- these are all harm reduction and risk minimisation services aimed at festival goers and attendees of the events they operate in. Since most recreational use happens at events and special occasions (Mikkola, Seppälä, 2004; Carvalho et al, 2014; Buecheli et al, 2011), the importance of such low-threshold outreach services is highlighted.

2.4 Why do people do drugs?

Ruane (2018) along with Curran et al (2013) pinpoint reasons why drug users take drugs in the first place - in the end, they must bring some benefits, otherwise they would not be taken. Perceived benefits of drugs were seen as connectedness, sociability, enjoyment, state of mind, pain relief, anxiety relief, help concentrating, help sleeping, feeling relaxed and changes in body appearance, along with others. Ruane describes his findings, writing that people who choose to take drugs, usually do it to help them feel confident and open, in the moment, to “feel the vibe”.

Thus, recreational drug use can be seen as enhancing an experience - in fact, Curran et al. found out, that most illicit substances had more perceived benefits than they did risks or harms. Furthermore, as found by Carvalho (2014), only about 0.6-1% of festival goers ended up in Kosmicare crisis intervention facility - meaning, that only a minor amount of possible clientele actually had an uncomfortable experience whilst under the influence. In fact, even Mikkola and Seppälä (2004) coin the term “beneficial use”, meaning recreational drug use with the intention of benefiting, meaning that the use has perceived positive long term effects. They also mention therapeutic or philosophically inclined use, especially in the context of psychedelics. Other motivations mentioned include curiosity, and the search for altered states. It is important to keep in mind the different motivations and outcomes of recreational drug use, to better understand the logic behind harm reduction, and recreational drug use in general.

Furthermore, Bourne et al (2018) conclude in their research, that drug use may have even positive effects on the wellbeing of otherwise stigmatized or marginalized individuals and groups, when used as a mutual recreational activity – essentially, it can bring people together, and provide a recreational platform to socially connect with peers.

2.5 Working life partner Hoivakotilo ry

My working life partner, Hoivakotilo ry is a small grassroots harm reduction organisation, organising low threshold services including peer support, information, minor first aid and “psychological first aid” at festivals and events in Finland – both, to recreational drug users and non-users. Bilehoiva Kotilo (further referred to as “Kotilo”, the service organised by Hoivakotilo ry) was founded in 2015, and is based on the principles of harm reduction, risk minimisation and psychedelic help, coined by Levente Moro. Levente’s

research and practice has had a big impact on the workings of Kotilo, and his model of DAT2 Psy Help has been the inspiration for Kotilo as well. He was also the initial volunteer trainer of the organisation. (Järvenpää et al, 2016)

Bilehoiva Kotilo operates on a complete volunteer basis – nobody in the organisation is getting paid for their services, and they had around 50 volunteers as of 2016. Founding member of Kotilo, Nahkuri mentions in the Bassoradio interview (Back 2 Mad radio show, 2017) though, that the amount of volunteers is increasing every year. Volunteers of the organisation are mostly peers, people who go to festivals want to support other festival goers and integrate their tough experiences, and people who usually have first hand knowledge and experiences of some drug-induced experiences – some of the volunteers are students and professionals of the health and social care fields. The volunteers are also trained to respond to so-called psychedelic emergencies, and to also give minor first aid, and peer support in general. The most important thing emphasized in the selection of volunteers is their empathy, and ability to connect with people going through crises.

The most visible part of the organisation is the Bilehoiva Kotilo -tent they have at some events and festivals throughout the festival season in Finland, usually set up in a peaceful location or near the physical first aid tent. This tent provides 24 hour support, and the volunteers work on a rotating roster. The main intention of this tent is to offer a place for people dealing with a tough time – to have a rest, someone to talk to, warmth, snacks, water and information. As Järvenpää (2019) mentions, projects like Kotilo or their equivalents abroad, are not only offering crisis help – the mere existence, and festival goer knowledge of existence of said services, could be enough to improve the “set and setting” at the festival.

Kotilo operates in a non-judgemental, acceptance-based way – and other core principles are dialogue, participation, equality, reliability and innovation.

As Nahkuri mentions in the Bassoradio interview (Back 2 Mad radio show, 2017), hundreds of people per festival use their “front of house” service (providing information, snacks, electrolytes etc, things to keep the punters going), and the crisis service or “sobering point” (“Selviämispiste” as Nahkuri says in Finnish) is used by tens of people per festival. One of the main reasons people come to the Kotilo tent is an intoxicated state – other reasons might include lack of sleep, acute mental health problems, or personal

crises, like breaking up with a partner or having arguments – basically any problem that the person in question feels like they need a “break” from during the festival.

Hoivakotilo ry is funded by Ehyt ry by annual grants, that they have received in 2018 and 2019. Ehyt ry then again is funded by STEA (Sosiaali- ja terveystieteiden avustuskeskus, ex RAY, Raha-automaattiyhdistys).

The reason why I wanted to partner with them is, that there seems to be no other organisations or entities working together with people who identify as recreational drug users, accepting them for who they are and choose to be, providing crisis support and working based on the harm reduction and risk minimisation principles. As Kotilo themselves describes in a grant application to Ehyt ry, they are the first organisation providing said help in Finland.

Hoivakotilo ry does not have webpages, since they are under construction, so information search has focused mainly on articles, videos and radio podcasts, and also personal observations and experience, and discussions with the funding member of Kotilo, Nahkuri himself.

3 Harm Reduction and Risk Minimisation

Harm Reduction International defines harm reduction to refer to “policies, programmes and practices that aim to minimize negative health, social and legal impacts associated with drug use” (Harm Reduction International, n.d.). Moreover, they state harm reduction to be grounded in human rights: harm reduction focuses on creating positive change and working with people free of judgment or discrimination – or the requirement of having clients quit drug use in general. Harm Reduction International also states a few examples of health and social services included in the harm reduction field, out of which my thesis will be focusing on psychosocial support and the provision of information on safer drug use – as Harm Reduction International (or HRI) stresses, approaches like these are “cost-effective, evidence-based and have a positive impact on individual and community health”.

The main goal and final aim of harm reduction and risk minimization is to ensure the wellbeing of people who decide to do drugs (HRI, n.d.). Winstock (2018) mentions information as the key element in harm reduction - providing current, up to date and easy to

understand information on substances, but leaving the final decision to the user themselves, is enough to reduce the risk of them ending up in emergency services; it might cause them to use less, but more importantly gives them the opportunity to make informed, conscious life choices - a right every human being should have. As Harm Reduction International mentions, harm reduction approaches are facilitative, and don't want to interfere with a person's individual choice whether to use drugs or not, and aim to reinforce positive changes - possibly even maximize any potential benefits an individual might gain from their drug use.

Mikkola and Seppälä (2004) also describe different methods the drug user cultures themselves have created to minimise risks and harms; these include limiting use to special occasions, reducing the amount consumed and/or having breaks inbetween uses, using "trip sitters" (especially described during the use of psychedelics - trip sitter refers to a sober individual taking care of the one under influence, and possibly guiding them through the experience), stigmatizing or not socially accepting certain methods of use, and in general taking care of oneself physically whilst under the influence (eating, sleeping, drinking enough; having vitamins and supplements). Also, to avoid physical harm or damage, in the form of injecting, nasal damage, or possible interactions with medications or other drugs, information and education is mentioned as a key element - the more the user is wary of drug interactions or safe use, the less damage will be done. Overall, Mikkola and Seppala conclude, that recreational drug users want to take care of themselves and their peers - they also write that the most important way to reduce harm is to minimize marginalization. In their research, it is clearly shown that not all drugs pose the same harms and risks, and thus it is important to spread awareness of harms associated with the substance in hand from a client-based view - to provide the individual with better understanding, for them to be able to make informed decisions. It is also important to know the substance in question from a caretaker point of view, to be able to adjust care and methods due to the effects of a substance in hand (including duration, side-effects etc; Carvalho et al, 2014).

Aldridge, Measham and Parker (2001) state in their research about the British club scene, that over 77% of drug users take one or more measure to reduce the harm done by their recreational drug use – things like eating and sleeping well, taking vitamins, changing their drug use patterns, getting support from friends and family and taking care of their state of mind were mentioned as popular methods.

As Tammi (2007) differentiates, there seem to be three different ways of perceiving harm reduction: the professional public health-focused view, a mutual help and identity movement view, and a global justice view. All of these views provide important knowledge and standpoints about the harm reduction field, and all of them should be taken into account when talking about harm reduction strategies.

3.1 Human Rights

As Harm Reduction International (n.d.) states, harm reduction is deeply rooted in human rights. Their main principles include respecting the rights of people who use drugs – it is in the core of harm reduction to treat people who use drugs with dignity and compassion, to realize, they are entitled to all their human rights despite of their decision to do drugs. People who do drugs remain entitled to their “right to life, to the highest attainable standard of health, to social services, to privacy, to freedom from arbitrary detention and to freedom from cruel, inhuman and degrading treatment, among others”.

Harm reduction as a principle aims to address discrimination, and to ensure nobody is excluded from the health and social services they need, because of their drug use, or any other means (gender, race, gender identity, economic status etc). The threshold to such services should be low, including the barriers of discriminatory regulations.

Another aspect of harm reduction is the avoidance of stigma – practitioners accept people who use drugs as they are, where they are in their lives, without judgement. Practitioners should also be aware of their language and terminology, and attention should be paid to terms like “junkie”, or divisions between “good and bad drugs” – harm reduction is about breaking stereotypes and barriers, and giving every individual the chance to be met and heard, and to make their life choices themselves. (HRI, n.d.)

As far as human rights are concerned, every human, despite of their drug use, has the right to life. One goal of harm reduction is this – to keep users alive, and protecting their health. As Tammi (2007) would conclude, harm reduction has its roots in pragmatism, human rights and public health perspectives – instead of the criminal perspective of how to see drug use. He pinpoints, that it is important to see the user as an active participant, an individual with participatory rights and responsibilities.

3.2 Harms and Risks of Recreational Drug use

As European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) puts it in the newest European Drug Report (2019):

“The use of illicit drugs is a recognised contributor to the global burden of disease. Chronic and acute health problems are associated with the use of illicit drugs, and these are compounded by various factors including properties of the substances, the route of administration, individual vulnerability and the social context in which drugs are consumed. Chronic problems include dependence and drug-related infectious disease, while there is a range of acute harms, with drug overdose the best documented of these. Although relatively rare, the use of opioids still accounts for much of the morbidity and mortality associated with drug use. Injecting drug use increases risks. In comparison, although the health problems associated with cannabis use are clearly lower, the high prevalence of use of this drug may have implications for public health. The variation in content and purity of substances now available to users increases potential harms and creates a challenging environment for drug related responses.”

This sums up the risks associated with drug use very briefly; noting that dependency, and chronic and acute adverse health effects are always the main concern, and present even in use that is considered recreational. Since dependency itself is a major public health concern, and affects the quality of life of the person themselves, the major work is done in addiction prevention (EMCDDA, 2019).

The risks and harms posed by drugs have many different definitions. Mikkola and Seppälä (2004) mention for example emotional and psychological harms (depression, anxiety, psychosis or other mental health issues), dependence and withdrawal, bingeing (meaning consuming increasing amounts in a short period of time - during which the harms caused also increase), social harms (character changes; challenges with family), adulterants and possible overdose/adverse effects, physiological risks (effects of the drug or ingestion method; forgetting to eat, drink, sleep or otherwise being incapacitated). Also acute effects like “bad trips” or otherwise uncomfortable experiences whilst under the influence of psychoactive substances, are mentioned by Carvalho (2014) and Buechli, Hungerbuehler and Schaub (2011). The latter also describe a harm mentioned by recreational drug users themselves; dealing with the police or other authorities.

Aldridge et al (2001) noted, that almost half of their research interviewees reported some sort of problem that they linked to drugs or alcohol – almost a third linked problems to a specific drug (speed). In their research, interviewees reported concerns and worries about the long-term effects of their drug use, especially in relation to using ecstasy, even though most of them linked problems to amphetamines. 85% of interviewees had cut

down or stopped the use of a certain drug.

