



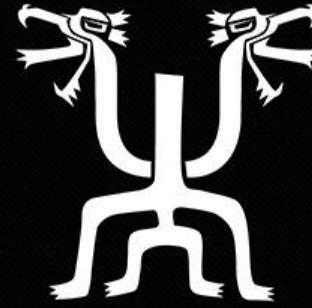
Project Kosmicare – Boom Festival

Nights Conference 2016

Maria Carmo Carvalho



- 2002: for the first time at Boom, Liminal Village hosted an information stand about drugs and harm reduction
- 2004: Kosmikiva (with the collaboration of MAPS). First time offered “psychedelic emergency services” at Boom.
- 2006 - 2008: Kosmicare (with the collaboration of MAPS)
- 2010 - ...: Kosmicare Project Partnership (Boom Festival, Catholic University of Portugal, SICAD – Portuguese Government)
- 2016: Kosmicare Association



KOSMICARE

ASSOCIATION

Harm Reduction and
Psychedelic Research

ASSOCIAÇÃO

Redução de Riscos e
Investigação Psicadélica

WEBSITE LANÇADO BREVEMENTE

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Boom Festival

Since 1997

Over 35 000 people from over 150 countries (2014);
33 000/170 countries (2016)

Biannual large-scale electronic dance music festival

Independent culture and multidisciplinary artistic
expression

Strong values (humanism, sustainability, equality)

“No logo” policy

High investment in care of partygoers

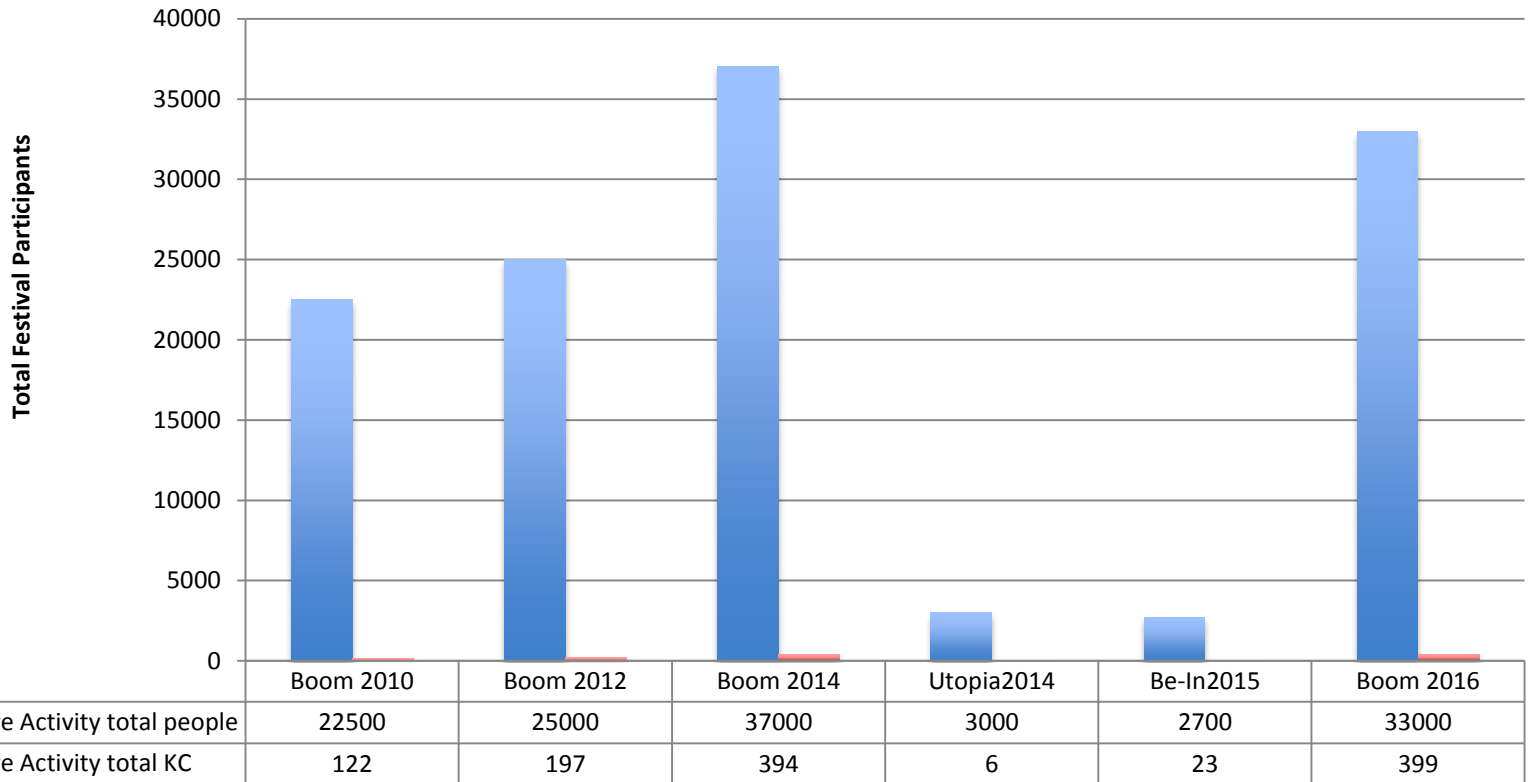
Several international awards in the field of sustainability