In their research, Curran et al. (2013) asked drug users to describe the harms of their drug use based on different criteria; short- and long-term physical risk, risk of injecting (which can be seen as risk of addiction and secondary health consequences), risk of physical and psychological dependence, risk to society and risk of bingeing. Different drugs had different “rankings” based on this theory, meaning they all pose unique risks and threats – it is important to know which drug we are talking about, before drawing conclusions about the effects or consequences, risks included.

Carvalho et al (2014) and Buecheli et al (2011) also point out another important issue of recreational drug use: poly drug use, meaning mixing of different substances. This seems to be a characteristic of recreational use, and poses more than one risk - if misinformed use of one substance can be risky, mixing two or more becomes even riskier. Different drugs pose different side effects, and as she mentions, mixing may imply effects - also, some drugs mixed with others are known to be lethal. This brings the point of drug checking facilities even more into the picture; as mentioned by Mikkola and Seppälä(2004), and Järvi during Ainetunnistuksen aika-seminar (2019), users don't always know what their substances are in fact, and mixing two unknown substances always poses the possible threat of an overdose or death.

Aldridge et al (2001) found out, interestingly, that the social demographic of recreational drug users seem to have a tendency towards experimentation – this may pose risks in the form of combining different drugs, or using novel or new substances

As by definition, recreational use is considered to be use that already poses minimal adverse health and social harms (Mikkola, Seppälä, 2004), I won't go too much deeper into the harms, risks and costs of addiction – but want to keep in mind that even though these two ways of using drugs seem separate, there might only be a fine line between them. Adverse health effects increase, when amounts and frequency of use increases, and different drugs pose different initial effects to begin with, out of which some might be considered harmful, especially with frequent use, and might interact with the effects of other drugs, in the case of poly-drug use (Buecheli et al., 2011; EMCDDA, 2019; Carvalho et al, 2014). With addiction, the social and mental wellbeing of the individual is affected; they are in the risk of marginalization, and cannot function properly as a part of society – this is exactly what harm reduction is battling against (HRI, n.d.).

3.2.1 Reducing Mental harm

Mikkola and Seppälä (2004) discuss the different harms and risks considering drug use in their research – and mostly, recreational drug users seem to be dealing with mental health issues, ranging from depression to anxiety, to psychotic episodes. Buecheli et al's (2011) research supports this finding, with most of their respondents mentioning mental health problems as one of their main issues resulting from recreational drug use – according to Aldridge et al's research (2001) furthermore, getting support from friends or family, and taking care of one's "mental frame" were reported as methods of harm reduction performed by the individual.

As Carvalho et al mentions in their evaluation research (2014) of the Kosmicare service (a on-site mobile outreach harm reduction service) at Boom festival, their crisis intervention service is designed to reduce the risks involved with the use of psychoactive substances (drugs) and mental illness, including "bad trips" and other adverse effects. Moreover, methods used by their harm minimization service include supplying information, therapeutic approaches and drug checking facilities - a similar setup to the one Buecheli, Hungerbuehler and Schaub researched (2011). They also use "trip sitters", that Mikkola and Seppälä also mentioned in their work, a form of counseling done on an individual currently under the influence - due to Carvalho et al's research (2014), the methods used might range from just quietly sitting and facilitating the situation, to walking, dancing or giving massage therapy to the individual; it is a very holistic, client-based approach given to the individual.

Information and understanding seem to play a critical role in the reduction of the mental harms caused by drug use. As Ruane (2018) found, the mere knowledge of a safe space existing might be enough to reduce adverse effects and unpleasant feelings related to substance use.

3.2.2 Social Aspects & Safety

As Ruane (2018) mentions in his Ph.D. research, recreational drug users don't always necessarily know what they are taking, or they might be misled when sold a substance. This brings up the concern of having non-wanted effects that the individuals are not prepared for, mentally or physically - and highlights the importance of honesty, informed decisions and education.

As Harm Reduction International highlights, harm reduction seeks to improve drug laws, and here is where safety plays a key role – many policies around the world increase and create potential harms, including “the criminalization of people who use drugs; abusive and corrupt policing practices; the denial of life-saving medical care and harm reduction services; restrictions on possession of injecting paraphernalia; forced urine testing and detention in the name of rehabilitation; and, discrimination based on drug use, class, race, and gender.” (HRI, n.d.)

As Ruane (2018) discusses in his research, police presence and heavy policing have an effect on festival attendees - he found out, that many problems faced by the harm reduction and crisis intervention facility were in fact caused by feelings of paranoia or fear about policing, arrests or fines, which raises an important aspect of the health and safety discourse; people taking drugs know drugs are illegal, which causes them to panic, or not seek out health and social services in general, in fear of stigmatization or fear of getting caught. Furthermore, as Buecheli et al (2011) found, around a third of the users mentioned dealing with authorities as a harm done by their drug use.

Burkhart et al (2016) raises another important point of nightlife safety, pointing out the importance of environmental strategies when it comes to implementing intervention strategies – environmental strategies include social and physical environment factors, and they are calling for safe spaces and venues, and creating a social atmosphere where the risks and harms of drug use are taken seriously, but where people feel safe to seek help when needed. They also mention taking into consideration risky behavior resulting from drug use, and creating physical spaces where for example violence or heat is not a problem, and social environments where, for example, driving or operating machinery under the influence does not occur, and is taken seriously.

As Tammi (2007) mentions, removing stigma and promoting the rights and responsibilities of drug users, and treating them like regular citizens, is the purpose of harm reduction.

3.2.3 Who is at most risk?

In his speech, Winstock (2018) underlines how novices, first time users, are in most risk when it comes to recreational drug use - they do not know their limits, they might not know how a substance works, and they might not be comfortable with its effects; they

are usually young and inexperienced or uninformed. Also as Mikkola and Seppälä (2004) discuss, people with pre-existing mental health issues are in most risk of developing them in relation to recreational drug use.

4 Peer organizations

Grassroots user organizations, or peer organizations, have always been in the hub of harm reduction services. Earliest example is the first needle exchange program in 1984 in Amsterdam, arising from the need of the users themselves. (Tammi, 2007)

As mentioned by Harm Reduction International (n.d.), and Burkhart et al (2016) harm reduction services are mostly facilitative rather than coercive – meaning, harm reduction trusts on the individual's better judgement, and thus the most important thing is to facilitate space and opportunities.

Tammi (2007) pinpoints in his research how the harm reduction scene is divided itself into different “fractions” – out of which the most relevant to my research is what he coins as “mutual-help movement”. This fraction of harm reduction can be seen as the identity fraction, where in addition to health and social care professionals, drug users themselves have started organizing and mobilizing, and actively advocating the harm reduction policies. This puts users themselves in the focus of the discourse, and their personal, knowledge-based interests equally as valuable as the technical research views.

As Järvi mentions in her speech (2019), all of these services designed for drug users should arise from their need - they should be client-focused and done together with the client. She also raises the need for factual information as an issue, and points out once again, that unknown substances pose a great threat and risks

Several research (e.g. Carvalho et al, 2014; Buecheli et al, 2011; Burkhart et al, 2016; Dancewize, n.d.) seems to underline several different methods of peer-led harm reduction services, out of which drug checking services, interventions or counseling, and information provision are most widely mentioned, and are proven to work – Carvalho et al (2014) also found that minor injuries could be treated at the harm reduction unit to avoid confusion of the clients, and that some users only needed to be facilitated with a space to rest and recover. Furthermore, Buecheli et al (2011) point out that counseling services

were more widely accepted and used when provided together with a concrete service (drug checking).

4.1 Low Threshold & Outreach

Carvalho mentions in their research (2014), that harm reduction and risk minimization, also known as intervention modalities, should be based on proximity and informality - these services should be easy to access, low threshold, available for anyone, and available where illicit substances are consumed. This also alleviates the work load of medical staff and other health care professionals on site at events and festivals, since harm reduction services can keep people better informed, and even use principles like crisis intervention (Carvalho), where an individual under the influence of a substance having a negative experience is guided through their experience, given support, minor medical attention and vitamins, a place to rest and reduce stimulus etc. As harm reduction can reduce the physical harm done by drugs by giving information on clean use, or even handing out drug paraphernalia, or provide correct up to date information, it can also help with the psychological effects of substances, in the form of crisis intervention services.

Even though mobile services as such are already considered outreach, and are able to reach users where and when they most need help, some harm reduction peer groups have found even further-reaching options. Dancewize (n.d.) provides the field with not only peer education and care interventions, but also a service they call "roving" – where care workers from the service mobilize themselves even further onto the event grounds to check upon attendees in need of either medical, or psychosocial help.

Furthermore, Dancewize (n.d.) along with Ruane (2018) and Carvalho et al (2014) describe these mobile harm reduction spaces as inviting, safe and encouraging, whilst being in an easy to find somewhat central location – lowering the threshold even further for more users to be encouraged to use the service.

4.2 Peer Educators, Informality and Information

As Burkhart et al (2016) mentions, education for nightlife users becomes a key element of interventions when implementing strategies – this education can focus on reducing harm rather than abstinence, which they found to be conveying an unrealistic message in recreational settings where people are more prone to drinking, smoking and taking

illicit substances. They also mention, that there is little research regarding the effectiveness of peer education services.

As can be seen from Burkhart et al's (2016) and Dancewize's (n.d.) work, the peer status in the context of recreational drug use can also be defined through the festival goer peer status – rather than focusing on all peers having experience in using drugs, they are focusing on the fact that these peers come from the same context and sub-culture, and thus can relate to the clients, empathise with what they are going through, and support them in ways that non-peers would not be able to; regardless of their drug user status.

Mikkola and Seppälä (2004) found out, that drug users appreciate knowledge - they share knowledge on substances online, search for it, and listen to their friends and professionals giving out information. They also point out the contradiction of what users mentioned as “drug propaganda”, or information given out by officials, that is usually focused on the “bad” side of drugs - users tend to appreciate knowledge of friends and peers more, than this information given by officials. This underlines an important point of peer support and experts by experience in the harm reduction service field – Mikkola and Seppälä (2004) describe, how drug users are interested to learn about different substances and harm reduction methods, when the information is coming from friends or peers, someone they deem reliable and trustworthy, and someone who does not look down on their use.

Another interesting point Ruane (2018) raises, is the effects police presence and heavy policing have on festival attendees - he found out, that many problems faced by the harm reduction and crisis intervention facility were in fact caused by feelings of paranoia or fear about policing, arrests or fines. This is why he, along with other researchers, raise a point of informality when it comes to these services - in fact, informality might create a sense of trust, which is crucial in intervention work.

As mentioned by most research, information is the key when it comes to harm minimization and safety – most of the harms Mikkola and Seppälä (2004) mention for example, could be minimized with proper, up to date information about drugs and safe use of drugs – including taking care of oneself physically, mentally and socially whilst under the influence. As Mikkola and Seppälä mention, most drug users rely on their peers or friends with information, yet this may pose some risks, since the information might be biased, glorified, or changed along the grapevine.

Nowadays, drug information is widely available on the internet (e.g. Burkhart et al, 2016; Dancewize, n.d.), and many intervention facilities use “fact check sheets” and “drug interaction sheets” in their work, providing patrons with up to date, relevant knowledge about illicit substances. Dancewize states, in a nutshell, that their service increases the safety of festival attendees through credible and evidence based information about safer partying. Interestingly, their service also provides patrons with sunscreen, fruits and condoms, taking a wider harm-reduction approach, and realizing further risk involved with altered states of consciousness, and the possibility of not being able to take care of oneself properly – they describe their service as safety-focused.

4.2.1 Experts by Experience & Empowerment

As Tammi (2007) describes in his research, user involvement is creating, what he calls, “expert patients and responsible consumers” – meaning, that the equality between the caretakers and the clients puts everyone on the same page, empowering clients through the partnership between them and the professionals, whilst empowering the peers taking part in the services as professionals themselves, promoting all round responsibility. Thus, these services can be seen as promoting the general rights of users as citizens, demanding civil and human rights of the users, yet at the same time having emphasis on the equal participation and rights of the users, seeing them as active agents on the field of harm reduction.

Tammi (2007) also puts emphasis on what he calls “identity movement” – a positive destruction of the “drug user identity” through participation and activation, essentially empowerment. Through user involvement, users themselves become more conscious of their ability to shape their social selves, and by participating in such activities they gain new interpretations of themselves and the events around them.

When talking about drug use and the effects substances can have on an individual, Carvalho (2014) mentions a principle called “drug, set and setting”, all of these variables need to be understood before dealing with a client, or knowing what kind of support they might need – hence, using peer users as care takers provides intuitive information, valuable assets that health or social care professionals with no lived experience might not possess.

Drug obviously refers to what the client believes they have ingested, but also to the adulterants, side-effects, quantities and general effects. “Set” refers to the psychological characteristics of an individual, their motivation, expectations, attitude and personality - and this is why risk minimisation should be highly personalized and tailored to each individual case - and something the recreational users themselves should be informed of. Also, as Carvalho mentions, the “setting” is another variable playing a big part in the experience of being under the influence - this means, the physical and social environment, place, company, and the opportunity for the individual to share their experience. This is where harm reduction and crisis intervention services become important, and can provide an important service for people going through potentially challenging experiences. Also, this highlights the importance of trained, informed and experienced staff or peers, and by ensuring all the “drug, set and setting” are as comfortable as possible, risks can be minimised and possible harm, mental or physical, reduced. Seen through this lens, it is important to have also experts by experience as people taking care of attendees – they have first-hand experience and knowledge of altered states, and know how it really feels to go through such an experience.

Dancewize (n.d), an Australian peer-led harm reduction organization, has put a lot of focus onto their peer education model – they believe, that through their lived experience, “Key Peer Educators” are able to possess knowledge, compassion, integrity and intrinsic motivation otherwise unattainable. The peer identities are key to providing a greater understanding of the members of the community, and the unique struggles they may face, also equipping the peers with the relevant skills, empathy and non-judgemental attitude to support the festival patrons.

4.3 Community-based Care Intervention

Crisis intervention is, as Carvalho et al (2014) coin the term, an evidence-based intervention model, helping people going through psychological emergencies. As Nahkuri mentions during Ainetunnistuksen aika -seminar (2019), the possibility of drug checking services in Finland is limited, and hence the harm reduction side heavily relies on crisis intervention, information provision and mobile onsite outreach and risk minimization services.

Carvalho defines crisis intervention as short term, quick resolution relief to recover regular functionality, and moreover states that there is a “thin line separating an extremely

positive experience from an overt crisis”. This is a completely new approach, when instead of dealing with the harm already done by substances (like needle exchange programs, or mental health programs), the staff is dealing with people currently under the influence - guiding them, and using therapeutic methods to alleviate their discomfort, and possibly prevent mental illness. The principles, according to which a crisis intervention facility operates, are first assessing physical safety and collecting information on the client (knowing which drugs they have taken in order to focus and pinpoint care; what symptoms they have), then offering a safe and supportive, comfortable space for them and taking care of their basic needs, and then facilitating their experience.

When talking about crisis intervention services Carvalho mentions these are on site services designed to alleviate uncomfortable effects experienced under the influence of drugs - be it emotional, physiological, spiritual or another type of crisis that has just arisen during under the influence. Some of these risks and harms may be linked to what Mikkola and Seppälä coined earlier - counseling or therapeutic methods may alleviate emotionally or psychologically uncomfortable effects, whilst clean paraphernalia given or drug checking services may help with the physical risks. Carvalho also outlines several different crises dealt with by the Kosmicare team - these include a difficult experience involving drug use, difficult experience not involving drug use (such as relationship crisis), non-crisis (need for rest or vitamins), mental crisis involving drug use, and mental crisis not involving drug use (such as personal trauma or mental health issues). Also different uncomfortable symptoms described by the users are mentioned, out of which self-esteem issues, disorientation, emotional symptoms and personality changes, such as aggression, were quite common. This means, that the staff working at the facility has to have the right techniques and tools whilst working with these clients - Kosmicare’s volunteers are all chosen and educated based on empathy, ability to focus and knowledge on altered states.

Dancewize (n.d.) describes: “This care [intervention] might be a kind conversation, a safe place to rest, a cup of tea and a snack, or a warm, dry place to sleep overnight.”, highlighting the different needs and forms of intervention needed – not everything is based on crisis intervention and drug-related crises, but also dialogue, empathy, non-judgmental support and meeting individuals as they are is equally as important.

5 Research Questions & Aims

The aim of this thesis is to provide as much qualitative, practical data from the field of harm reduction and the context of recreational use, as possible, to be able to illuminate this new field of harm reduction work, and to introduce the practical implementations of said frame work. The aim is also to provide Hoivakotilo ry themselves with a clearer view of how their services have been viewed and experienced, and how they could be improved; and the wider professional demographic with insight on what we could learn from Kotilo, and from the harm reduction paradigm as a whole.

As the topic of my thesis is quite grounded in the human rights and harm reduction principles and movements, my initial interest would be to find out how services like Kotilo have an effect on the individual and community level – what kind of a perceived impact do they have on individual and community wellbeing? How do they see this intervention affecting their lives, or the lives of the greater community? As Harm Reduction International states, harm reduction focuses on the positive change. I want to find out, what this positive change is in practice.

Since 90% of drug users in fact are occasional users, this is a wide demographic that does not necessarily have any kinds of services aimed towards them. This is why I want to research the implementation of said services, and hear the real life stories of people identifying as peers in the context community. I want to explore how, and why harm reduction principles have been implemented into practice on the field, and what kinds of effects this has in practice. What are the lived experiences of harm reduction services users and volunteers? How do they see this intervention affecting their lives, or the lives of the greater community?

Another research question would be about the practical implementation of the work, since the harm reduction in the context of recreational use is such a new field. How is the work in practice? From this, I would like to be able to draw some conclusions and methods to be used by professionals working with drug users in general, maybe there is valuable information there, that is not as widely known.

Rather than focusing on the theoretical or numerical data, I am interested in giving the service users, and volunteers a voice to describe the impacts such services have had on their lives, and on the lives of the people attending festivals and events and recreationally

using drugs, on the community. Since one of the points of harm reduction is to create a social atmosphere, where harms and risks are taken seriously but taboos are broken and stigma is removed, my thesis could act as a tool of advocacy for this to happen – the publication of this thesis itself could be seen as harm reduction.

6 Research Methods

My research methods can be boiled down to be interpretative case studies carried through semi-structured interviews.

6.1 Qualitative research

Based on my research aims, goals and questions, and after reading Thomas' (2009) and Thyer's (2010) books, I soon realized I had to pick qualitative methods as my main focus – this was my intention in the beginning, wanting to “illuminate” a not so well known topic and frame work (Thomas, 2009), and let the voice of the service users be heard (Thyer, 2010). Further reasoning, as coined by Thyer (2010), would be to explore a little-known phenomenon, to pursue a sensitive topic going into emotional depth, capture the “so-called lived experience from the perspective of those who live it and create meaning from it”, and to give voice to a group and merge social activism with research.

I could conduct a mixed methods research instead, to gain a broader idea and data on the topic, but I doubt that the time frame given would be enough for such research and multiple types of data analysis.

My research design has taken shape based on Thomas (2009) and Thyer (2010). As I decided to do a qualitative research, it can also be described as interpretative research, and according to Thomas (2009), “it is not expected that you can generalize from interpretative research; your sample gives you insights”, and this is exactly what I aim to do. More specifically, my research design is a case study – “in-depth research into one case or a small set of cases” (Thomas, 2009).

During qualitative research, the aim is to ask questions that go deeper into the issue, and rather than worrying about the quality of things, we want to know how the interviewees themselves would describe it – what they experienced, how their case was and what their subjective view of the situation is (Thomas, 2010).

To sum this all up, qualitative methods can be used to do research about issues that there is not enough data about.

6.2 Semi-structured interview; collection of data & interviewees

Early on, I knew I wanted to gain insights through interviews. Based on Thomas (2009) I decided to more specifically conduct semi-structured interviews, either face to face or on Skype. I chose semi-structured interviews because of the nature of the studies I am doing – the topic is quite sensitive, and rigid questions and research design only produce rigid answers; I want to be able to dig deeper and use prods when needed and comfortable, and leave certain questions out if the interviewee feels uncomfortable talking about them. I am interested in the people, their lived experience and opinions, and thus chose semi-structured interviews, as described by both Thomas (2009 and Thyer (2010), they are the method to use when wanting to delve deeper into the issue, and gain a wholesome and opinionated, vivid image of the issue at hand. I have attached the initial interview questions in the Appendices (Appendix 1, Interview Questions) – but as semi-structured interviews by definition are only structured to some extent, some questions have been modified, changed, left out, or new ones added in during individual interviews, as Thomas (2010) recommends, to keep the interview as conversational.

The themes and questions for the semi-structured interview were based on the theories presented in this thesis, ranging from the harm reduction theory, to theories about peer organizations and the context of the study – basically, any and all information about this marginal group of people can be considered valid. The themes were general information about the person and recreational drug use scene, personal experiences and opinions about Kotilo and harm reduction and risk minimization in general, volunteering and peer status, and the subjective opinions and experiences that their experience with Kotilo has had in their lives or life management in general. The main themes could be considered to be things like theories on wellbeing and human rights theories.

I decided to pick a non-probability, purposive sample (Thomas, 2009) – meaning, I interviewed certain types of people (volunteers and Kotilo clients), with certain experience, and also who are willing to give me an interview, since the topic is a bit of a taboo. I will also leave the possibility of a snowball sample open, since if my interviewees recommend a person I need to talk to, I will more than happily take advice to go deeper into this topic. I will most likely only conduct a few case studies – a couple of Kotilo visitors

and a couple of volunteers, so that I get to delve deeper into the certain case at hand, preferring quality over quantity. The interviews will be conducted privately, and not in a group.

I thought of using observational methods too, as Thomas (2009) mentions these are great for case studies as well, but due to time restrictions and the nature of the work, observing Kotilo volunteers or clients was considered problematic. The observational data I managed to gather during the summer 2019, was purely discussion-based, and consisted of casual conversations and told experiences of festival goers, online and in person. The interviews were conducted during spring and summer 2019, and the interviewees were reached from Kotilo private Facebook group (volunteers), and through social media otherwise too (client interviewees were reached from another private Facebook group).

There were five (5) interviews all up, and each interview took about an hour, was conducted through Skype or Facebook video chat, voice recorded and transcribed. The interviews have all been very positive experiences, the interviewees are very helpful, and seem to be willing to give all information possible for me to do my research – which reassures my choice of semi-structured interviews, since by adding in questions and keeping an “organic” flow in the conversation, I am able to gather much more data, than for example questionnaires or rigid structured interviews could provide.

6.3 Ethical consideration

As instructed by my field supervisor, Kotilo founding member Nahkuri, I have to be very considerate and consider various ethical points. First of all, he mentioned that several of the events Kotilo is working at, don't want to be identified or publicly announced – they prefer to remain anonymous, for various reasons, and one of them being the fact that drug use is illegal. Even though harm reduction services are not promoting drug use, and are not indicative of drug-related problems, it can still be a touchy topic. I also need to consider, that anything said by the volunteers isn't directly linked to anything the organization itself agrees with or wants to be associated with; these are individual opinions and experiences; certain assumptions can be drawn from them, but to consider these as representing the organization's general views or opinions in general would be a false statement as such.

Another point that needed to be considered is the fact that interviewees need to remain anonymous, in a way that no personal details, or any detail that might expose individual interviewees, can be disclosed – and data needed to be recorded and analyzed accordingly, with no names or personal details recorded. All data needed to be disposed of afterwards to ensure the confidentiality of the discussion. This confidentiality and delicacy factor of the topic might bias the data – not everyone wants to disclose everything about a touchy topic like this, and this needs to be understood by me, and further considered when analyzing the data. Some interviewees told me, after disclosing some personal or otherwise delicate information, not to include it in the analysis. Otherwise, all recordings and transcriptions have been anonymous, only referring to the person as “person X” or another letter, and all information that could potentially breach confidentiality or reveal identity, has been analyzed in a broader sense.

My interviewees have all been, informed, so that they can give consent to my research. I also have stressed the fact that they can, and are allowed to, ask more questions about my research, that the interviews are completely confidential and that the interviewees will be kept completely anonymous throughout the process. All data recorded, and all transcriptions, will be deleted afterwards, and are for my use only – my interviewees have been informed of this as well; the interviews have been fully confidential. Consent for interviews has been given verbally, and in text form conversations before the actual interview.