But also Utopia (2014), Be-In (2015) – up to present only
Good Mood, Lda Events.

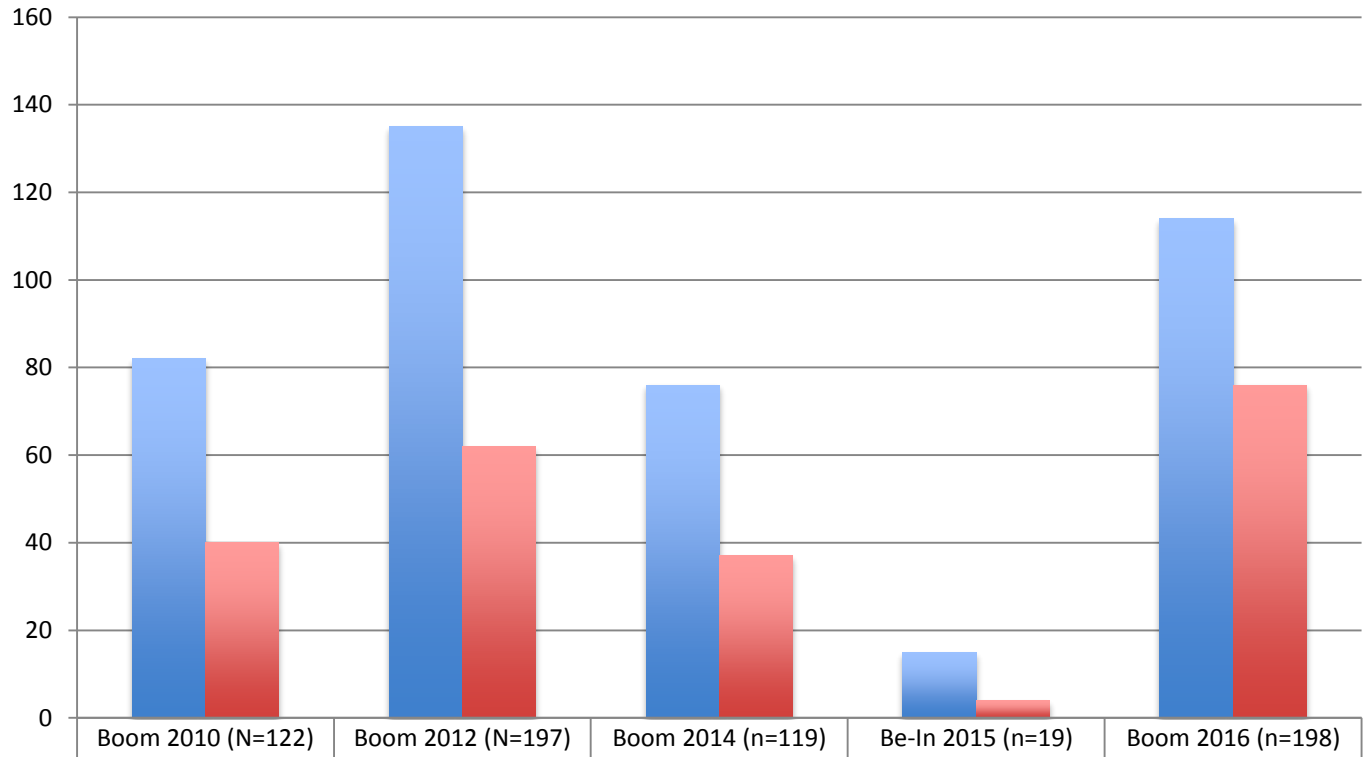




Kosmicare Activity 2010-2016 (N=1141)