6.4 Thematic Analysis

To analyze the data I first transcribed the interviews – there are different “levels” of transcription too, and I have chosen to transcribe every word as it was said (leaving out tones of voice, pauses, etc; Thomas, 2009), including dialect.

I then used the constant comparative method, looking for similarities and differences in the interviews and results. Out of these differences, similarities and core points I then created thematic maps (Thomas, 2009) – this way I was able to categorize the topics and themes that arise from the interviews into groups and sub-groups, and gain a better picture of similarities and differences between different interviewed people, and to “extract” the core information. As a mapping base, I used the core themes of my interview structure, to map answers and themes into where they needed to be and where they made the most sense, as

some things in a semi-structured interview don't always come up in a "linear" order. The constant comparative method works by going over the transcripts over and over again, and comparing each element of it to each other, finding themes that capture or summarize the data (Thomas, 2009).

I then mapped these themes further, into sub-categories and inter-related themes, to represent how they are related to each other, to gain better, deeper understanding of the themes and issues at hand, and to give an illustrated voice to the interviewees. As Thomas (2009) recommends, using quotes makes the data and theme mapping lively and real – these quotes "stood out" for me, when doing the thematic mapping and summarizing

7 Results

All together the interviews yielded about 45 pages of transcribed text and about 5 hours of recordings, all of which was only accessible for me, and were destroyed after all the important data had been gathered and analysed.

The interviewees were a heterogenous group, both males and females, ranging in age from early twenties to middle-aged – some (2) of them were only volunteers of the Kotilo service, some (1) of them only clients of the service, and some (2) were both, having experienced being a client, and afterwards volunteering with the service. Their socio-economic status was also very varied; jobless, students, and working-class people with families alike.

Most of the respondents reported an interest in the psychedelic trance culture, and experiences with and interest in psychedelic substances.

Volunteers of the service were also able to recall and recap situations and reasons for coming to the Kotilo tent, along with experiences – hence, some of the data was second-hand observational data, that was able to provide a wider, anonymous perspective on the phenomena.

Some of the respondents raised confidentiality as an issue, and were concerned of disclosing private information, or information about clients or experiences with Kotilo. As

mentioned in the Ethical Considerations part (p. 24), disclosure of some information in this thesis may be restricted – this shouldn't cause bias in the core data nevertheless.

All interviewees exhibited a high knowledge and awareness on the field of recreational drug use.

7.1 Substance use

The data suggests, that a usual age to start experimenting with alcohol was in the early teens. Most respondents reported experiencing or having observed weed smoking coming into the picture around 16 years of age - and experimenting with other substances starting usually after 20 years of age.

Usually, the experimentation with substances was reported to have started from the person's own will and interest, mostly outside of parties, and some reported having experimented with friends for the first times. The effect of the internet on drug use was mentioned during multiple interviews; how information about safe use can be found there, but also how anyone can get their hands onto anything from the internet

Those of the interviewees with personal experiences of substance use reported it to be occasional, and the main reason among them was spiritual or ritualistic reasons and occasions – most of them expressed a strong interest towards psychedelics. The interviewees with experiences on drug use also reported a very high sense of respect towards altered states, and the experiences in general. They also highlighted the importance of having lived experience in altered states when working in the recreational harm reduction field.

All interviewees, volunteers or not, also praised the importance of Kotilo volunteers' sobriety whilst on duty.

Reasons for recreational illicit substance use (respondents' or observed in clients) were varied, with most respondents mentioning spiritual and social reasons as the main catalysts – other common mentions were curiosity, and simply – because it is fun. Other mentions were the aspect of becoming a better person (in relation to psychedelics), excitement of the unknown and "forbidden", and the ease and fun of dancing and "integrating in the festival atmosphere". One respondent also mentioned "the need to

belong in a group” as one of their main reasons; and one described the use of psychoactive substances as “an integral part of life – I couldn’t imagine a life without them”. All interviewees highlighted the intention for drug taking as an important aspect, seeing them more like tools to enhance the festival experience.

When being asked about the differences between recreational and problematic use, most interviewees described it as “a line drawn in sand” – that there’s a fine line between one another, and it’s hard to tell when one becomes the other. It was also brought into light how in substance use in general there can be “good phases and bad phases”, sometimes being problematic use and then fixing itself. Recreational or occasional use was described as “having to be occasional – once a few months”, and that if recreation becomes lifestyle, then recreational use becomes lifestyle use, which was seen as problematic. Some interviewees said, they can only draw the line for themselves, and cannot tell anyone else what is problematic for them. Negative effects on mood, or ability to lead a normal, happy life, were considered to be signs of problematic use.

Some interviewees even raised the concern that if at parties the general atmosphere “revolves around drugs” or is focused on taking drugs, it is no longer considered a pleasant event or atmosphere – this drug-taking attitude was considered problematic for the individual and the community, and didn’t really fit the description of recreational use in the eyes of the interviewees; it was breaching to be a problem, and to facilitate problematic behaviours and attitudes. In addition, a sign of problematic use that one interviewee mentioned was “the inability to stay sober for longer periods of time” – compulsive drug-taking, or drug-taking habits that become too frequent.

“No mä kuvailisin sitä (viihdekäyttöä) sillä tavalla, että esimerkiks jengi voi olla semmosta joka käy töissä ja vastaavaa, ja sitte ne vaa viikonloppusin lähtee juhliin käyttää huumeita, sit alkaa taas tekemään töitä. Se ei vaikuta... On hyvät onnelliset ihmissuhteet, ei mitään perhedraamoja jotka ajaa käyttämään, vaan voi olla ihan tasapainoisia ihmisiä, niillä on tasapainoinen elämä, ja ne vaan tykkää käyttää huumeita.”

“Well I would describe it (recreational use) so that, for example people can be so that they go to work and stuff, and then on the weekends go to parties and use drugs, and then start working again. It doesn’t have an effect... They have healthy, happy relationships, no family dramas that would make them use drugs, they can be completely balanced people, they have harmonious lives, and they just like taking drugs”

All interviewees, in one form or another, brought forward the fact that there are physical and/or psychological risks associated with drug use;

“...on ollu sellanen ajatus päässä et mä voin seota liiallisesta huumeidenkäytöstä”
 “... I’ve had this idea in my head, that I can go crazy from excessive use of drugs”

“...onko jotenki tanssinu niin pitkään ja unohtanu juoda et onko tullu joku sellanen pahemikin hässäkkä siinä, et keho ylikuormittuu tai muuta”
 “...if one has danced for such a long time and forgot to drink, that has it developed into a more problematic hassle, like an overload of the body or something”

Some interviewees also pointed out an important intersectional issue with mental health concerns; how drug use can sometimes be a form of self help, and it feels like it’s temporarily helping with whatever the individual perceives as a problem – some interviewees saw (excessive) drug taking habits as a symptom of “something else”.

7.2 Volunteering

The interviewees already being a heterogenous, varied group, described the people volunteering for Kotilo as exactly that; “people from all walks of life”. This was seen as a good thing, making it easier to provide support for different kinds of people. Some respondents raised a point of eagerness to see even more long-term party goers starting to volunteer in harm reduction, providing a larger field of knowledge and lived experience, along with positive, sobering examples and role models in the scene.

The most mentioned reason behind becoming a volunteer, was having own, lived experience of either substance use, psychedelic culture and festivals, or “trip sitting” other people; “the importance of being a part of the sub-culture”:

“...halus olla mukana siinä kulttuurissa ja tehdä sitten jotain muutakin näiden psykedeelien ympärillä ... niin sitten aattelin että mun rooli vois olla se että voisin auttaa ihmisiä ja olla sitten tukena...”

“... I wanted to be a part of the sub-culture and do something else around the topic of these psychedelics ... so then I thought that my role could be helping people and supporting them”

Some mentioned having heard of a similar activity elsewhere, and becoming interested, whilst one stated clearly that the experience they had becoming a client in Kotilo, was the catalyst to apply to volunteer too.

Many interviewees also mentioned their friend group being one main reason to volunteer. Other main reasons were eagerness to help, worry about other people and setting an example.

One person stated, that he had already as a youngster dreamt of something like Kotilo.

7.3 Reasons to come to Kotilo

A point that almost every interviewee raised was, that many people who seek help in Kotilo harm reduction service, have a personal crisis in the background – the reason for a difficult user experience was often described to be a break-up, having an ex-partner attending the same festival, or having an underlying, pre-existing mental health or other issue, that drug use has brought to the forefront. The festival experience as a whole was understood to be able to be intense, and if a person already has a “bad phase in life”, such an experience mixed with drug use could easily become problematic, as it could already be problematic without drug use.

Another main reason to come to the Kotilo tent was seeking safety, someone to talk to – having the need of having someone there, and having someone tell you that everything is fine. Respondents were describing some people who come to the service being concerned about their health, mental or physical – some thought they were experiencing health related crises or even dying, whilst others were reported to be unsure of what they have done; some only needed a safe place to go through their own anxieties, or a place to rest – some needed a “guide” to assure them through their experience.

“Tärkeätä oli et oli joku joka sano et kaikki on kunnossa maailmassa”
 “It was important to have someone there to tell you that everything is fine in the world”

A difficult trip, confusion, anxiety, panic, chaos, or an intense come-up were reported to be amongst the main reasons of seeking help in Kotilo. Many reported the feeling of vulnerability to be enough to seek solace in harm reduction services, and many respondents said that sometimes the cases don’t even include illicit substances; a difficult emotional state is enough to seek help. It seems that the fear of psychosis or “going crazy because of drugs” was one commonly raised issue and reason for seeking help – many described the people seeking help as “having lost sense of reality”.

Sometimes friends were concerned about the person and their mental health, and many cases were reported to have been brought to Kotilo by friends. Most people ending up in Kotilo were seen as ending up there unintentionally – people who accidentally took too much or too high of a dose, and first-timers who got concerned.

Whilst it was mostly reported that the same people don't end up in the Kotilo tent more than once, a few respondents pointed out, that some cases seem to frequent the service or at least come back again. Most of the incidents were described to be accidental, with first time drug users or inexperienced users making up the majority of cases.

It was also reported, that many only visit the Kotilo tent info point, to drink electrolytes, have vitamins or have a chat and gain information.

7.4 Practical harm reduction methods

The main and most important methods mentioned were empathy and holding space – every interviewee mentioned them in one way or another when describing the Kotilo experience or service. The skill to “walk in someone else's shoes”, or ability and willingness to try and understand the experience the person is going through, were highlighted, as well as “going through the journey with the person”, giving them the space and time to experience whatever they are experiencing. It was also pointed out, that facilitating the experience itself was a method; creating a calming, hassle-free environment with reduced noise and less people, removing any chaotic input – all of these methods were thought to be able to turn an intense experience into something more mellow.

“...et sä voit tulla ja selvitä semmosest pahimmast paniikist”
“That you can just come there and recover from the worst peak of anxiety”

Providing understanding, support, and a non-judgemental attitude were also highly praised – the ability to “read a situation” and act accordingly were seen as key elements to providing support and assistance – just being there for the person, listening and holding space. The importance of being a listener, or just quietly sitting with the person, was mentioned multiple times, along with the fact that volunteers are never “feeding information” to the person.

Also knowledge on different substances was regarded as a main element – some respondents pointed out this could mean the difference between life and death, when assessing the person seeking help and figuring out what, and how much, they have taken. What was also mentioned, was that Kotilo has resources and charts where volunteers and users alike can check different drug combinations, and their dangers whilst taken together. Knowledge on substances alone was regarded as important, but also knowledge on altered states and what the person seeking help might be going through.

All volunteers pointed out the intuitiveness of providing support, mentioning that even though resources and knowledge are important, the actual act of being there for someone is purely natural, intuitive and “spirit-world stuff”, based on gut-feeling.

”Siel (koulutuksessa) käydään läpi vähänniinku oppikirjatavaraa, et täs on nää virheet mitä ei pidä tehdä, mut loppupeleis se on ihan henkimaailman hommaa et sä oot tukena jolleki ihmiselle tommosessa kriisissä.”