Kosmicare Visitors - Gender

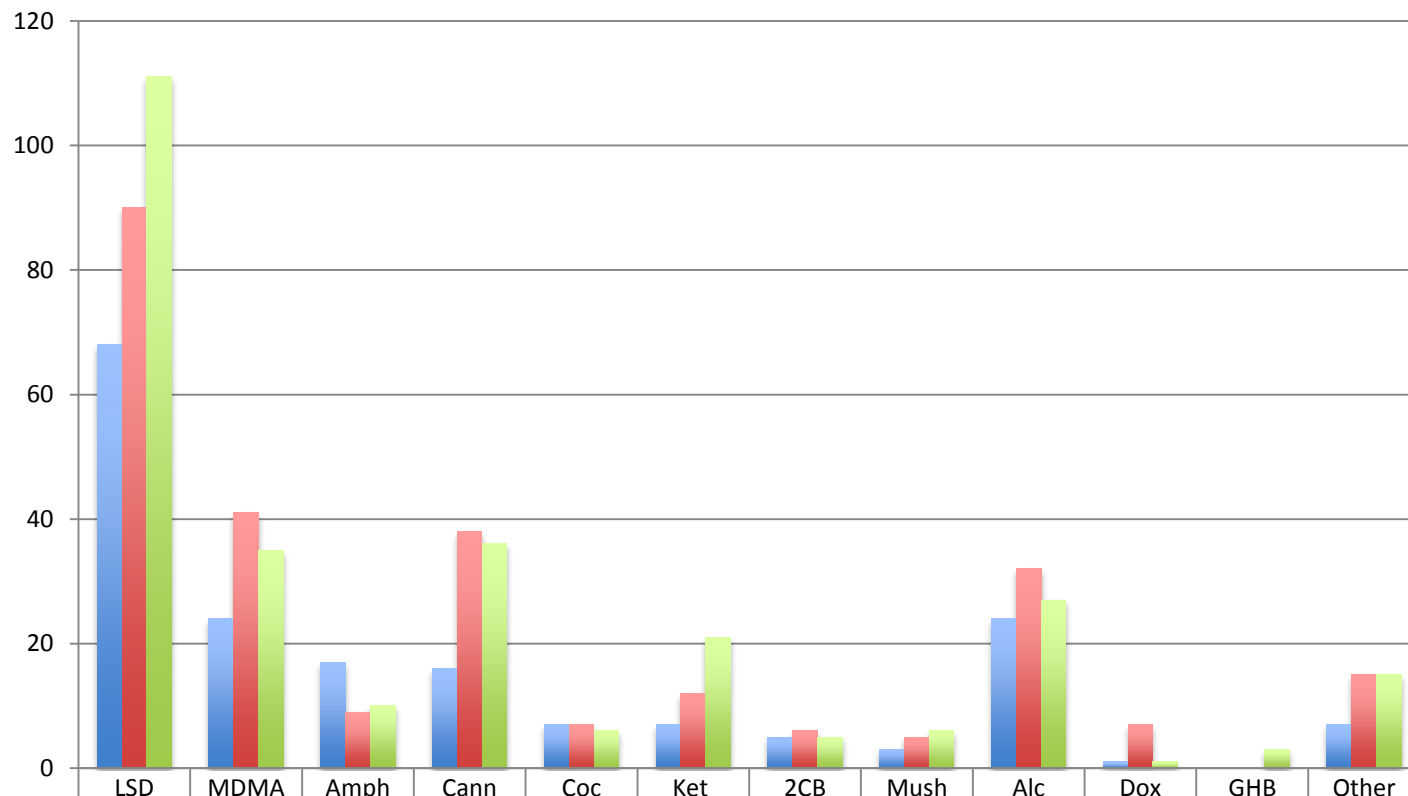


■ Kosmicare Visitors/Sex Male	82	135	76	15	114
■ Kosmicare Visitors/Sex Female	40	62	37	4	76



- 63,1% aged 19-29 yoa (2010)
- 90,2% from European countries (2010); 40 nationalities in total (2016)