“There (in training) they go through like text-book stuff, like here’s these mistakes you shouldn’t do, but in the end it’s pretty much spirit-world stuff that you’re supporting a person through a crisis like that”

“Se on tullu luonnostaa. Mä oon vaan imeytyny sen ihmisen maailmaan ja samaistunu siihen tosi syvillä leveillä– sit mä oon vaan niinku matkustanu sen kanssa sen matkan jonka se on käyny.. se on ollu tosi luonnollista, ei mun oo tarvinu tavallaan tietää mitään.”

“It has come naturally. I’ve just sucked into the person’s world and empathized with them on a very deep level – then I’ve just like travelled with them on the journey they’ve been on.. it’s been very natural, I haven’t had to kind of know anything”

The interviewees mentioned the clients being in a very sensitive state, where they can sense if the person with them is judging them in any way – they also described how the basis for their actions comes from how they would like someone else to respond to them if they themselves were in a similar situation.

Other methods included less noise and providing a calm, safe space with no by-standers causing trouble; along with providing the time for the person to go through and process what they need to process.

Even though quietly providing space was regarded a high priority, some respondents mentioned affirmations (“you are fine”), emotional support, a calming attitude, and friendly chatting as important working methods, assuring the client that the “stuff they are

going through is purely psychological”. Some volunteers mentioned “guiding” the experience into a more positive light as a tool.

It was also pointed out, that sometimes people seeking help don’t want to sit in the tent, and that sometimes Kotilo volunteers are asked to attend someone further in the festival area – in such cases walking with the person, or exploring the festival area, were mentioned, along with sitting down with the person somewhere else on the festival grounds – mobile “outreach” within the festival grounds was pointed out as a method.

Respondents sometimes also mentioned physical touch as a method of support – in the form of hugging, holding, stroking, and in some cases physically restraining the client from harming themselves or others.

“Kaunista parhaimmillaan se mitä siin tapahtuu, et joku pitää kinni ku oot ihan hädässä”
 “At it’s best, it’s beautiful what’s happening during it, that someone holds you when you’re completely in panic”

Another form of physical support was also mentioned in the form of checking basic vital signs, and having nurses, doctors and people with knowledge on first aid as volunteers.

All interviewees mentioned, in some form, about ensuring that the basic human needs are met – providing water, snacks, vitamins, rest, shelter, safety, company, feeling of being accepted and ability to go through whatever they were going through. They also emphasized, as mentioned earlier, about the confidentiality of their work and importance of protecting clients and their identity.

Everyone also pointed out the importance of sobriety whilst providing support and working in Kotilo. The ability to “be the sober person in the crowd” was seen as crucial in responding to emergencies; being able to for example drive a car, or notice if someone goes missing. Sobriety was mentioned to provide a professional, “sharp” service, “being the sober heroes”. One interviewee also described, how being in different “states of mind” might interfere with providing support:

“Jos tilat ei kohtaa, jännityksii voi tulla ihan turhaan, et jos joku tulee ja on ihan tiloissa ja sit sä oot vähän eri tiloissa.”

“If your states of mind don’t match, it can create conflict, like if someone comes in and is off their head, and then you’re out of your mind in another way”

All interviewees described Kotilo as being a low-threshold service, where nobody judges or moralizes anyone – a place that’s positioned well on the festival grounds, nowadays known well, and easy to access. Some raised contrary points, stating that some potential clients or people going through difficult experiences might think “is this difficult enough to go to Kotilo for?”, and that people might think it might be embarrassing to end up in Kotilo, “let’s not take so much we end up in Kotilo”; saying that the threshold should or could be even lower.

7.5 The importance of knowledge, peer status & lived experience

As mentioned earlier, every respondent highlighted the importance of having personal, lived experiences of substance use, psychedelic culture, or trip sitting. The interviewees mentioned these experiences “give reasons to understand clients”, helping in the process of providing support and helping a person through a difficult situation, and also helping to understand the thought processes and internal experiences the clients may go through. This experience was seen to provide the volunteers with a calmer attitude, perspective and more tools to provide support.

“On tärkeää et siin on joku ihminen joka ymmärtää noit leveleitä”

“It’s important to have someone there who understands those levels”

“Jos ei sanota et (aiemmat kokemukset) kriittistä, niin erittäin hyvä. Tiedän mistä on kyse, kun on tullut niinkun matkan varrella muutenkin tapauksia vastaan, tilanteita mis ois tarpeen et ois joku Kotilon tapanen tilanne mis rauhoittuu. Tietää et minkälaisia ne kelat voi olla – auttaa tavallaan ymmärtää et okei, mitä tää henkilö voi siinä käydä läpi ja asennoitumaan siihen silleen ettei välttämättä toimi sit väärin tai huononna sitä tilannetta”

“If I wouldn’t say that (earlier experiences) are critical, I’d say there very good. I know what’s it about, since I’ve encountered similar situations before, situations where it would have been beneficial to have something like Kotilo there, where one could calm down. I know what the thoughts could be about, it helps to understand that okay, (this is) what this person could be going through, and set your attitude straight so that you’re not going to do the wrong thing, or make the situation even worse.”

Other mentions of lived experience amongst the interviewees included experience in parties or festivals as a “cultural” setting. The importance of having a shared experience of partying or going to festivals was clear – this was seen as being a part of the same community, and it was brought up that many clients might find it calming and empowering

to see familiar faces working in Kotilo. One interviewee also pointed out, that “you’ll end up at parties anyway, that’s where we work”.

“Sillä kokemuksella auttaa, sen sijaan et ois ulkopuolinen joka ei jaa kokemusta”
 “Helping with the experience, instead of being an outsider who doesn’t have the shared experience”

As also mentioned earlier, the importance of drug knowledge was mentioned as a key element in the work – many pointed out, it’s important to know the effects, side-effects, and combination effects of different substances, to be able to provide care accordingly. Many also raised the point of importance in risk assessment and management in peer party goes in general, and the importance of understanding the concept and culture of recreational use.

A concept that stood out from most interviews, was the importance of spirituality, having “a shared, spiritual understanding” – being able to recognize and understand “those levels”, “esoteric levels”.

7.6 Perceived Effects of Kotilo

All the effects described below are subjective, as the individuals can only speak from their experience and for themselves. The interviewees themselves seemed to understand this too, and found it somewhat difficult to draw direct cause-and-effect conclusions of the service. Instead, they were able to reflect on situations before and after interventions, or before and after Kotilo service was founded – they were also able to hypothetically ponder what would happen if Kotilo didn’t exist.

7.6.1 Overall impacts

All interviewees highlighted the function of Kotilo harm reduction services as responding to a crisis, “reducing and preventing traumatic experiences”. This was seen to happen through “intervening in a shit trip, stopping it” – potentially reducing the length and severity of a traumatic reaction. Another point raised was, that by providing company and safety, the trauma of not having anyone there could be prevented.

Staying on the topic of “not having anyone there”, all interviewees underlined the detrimental effects of being alone during a difficult experience; throughout every interview concepts of “having to stay alone in the tent or forest”, not having anyone provide a safe

space and ending up “running alone in the forest for 10 hours”, “trembling around and hurting yourself in the forest” and “getting a trauma from suddenly realizing how messed up you are in the forest, alone, not remembering what you have done or how you have looked liked”, were revisited, and provision of company and support was seen as a crucial method of harm reduction. Some interviews revisited the concept of client’s perceived loneliness many times, and mentioned that having someone to go through the experience with you, is healing by itself.

“(Ilman Kotiloa) ois voinu vaa lähtee harhaileen, satuttaa itseensä kömpiessään metsässä, ois voinu tulla ikävämpi muisto tai trauma jos tajuaa yhtäkkiä olevansa sekasin metsässä, ihan yksin sekoilleensa ilman et tietää mitä on tehny tai milt on näyttäny”

”(Without Kotilo) one could have just gone wandering around, hurt themselves whilst trembling around in the forest, could have gotten a nastier memory or trauma if realising that they’re off their heads in the forest, all alone and messed up without knowing what they’ve done or what they’ve looked like”

”Voi mennä överiks, et tekee itselleen tai muille pahaa, tai saa syvemmän tason mielenterveysongelman jos sitä ei kohdata ja anneta rauhallista tilaa”

”It can go overboard, that they harm themselves or others, or get a deeper mental health issue if they’re not intervened and given a calm space”

Having Kotilo at festivals was also seen to provide a new, fresh point of view, making the issue more public, removing stigma and improving social inclusion – interviewees mentioned that now, drug use doesn’t have to be a private secret;

”Hirvee läjä deelejä ja sit sitä kuvittelee kaikenlaista et mä meen vankilaan ja lapset kasvaa ilman vanhempaa – tohon näkisin et Kotilo on omalta osaltaan hyvä”

”A whole lot of psychedelics and then you start imagining things like now I’ll end up in jail and kids have to grow without a parent – that I’d say Kotilo is good for”

This quote meaning, that Kotilo can improve the mental state and paranoid thoughts of the person going through a difficult experience, removing the scare of having done something horrible that has detrimental consequences.

Kotilo was also seen to “fan the flame of a caring culture” – meaning, that the existence of such a service by itself was seen to reduce harm, and increase the chances that other

peers will start taking care of one another. What was reported to have come up as feedback from past clients, was that the existence of Kotilo as itself provided a sense of safety.

Interviewees described how having Kotilo at a festival is a good thing for the festival atmosphere; “otherwise the people would be messed up amongst the festival folk”. The function of Kotilo was also summarized as “getting the clients on a good mood after a few hours”, providing the space and time to calm down.

Many interviews pinpointed a special function of taking the pressure off of emergency services, ambulance, police and security guards; they pointed out how emergency personnel might not have the knowhow of how to act accordingly in “spiritual crisis situation” or when a person has taken a combination of substances – in which case, “pumping the client full of sedatives” might in fact be a lethal response. It was also pointed out, that a client might feel even more disoriented and distressed after incidents with the police, security guards or ambulance. Kotilo was mentioned to be the only place where a person is encountered in a way that “doesn’t disturb their mind any further”.

It was also stressed, that Kotilo only provides a specific intervention or help for a specific purpose, and cannot be accounted for long-term effects.

7.6.2 Effects on an individual level

On an individual level, the main outcome of having visited Kotilo was described and perceived to have been a “waking point”, “wake-up call”, having provided important realizations about either the crises or reason why they ended up in Kotilo, or life in general. The moment was described as empowering, “heart-based realization”, that acted as a catalyst to start looking at options of improving one’s life conditions in general, looking for a new direction in life;

“Miettiä syvemmälle mitä puuhaan elämässäni, kato ittees!
“To dig deeper on what I’m doing in my life, look at yourself”.

Based on data, the effects of ending up in Kotilo were seen as an improved festival experience – afterwards the individuals were able to have fun, and “get lost in the festival experience”, they were no longer anxious in their new surroundings or mental states. As

one interviewee described, “it has opened up some people” – it was seen that the clients get “something” from being cared for.

This “something” was seen to be the experience of being cared for as itself – the main outcome of being supported in Kotilo, providing a sense of “we’ll catch you when you fall” – followed by a realization of “but please, don’t make yourself fall again”. An interviewee described how (adult) people rarely experience such a vulnerability of having to be looked after, “and experiencing only caring for in return”. Another interviewee mentioned, how normally people would realize, after having such a difficult experience and ending up in the care of Kotilo, that that’s not something that should happen all the time. For some, Kotilo was described to provide a place where you’re finally being “met where you’re at”, as a human.

During some interviews it became clear, that people becoming clients in Kotilo become more cautious and respectful towards substances as an outcome; being more careful about the amounts of substances ingested, and not believing other people’s advice on amounts or doses.

7.6.3 Effects of volunteering at Kotilo

All volunteering interviewees described the social side of volunteering – the amount of friends they’ve gotten through volunteering at Kotilo, the atmosphere and a sense of community, along with good conversations. Most also mentioned learning through the experience, gaining new skills, and “giving back to the community” – one interviewee pinpointed the joy of having a set role in parties.

Volunteering in Kotilo was seen as rewarding, something that provides happiness. Interviewees that had gone to parties before Kotilo was established, described a sense of delightfulness to see such an attitude spreading and becoming more commonplace.

7.7 Feedback & other suggestions – What can we learn from Kotilo?

The feedback that volunteers have received when working in Kotilo, were reported to be things like “thanks for being there”, “thanks for taking care of me” – a lot of love and gratitude. Also feelings of trustworthiness, reliability, professionalism, perceived effort that has been put into the service and “by-passers sending flying kisses” were reported.

When asked to provide critique towards Kotilo, all respondents were scrambling for words, some first stating that they couldn't think of anything. When prompted again, several things surfaced mostly in forms of suggestions as such; the need to think if the service is approachable enough by a wider spectrum of users, if it provides enough help for a variety of (substance use) peers and not only psychedelics users;

the need to look deeper into if the volunteers or service hold certain views of elitism in regards to non-psychedelics users; to rethink the need and style of recording cases as this can be viewed as uncomfortable for clients; to take more into account the importance of creating the space and making it look as harmonious as possible; to consider if there is an equal amount of female and male voices in decision-making and leadership of the program; the need to sometimes challenge and replace theoretical views with more intuitive approaches.

An interviewee also suggested someone writing a sequel to this thesis, looking at how the service has changed in some years.

As suggestions for professionals dealing with substance users, all interviewees first described how it's not widely understood, that substance use is not black-and-white, there are shades of grey inbetween – that there are alternatives to the usual norm and usual treatments, and problems occurring from substance use can be minimised before they develop into bigger, more extreme problems.

“Se (hoito) pitää olla heti joku pitkän linjan ongelmakäyttövierotus, jäätävä ohjelma, tai sitte joo.. ei mitään”

”It (the treatment) has to be straight away some long-term problematic use substitute treatment, huge program, or then yeah... nothing.”

This quote summarising what a lot of the interviewees pointed out – that treatments or social services for non-problematic users don't really exist.

It was also emphasized, how people in these long-term treatments are the most problematic of substance users, and the professionals working on the field usually only deal with them, biasing their view on substance use and problems associated with it. It was suggested, that professionals ”go into the field to see how Kotilo works”, and how non-problematic substance use manifests in practice.

Once again, the importance of knowledge was underlined – along with gaining an understanding on the concept of recreational use, and the power of personal experiences.

It was suggested professionals adapt a more non-judgemental attitude – it was seen that currently mentioning about drug use to a professional was going to lead the way of treatment or professional-client relationship to a certain direction, possibly hindering or getting on the way of the actual treatment needed.

Some interviewees took a slightly political standpoint, mentioning how even though drugs are illegal and problematic, drug use is still prevalent in the society, and cannot be eradicated by forbidding it and "swiping it under the rug" – raising the need for accepting the situation to be able to provide more honest harm minimisation based on acceptance-based attitudes.

One interviewee sent these greetings to professionals on the field dealing with substance users;

"Et olis rohkeutta olla läsnä. Vaik ois kuinka kreisiä."

"To have the courage to be there for them. However crazy it would be."

This quote summarizes the importance of support and being present, giving the clients the experience of being heard, being cared for and being recognized. From the interviewees' experiences and the volume of clients, one could conclude that the need for these services is there, and rises from the field itself – Kotilo is just there to answer this need.

8 Conclusions

8.1 Summary of main findings

Volunteers of Kotilo service come from varying backgrounds and walks of life. Recreational drug users were described to come from different backgrounds and walks of life as well, and the main reasons for using drugs were described to be fun, experimentation and spiritual reasons.

Interviewees highlighted the importance of peer status and lived experience, not limited to drug use, but rather being a peer in the psychedelic or festival community. These lived experiences were seen as beneficial when delivering care interventions. The importance of knowledge about drugs, users, or the experiences the users go through in general, was seen as one of the key elements of providing appropriate care. The volunteers possess a wide spectrum of knowledge ranging from professional, to practical and intuitive knowledge.

The main and most important methods of care provision were reported to be empathy, acceptance and non-judgemental attitudes – the facilitation of space is the main function of Kotilo and its volunteers. Proximity, informality and sobriety of volunteers during shifts were also seen as key elements.

Kotilo was described to be a very specific help for a specific problem. Even though reasons to come to Kotilo may be varied, one of the main reasons the interviewees talked about still remained to be psychedelic crisis, a confused state caused by the use of psychedelics. Most of the clients of Kotilo service were reported to have a personal crisis on the background.

The perceived effects of having Kotilo service at festivals were reported to be leaving the service users in a more positive mind state, and feeling supported. The interviewees saw that the service may be able to prevent further damage during the already difficult experience, during which the individual needs this care and support. The interviewees also speculated, the service may be beneficial for the festival atmosphere in general, as just knowing there is a place to go to if something goes wrong was seen to be a relief, and having a safe space for people to go through difficult experiences removes the stress from other partygoers or emergency personnel.

All of the interviewees saw drug taking as an inherently risky activity, with potential harms or risks, but also saw possibilities to reduce these risks and minimize harms. Most of the interviewees also discussed an intersection between mental health problems and drug use.

Non-problematic drug use as a topic of discussion is emerging and current, and the interviewees were excited to be a part of it. They expressed, how in their opinion services for non-problematic drug users are non-existent. They also wished for an attitude change

towards occasional drug use, or drug users in general, from the wider public and healthcare providers.

8.2 Conclusions

As a whole, the feedback from the interviewees in regards to the topic of my thesis was excitement - they all felt it was an important and current topic to bring to the table, and they all were incredibly helpful. To draw a conclusion from this, it seems clear that non-problematic drug use is a topic that is emerging, yet not discussed enough. As the “culture” of recreational drug use is constantly changing with the times, it’s important to keep up to date, and to be able to respond to the changes on the field – this can only be done through current research. It’s crucial to understand the needs and requirements of such a wide social demographic, who rarely end up in social services otherwise – partly because of the stigma associated with drug use (p. 1-3).

Overall, the findings correlate strongly with the theoretical base discussed (p. 3-5), especially when it comes to pinpointing reasons of why people might enjoy substance use. Contrary to what the theories presented on pages 3-5 might suggest, the interviewees were also able to critically evaluate their, and their peer’s drug use, drawing conclusions between mental health issues and substance use, and the “grey zones” of substance use and addiction. As discussed on page 2, recreational use is defined by not interfering with normal life or causing negative effects – the interviewees did raise points of some substance users re-defining normal life, or not being sure what normal life is anymore; also, not realizing or paying attention to the negative effects was mentioned.

To possibly challenge a view of drug users being misinformed, all of the interviewees seemed to be very up to date with the current discourse, and with most of the theoretical knowledge presented in this thesis. They seemed passionate and enthusiastic with what they do. This could of course be biased, as possibly only the most enthusiastic ones would want to become interviewees for research.

As Harm Reduction International outlines on p. 8, harm reduction services are meant to minimize negative health, social and legal impacts. This can be clearly seen throughout my research; Kotilo acts as a point of awakening, sobering, and support for many individuals experiencing difficult experiences, and as mentioned on p. 17, also a service where individuals can take matters into their own hands. As seen through the results

provided by volunteers, Kotilo acts in the “identity movement” fraction (p.17), giving users the opportunity to become active on their field.

Environmental harm reduction strategies mentioned on page 13 became a very important aspect during the research; the provision of “safe space” and creating a social atmosphere where the risks and harms are taken seriously, “fanning the flame of care-taking culture” amongst peers were pointed out as one of the main strategies of harm reduction done by Kotilo service. Another important mention was policies creating harms and stigma (p. 13), as was also clearly evident in the interviews, many interviewees pointing out how Kotilo changes the social atmosphere, and alleviates the pressure of medical staff (p. 14) and the potential harm done to an individual’s mental wellbeing – the individuals don’t have to think they’ve done something horrific, or that their substance use would have detrimental consequences – they’ll receive help, and an accepting atmosphere, which by itself may alleviate the stress they’re under, or remove the fear factor in general, minimizing potential difficulties. As dealing with authorities was mentioned as a potential harm on p. 11, Kotilo might be a solution to minimize this harm too, providing assessment and on-the-spot first aid and care for individuals. As mentioned on p. 9, one of the most important ways to reduce harm is reducing marginalization – through the atmosphere created by Kotilo, these individuals now may feel more open, and more accepted, not having to hide their use, and being able to become to terms with it.

As is shown on page 9, HRI mentions that harm reduction services create “positive change”. This can be a point of debate though, since it is very hard to measure such changes. Positive change could be interpreted to be an individual’s change in substance-related behavior, or for example having an “awakening” at Kotilo and having to look at one’s decisions and direction in life; it could be having a more open atmosphere and care-culture, or it could be merely the fact of having a safe space to go to when faced with a difficult experience. Drawing conclusions of whether or not it was Kotilo that made these individuals have this experience, could be difficult though.

An interesting finding was, that none of the interviewees refer to the “clients” as clients – they preferred to say person, or person going through a difficult experience. This is interesting in a way that it removes the power dynamic of a client relationship, and sees the helper and the one helping as equals – very in line with the peer support theories discussed (p. 16-17), especially the point of peer support services putting everyone on the same page, and respecting the user’s knowledge and experience. A similar viewpoint

was raised on p. 10, where service providers' language raises an important point of removing stigma; referring to peers as "clients" might have a negative connotation, and denote the importance of informality (p. 15) when providing these services, which in turn might raise the threshold of seeking help.

As all of the interviewees highlighted themes like empathy and non-judgement, one could conclude that Kotilo is a very acceptance-based service, inviting anyone with open arms and understanding, which is very in line with the description of the service provided on p. 7. As discussed on page 8, Kotilo provides a facilitative approach, rather than coercive, facilitating the experience of the user and guiding it to a more positive outcome, ensuring the wellbeing of the user.

This acceptance-based practice was emphasized also in the theoretical framework of harm reduction (Chapter 3, p. 9-10), as well as the fact that the whole framework is rooted in human rights. This is another aspect all of the interviewees acknowledged, describing the need for these services and the right to have support regardless of one's substance use. Kotilo itself was seen to do important work, and the need for such services in the field of substance use can be clearly seen throughout the interviews – this correlates strongly with other researcher's findings (p. 11), and also what was discussed on page 2, stating that there really isn't many services for recreational users, even though there might be the need for it. This is something the interviewees also emphasized, when giving suggestions to health and social services professionals, describing the different "spectrums" of use.

Many interviewees stressed the fact that recreational drug use and problematic drug use have a "fine line" between them (as also discussed on p. 11). From this, one could conclude, that all drug use sits on a spectrum – on one end, there is problematic use, and on one end non-problematic use. All use sits somewhere on this spectrum, and an individual's use can slide on the spectrum as well, sometimes being considered more problematic, and sometimes less. As a whole, it would be harmful for the client group, to determine "all drug use" to be this or that, as it can vary and have different forms, and individuals in different places on the spectrum would have different needs.

Further, to think that recreational drug use could be considered "safe" or to be characterized by no problems arising from the use, would be disinforming. All interviewees in one way or another saw and identified different risks and harms of drug use – it was seen

as an inherently risky activity, much like extreme sports, where harm can be minimized and risks controlled by taking precautions, and by having services to provide support when an individual's precautions fail to deliver. Kotilo, and other harm reduction services, were seen as specific, short-term resolutions for a specific cause – much like mentioned on p. 19; meant to recover the general functionality of the individual.

According to the results, harm reduction services are much appreciated in festivals and other events; social, emotional and spiritual support, a safe space and empathetic non-judgemental approaches towards peers as clients are keys, as well as proximity, informality and expertise by the peers who come from the same culture. It also seems evident that the data and results can be expanded to describe a wider demographic of marginalized or disadvantaged people, their struggles and what they would require from a well-functioning service.

Overall, harm reduction services were perceived to have a positive impact on the individual and the community – of course, this cannot be thought to be an objective view. But, if the peers in the context see services like this in a positive light, and perceive the impacts to be beneficial, I would argue that that is all that matters, as the peers and individuals are the experts in their own context, and see the impacts from the inside out.

8.3 Answering the research questions

The research questions added on top of the aim of this thesis, were regarding the impact of the service on individual and community level, and the practical methods used in the service.

To evaluate the impact of the care interventions on an individual and community level, based on the results one could argue that they have a positive impact for the atmosphere of the festival or event as a whole – people are pleased to have the service around, it brings a sense of safety and comfort, and the people experiencing difficulties are not scattered around the festival grounds disrupting the experience of others. This seemed to be the most underlined and emphasized function, and the easiest to evaluate, since my interviewees were mostly able to reflect on times before and after the service was created.

The acute perceived impact of the intervention on the individual was also seen to be a very positive one; providing support, and reducing potential trauma of being left alone in a confused state – mental harm of drug use is being reduced on an individual level, as well as providing a sense of being heard, understood and supported.

The risk of hurting oneself, risk of being alone, and hence the risk of psychotic states were seen to have been minimized. As stigma can be seen as a risk as well, leading into social exclusion, the interviewees reported Kotilo minimizing stigma through making the issue more public.

Providing first aid and ensuring basic needs are met also has an impact on immediate wellbeing – the interviewees reported physical harm being reduced as well.

Long-term impacts are more difficult to evaluate, as no longitudinal research was done; the interviewees could only reflect on their experiences in retrospect. This as itself brings up an important point though: all interviewees were able to reflect on their experiences, and analyse methods, needs, risks and harms, and to provide critique – meaning, they have thought about the experiences, and are able to learn from them, and to adjust their actions based on them; they are active actors on the field, and able to see the consequences of their actions.

Volunteering on the other hand seemed to provide the individuals with a sense of setting an example, getting a direction in life and taking matters into one's own hands – in a sense, one could draw conclusions about grassroots activism. Volunteering was seen as a service to the peer community as a whole, and the role was taken seriously and with a lot of responsibility – based on results, it has provided the volunteers with more knowledge, positive experiences and even new friendships; a wholesome feeling of belonging and making a change.

To sum up the socio-pedagogical methods used by Kotilo service, they are all facilitative, acceptance-based low threshold methods, that were described to be intuitive – lived experience or experts by experience were highly appreciated, and all methods were evidence-based; known to work. A lot of emphasis was put into creating a safe space, facilitating the experience of the individual and being inviting and able to assess and adjust to different clients' needs and wants. Thus, practical methods could range from providing physical support and minor first aid or snacks and hydration, to one-on-one intervention counselling, where the volunteer sits through the experience with the client, giving them the time and space to reflect, open up, or just sit quietly whilst knowing that

there is someone there to take care of them. Qualified empathy seems to be an important tool; the ability to "walk in someone's shoes" without being completely immersed in their world, and being able to provide assistance and "direction" when needed.

The interviewees' understanding of socio-pedagogical working methods and practices was of course limited, so all these interpretations had to be drawn afterwards.

To sum up the findings as a whole; harm reduction methods by Kotilo rely heavily on proximity and good location, low threshold and experts by experience, as well as informality. The aim of these services is to provide inclusion, and ensure basic human rights and care to those having a difficult experience – to provide someone there to empathetically "go through" the experience with the person. As a whole, this has a positive impact on the wider scene and culture of recreational drug use events; providing a safe haven and ensuring the people having a difficult experience or experiencing adverse effects are not causing confusion all around the festival or event grounds – this is beneficial for other party goes, as well as the individual themselves. Services like Kotilo promote mental and physical wellbeing, as well as social, emotional and "spiritual" wellbeing, support and safety. Eventually, Kotilo might help integrate a difficult experience, make the most out of it or at least prevent further trauma or harm done.

My findings about the methods and importance of Kotilo service in general as a whole go well hand in with Carvalho et al's (2014) research about Kosmicare harm reduction service, and Ruane's (2018) research about several harm reduction modalities – no research has been done in the perspective of interviewing volunteers though, so references or similarities in regards to that are hard to pinpoint at this stage.

8.4 Improvements

To reflect on the suggestions given by interviewees, I could suggest improvements towards the Kotilo service, and for professionals on the field, dealing with drug users.

As for the harm reduction service provided by Kotilo, interviewees gave suggestions about having a look at the priorities and attitudes within the service – to make the note-taking possibly more discrete or casual, so that the individual in crisis doesn't feel interrogated or observed; to open up the service even more to non-psychedelics users; and taking a look at the physical space, making it as comfortable and peaceful as possible.

Opening up the service to non-psychedelics users more, would possibly mean more training, and raising awareness, possibly looking at different intervention methods and strategies based on the needs of the client group. As such, the need for such a service for non-psychedelics users remains unknown.

As for the suggestion of allowing more intuitive approaches to emerge, I am in two minds – yes, sometimes intuitive processes and intuitive encounters with clients are the emphasis, whereas when talking about an evidence-based practice, it is crucial to follow guidelines and stick to what the evidence says. As such, I would suggest intuitive approaches towards the decoration of the space and towards forming client relationships, as these processes are best created by the individuals performing care, and personal preferences and differences play a big role.

When it comes to professionals working in this field, suggestions about a more acceptance-based care and attitude arose, highlighting the importance of updated knowledge and personal experiences. As all social services providers should be learning organizations, the importance of educating oneself and gaining field experience cannot be stressed enough. Keeping in mind, that organizing field trips or formal education with services like Kotilo would breach confidentiality, and probably make their work more difficult in the field – possibly, education and awareness about different “forms” of substance use could be beneficial.

Experience-based practice was something that all the interviewees felt to be strongly beneficial, which correlates with the theories discussed on p. 16, emphasizing the importance of the peers being from the same sub-culture, thus being able to empathise with clients better than non-peers. Now, one cannot suggest social and health care professionals to indulge in the world of substance use themselves – but, rather, using experts by experience to provide inside information, could be beneficial. Also, actually listening to the clients, and learning from their experience is crucial – understanding their “culture”, and wanting to accept them for who they are, and learning from experiences with clients. Implementing methods mentioned in this thesis might become handy, as they have been reported directly from the field and practical work.

Kotilo was seen to provide a very specific, short-term relief in regards to problems associated with substance use – the service was described to be providing support in the

moment, and for the individual to get over the experience they are having. Further support was not discussed, but it was pointed out that some individuals might need it. Here, there might be a point of improvement – possibly to form a casual relationship with other services, and to be able to refer an individual to them, taking care this is not a scare and comes from a need that has risen from the individual themselves. To be able to provide such client assessment and referral, Kotilo should have professionals working on the field too – which may interfere with the peer status and meaning of the whole service.

As a whole, it could be beneficial for the service providers to consider this wide demographic of drug users and the issues faced by them, and potentially offer more low-threshold services for recreational users. As described by the interviewees, help or services for non-problematic users are non-existent, and sometimes even mentioning drug use can be detrimental in a care relationship with healthcare or social care professionals. It could be important to consider and realise these attitudes, and what kinds of effects they may have on the individual and their care plan.

An interesting intersection with the mental health care field could be noted – a lot of the interviewees pointed out the pre-existence of trauma in the individuals who seek help with Kotilo, and it seemed to be widely understood that some individuals have mental health -based reasons for their drug use. Personal crises were one of the main reasons for individuals to have a difficult experience in the first place, suggesting the fact that individuals with these conditions are the ones needing more assistance and precautions in the field of drug use, and that individuals experiencing mental health issues have a condition that can worsen their experience with substance abuse, resulting in more harm. This is something professionals can take note of, and possibly already have made the conclusion, that individuals experiencing drug-related problems probably have more underlying issues under the surface. Mental harm theories and ways to prevent it were also discussed on p. 10 and 12, and from these sources one could conclude, that such harms are more widely associated with recreational use.

An interesting reason for drug use was the spiritual side of it, that a lot of the interviewees mentioned – this probably isn't widely understood or spoken about. I suspect, that the reason why these individuals emphasized the importance of spiritual experiences in regards to drug use, would be that they associate with the psychedelic culture (as discussed on p. 5) – as mentioned, these sub-cultures tend to define themselves, and want

to stand out from the rest of the “user groups”, hence, some interviewees expressing their worries of Kotilo not being open enough to all users. Further, this sub-culture divide may lead into somewhat biased results, or results that correlate only with the psychedelic trance sub-culture.

In regards to my study, I found it interesting to have experiences on all sides of the story – purely from the volunteer perspective, and from the service user perspective; and the fact that some individuals were able to analyse both perspectives, was amazing. I was able to gain data on all sides of the story, and give a voice to the service users, as well as those with volunteering experience. In the future, it could be interesting to highlight this volunteering and experts by experience-side of the service provision even more. Maybe even Kotilo themselves promoting volunteer possibilities even further, could be beneficial for the spreading of harm reduction attitudes on the field. Creating short information workshops or lectures on harm reduction, their service in general, or the practical side of harm reduction during festivals or events could direct more people to the service, and educate a wider demographic on the issue.

To troubleshoot and improve my study, now in hindsight I would pick a more focused topic, and keep the interviews shorter and more straight to the point. The interviewees were happy to discuss any and all issues arising, and sometimes the interviews went on a tangent – usually, these tangents ended up being important for the study, as real life stories came up, but in regards to analyzing data and coming up with cohesive and concise conclusions, these tangents made my job a lot more difficult.

9 Discussion

As my research was only a case study, not a longitudinal study, conclusions on the long-term effects of harm reduction services may be limited, and impossible to draw as such. The perceived impacts could be important to consider though, as the feelings and thoughts of people going through a service really are the things that matter – how could you measure for example, the feeling of being supported? This is based on merely an individual’s perspective, and is thus always subjective – hence, the perceived impacts and effects should be taken into account, and not overlooked as non-generalizable data. With this thesis, I did not intend to be able to make generalizations or direct causal relations; the importance of a case study comes from the individuals’ subjective experiences.

One interesting finding was the “grey zones” that interviewees talked about a lot, where one might be slipping from recreational use to more frequent or problematic use – this in fact re-defines the perspective of this thesis. My hypothesis was, that there is such a thing as recreational use as a distinct category – this could be a point of debate though, as the categories seem to overlap from person to person, or even during different times of one person’s substance use, and definite lines or definitions might be harder to pinpoint than what I originally thought.

My research aim was to provide qualitative data arising from the field and confidential discussions – this I was able to provide clearly, and the more I dove into the “world” of this sub-culture, the more I kept on researching and understanding the subtleties. On the other hand, answering my research question about impacts of Kotilo service, may have been difficult, and providing a black-and-white answer might be biased; though, the provision of black-and-white answers or data in general was never my intention – the intention was to give a voice to recreational users, and provide information about the on-the-field workings of a harm reduction service. As the name of the thesis stands; the intention was to look into how peer organisations support the wellbeing of partygoers. Even though the long term effects of such support couldn’t be scrutinized, support is still always a welcome change.

As the principles of harm reduction deal to some extent with this notion of bringing about “positive change” within the field, I was surprised to not find much of this positive change being reported in the interviews, for example in the form of changed drug habits. I then realized, this change was something bigger – it was a change in attitude in the bigger context. It could be change in the way festivals now consider these services as an integral part of them; it could be the change of support services existing in general. Just the change of perspective towards drug users could be one; that they can be treated humanely and provided with support too, regardless of their choice of using or not using.

To further open up discussion on the field, I would take into consideration the suggestions rising from my interviewees – as they pointed out the interest for further studies, and further education on the issues surrounding recreational substance use, or substance use in general. Some also wanted to see how the Kotilo service itself changes within time – there could be potential for more research, and thesis opportunities. Recreational drug use as a research field seems somewhat of a taboo and more or less vast and difficult to define, and as mentioned earlier, up to date data can be scarce. The

interviewees also promoted acceptance-based practices, and valuing the experience of the individual – I think this is a point we all can learn from, be it on the field or in our interpersonal relationships in general.

For the health care and social services field, interesting methodologies and paradigms arose from the interviews – acceptance-basedness, facilitative methods, creating a safe space, removing stigma, and respecting the experience of the individual. The field has a lot to learn from the service user group themselves, and as outlined before, these services should always rise from demand. The methods and attitudes emphasized throughout this thesis, are something not only alcohol and other drug counsellors or social services providers in the substance use field can benefit from – these methods and mindsets can be applied throughout, to suit the needs of other disadvantaged folk, or people dealing with co-occurring issues – the intersectionalism and co-occurrence of different disadvantages or concerns at the same time should be noted and considered.

Furthermore, the data gathered could act as important information when setting up or creating guidelines for intervention modalities or harm reduction services in general; based on the data, an evidence-based intervention model could be created, and the needs and issues of the client group scoped in advance. The data gathered from Kotilo volunteers, could act as a catalyst for more discussion within the organization, and possibly pinpoint areas where more training needs to be done, or where more responsibility can be shifted to the volunteers and their expertise.

What would have made my workload easier, would have been pinpointing an even more specific research topic. This was difficult, because the field itself is not as known, and I felt the need to first pave the way for these kinds of services to be recognized in the field of social services. In the future, there would be potential for more specific research – for example, researching only one intervention method used, or focusing merely on the volunteers and their experience.

All in all, based both on the data and the theoretical background of this thesis, it seems evident that services like Kotilo are on the rise, and demand. How these services evolve, and how the legalities and regulations around them evolve, is merely a matter of speculation at this point, but an interesting thought nevertheless. My own interest and attention is drawn towards grassroots organisations at this point, making the hard yards of caring

for those who government bodies can't reach, or who fall between the cracks of the service provision network; or, seem to exist outside of the whole system in general. As human rights and care and support should be a right for everyone, grassroots organisations and volunteers do important work where regular social services fail to deliver – yet, is this the field where we should see more professionals, to ensure even better and more organized care modalities? Or, would that only destroy something beautiful, as informality seems to be the key to providing said services?

As mentioned before, not all knowledge is only theoretical – these volunteer organisations possess enormous amounts of practical knowledge and experience from the field, which should not be overlooked, rather, examined and learned from by professionals.

With this study, I wanted to shine a light on a wide but little-known demographic of drug users, and harm reduction service users. I wanted to show, what is harm reduction in practice, and how it relates to non-problematic drug use. As Kotilo volunteers would describe it, my intention was to “fan the flame of caring culture”. I believe, there still is not enough understanding of the ins and outs of recreational use, and as all harm reduction theories suggest, information is key – hence, I wanted to provide as much information from the field as possible with this study.

I wanted to introduce this somewhat new modality, and also bring forward the importance of grassroots organisations, and introduce recreational drug users as active agents on the field, possibly removing stigma surrounding them. I wanted to draw from their experiences, as they are literally the experts by experience. The practical methods used and introduced can be adapted to many situations and care modalities, when dealing with disadvantaged, marginalized people, or people under the influence.

The next step could be to see more of these acceptance-based low-threshold services popping up at festivals and events – or just more acceptance and wider understanding towards services like this. As argued before; the existence of these services does not promote drug use, they are there to answer and cater for a need arising from the field. We cannot stop drug use, it seems, the only thing we can do is help the individuals using, and prevent more harm from being done. Sweeping the issue under the rug or pretending it doesn't happen, leaves a lot of people vulnerable, stigmatized and on the outskirts of

a service network, unable to get help if problems arise; even scared to bring up their issues with drugs.

Something I needed to constantly consider during this research, was the ethical side of such a taboo issue. For example, event names could not be brought up, understandably. It was also brought to my knowledge, that some events will not accept harm reduction services on their premises, as it makes the event “look bad” and seem to accept drug use. That is something to consider for the event organisers as well: does having harm reduction services on site mean that drugs are inevitably used during that event, or does it send out a message of a more caring, preventative festival culture and point of view?

As mentioned earlier in the theoretical part of this thesis, as well as the interviews, having harm reduction services on site at events and festivals may relieve the stress from emergency personnel and security, as “spiritual crises” and other drug-related non-life threatening consequences can be treated by peers and other experts in a facility that can de-escalate these situations. This could be an interesting topic for further research.

I want to leave the reader with possibly a changed view on drug users in general – for any professional on the field, this thesis could prove to be important data, and show glimpses of the internal lives of drug users, providing more chances for empathy and understanding. Understanding is the key to better service provision.

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Interview Questions

ASIAKAS

1. Yleiset kysymykset & tutustuminen

- Kerro hieman itsestäsi, taustastasi bilekulttuurissa, päihteidenkäytöstä (jos haluaa)

2. Syvemmin päihteistä, riskeistä, asenteista

- Miksi itse käyttää/muut käyttää päihteitä? Tunnistaako niistä hyötyjä, entä haittoja? Millaisia riskejä päihteidenkäyttöön liittyy? Mikä erottaa viihdekäytön muusta käytöstä?
- Millaisia "saantoja" tai haittojen vähennyksen metodeja itse käyttää? Tai tunnistaa muiden päihteidenkäyttäjien käyttävän?
- Miten kuvailisit viihdekäyttäjia, käyttöä tai kontekstia päihteitä käyttämättömälle henkilölle?

3. Kotilo kokemus, mielipiteet

- Mista sai tietää Kotilosta?
- Mina vuonna ja milla festareilla hakeutui Kotiloon?
- Mikä oli hakeutumisen syy? Kuvaile kokemusta
- Mita tapahtui kun pääsit Kotiloon – millainen ensivaikutelma? Oliko helppo hakeutua (kynnys)?
- Mita apua hait, entä mita apua sait?
- Milta informaalisuus tuntui – se kun vastassa oli peers eikä officials? Olisitko hakeutunut jos olisi ollut virallisen tahon järjestämä?
- Onko koskaan käyttänyt muita päihdepalveluja – osaako verrata Kotiloon?
- Koetko tulleeesi ymmärretyksi?

4. Vaikutukset elamaan

- Miten kokemus Kotilossa vaikutti akuutisti esim trippiin tai festarikokemukseen? Entä tunnistaako pidempia vaikutuksia elämänlaatuun? Millainen vaikutus käynnillä oli hyvinvointiisi? Psykykinen – fyysinen – sosiaalinen ? spirituaalinen? Turvallisuus?
- Mita jai paallimmaisena mieleen Kotilossa asioinnista? Tai onko jotain mita on ajatellut käynnin johdosta? Mita hyötyä kokemuksesta oli?
- Mita uskot että olisi tapahtunut jos et olisi päässyt Kotilon avun piiriin?
- Oletko huomannut muutoksia esim päihteidenkäytössäsi, asenteissa, turvallisuudentunteessa festareilla?
- Omalla kohdalla – miten sanoisit Kotilon ehkäisseen päihteistä koituvia haittoja tai minimoineen riskejä? "Suositteletko" muille – missä asioissa kannattaa hakeutua?
- Onko Kotilossa asiointiin ansiosta saanut esim ystäviä, maailmankatsomus avartunut, alkanut pitää parempaa huolta itsestään, kehittänyt metodeja joilla ehkäistä haittoja?

5. Muut mielipiteet

- Miten koet esim koulun huumevalistuksen?
- Miten paihteiden kaytosta koituvia haittoja voisi ratkaista? Onko Kotilon malli toimiva, onko jotain lisaa mita voit ajatella?
- Millaisia asenteita tunnistat paihteiden kayttoon liittyen – vaikuttaako tal-laiset asenteet kayttajien kohteluun?
- Mihin asioihin paihteisiin/paihteidenkayttajien kohteluun/asenteisiin toi-voisit muutosta? Millaista?

VAPAAEHTOINEN

1. Yleiset kysymykset & tutustuminen

- Kerro itsestasi, taustasta bilekulttuurissa, paihteidenkaytosta (ei valtta-matta)

2. Syvemmin vapaaehtoisuudesta

- Kauanko ollut vapaaehtoisena? Kuinka monilla festareilla?
- Miksi lahti vapaaehtoiseksi tarkemmin, mita se sinulle merkitsee? Mita saat siita?
- Koetko etta omalla vertais-taustalla on hyotyä? Esim. Tieto/kokemus paihteista, miten auttaa?
- Miten vapaaehtoisuuteen perustuva palvelu eroaa virallisesta tahosta – mika vaikutus on peer statuksella avun tarjoamisessa ja vastaanottamis-essa?
- Mita osaamista vapaaehtoisella pitaa olla – henkilökohtaiset kompe-tenssit?

3. Kotilossa tyoskentely, metodit, asiakkaiden kokemukset

- Millaisten asioiden parissa asiakkaat yleensa Kotiloon saapuu – millaisia tarpeita? Miten heidat otetaan vastaan? Millaisin metodein heidan kanssaan tyoskentely onnistuu?
- Miten Kotilo konkreettisesti ehkaisee paihteista aiheutuvia haittoja ja min-imoit riskoja? Millaisia keinoja tunnistaa?
- Millaisia riskeja, haittoja, tunnistaa festareilla tapahtuvaan paihteidenkayttoon liittyen, ja millaisin metodein niita voidaan ehkaista?
- Mika on vapaaehtoisuudessa tarkeinta? Millaista konkreettista hyotyä naet tyostasi olevan? Mika on tarkeinta mita asiakkaalle voi taman palve-lun kautta antaa?
- Oletko huomannut muutoksia overall bile/paihdekayttaytymisessa?
- Tavoittaako Kotilo tietyn riskiryhman, ja kuinka hyvin (arvioi)?
- Acceptance-based approach & empathy – oletko empaattinen ihminen, MITEN ottaa toinen empaattisesti vastaan ja luoda ilmapiiri?

4. Kotilon vaikutukset omaan ja asiakkaiden elamaan

- Mita olet saanut vapaaehtoisuudesta? Miten vapaaehtoisena toimiminen on vaikuttanut omaan psyyk. Fyys. Henkiseen hyvinvointiin? Enta sosiaaliseen?
- Millaisia lyhyen ja pitkän aikavälin vaikutuksia huomaa asiakkaissa? Esim miten muuttaa asiakkaan festarikokemusta? Enta jos saman asiakkaan tapaa myöhemmin – onko huomannut jotain “pattern”?
- Millaista palautetta saanut, itse Kotilossa työskenntelyn aikana tai kuullut Kotilosta yleisesti?
- Onko Kotilossa työskenntelyn ansiosta saanut esim ystavia, maailmankatsomus avartunut, alkanut pitää parempaa huolta itsestään, kehittänyt metodeja joilla ehkäistä haittoja – tai aikaansaanut tan muille?

5. Muut mielipiteet

- Omat paihdeasenteet – miten vaikuttaa työssä? Onko muuttuneet työn aikana?
- Miten naita asioita voisi soveltaa “viralliseen” paihdetyöhön? Ts “terveiset” paihdetyön ammattilaisille – mistä ottaa mallia?
- Miten paihteiden käytöstä koituvia haittoja voisi ratkaista? Onko Kotilon malli toimiva, onko jotain lisää mitä voit ajatella?
- Millaisia asenteita tunnistat paihteiden käyttöön liittyen – vaikuttaako talaiset asenteet käyttäjien kohteluun?
- Mihin asioihin paihteisiin/paihteidenkäyttäjien kohteluun/asenteisiin toivoisit muutosta?Millaista?

Invitation for interviews

Hei

Kotilon

vapaaehtoiset!

Etsin muutamaa haastateltavaa opinnäytetyötäni varten. Olen viimeisen vuoden sosionomiopiskelija, ja työni käsittelee haittojenvähennystä viihdekäytön kontekstissa. Työ toteutetaan tiiviissä yhteistyössä Kotilon kanssa, ja haastateltaviksi etsin

A) Kotilon vapaaehtoisia jotka ovat päätyneet vapaaehtoisiksi asiakkuuden kautta

B) muita Kotilon vapaaehtoisia/Kotilon asiakkaita

Haastattelu voi tapahtua joko face to face, tai esim Skypen/FB puhelun kautta, mielusti tässä kesän aikana – vastaukset nauhoitetaan, mutta datan analysoinnin jälkeen hävitetään. Vastaukset analysoidaan siten, ettei henkilötietoja, tai muita yksityistietoja saa selville – haastattelut ovat luottamuksellisia, ja olen itsekkin toiminut vastaavassa palvelussa, joten kosketuspintaa löytyy.

Eniten minua kiinnostavat ihmisten aidot kokemukset, mielipiteet ja tällä saralla toimivien äänen kuuluviin saaminen. Asiakkuuden kautta vapaaehtoisiksi ryhtyneet kiinnostavat eniten, sillä heillä olisi kokemusta ns. kentän molemmilta puolilta!

Kiitos jos pystyisit auttamaan tässä projektissa – laita viestiä FB Maya Kranz, tai sähköpostilla Maija.kranz@metropolia.fi, niin keskustellaan tarkemmin (: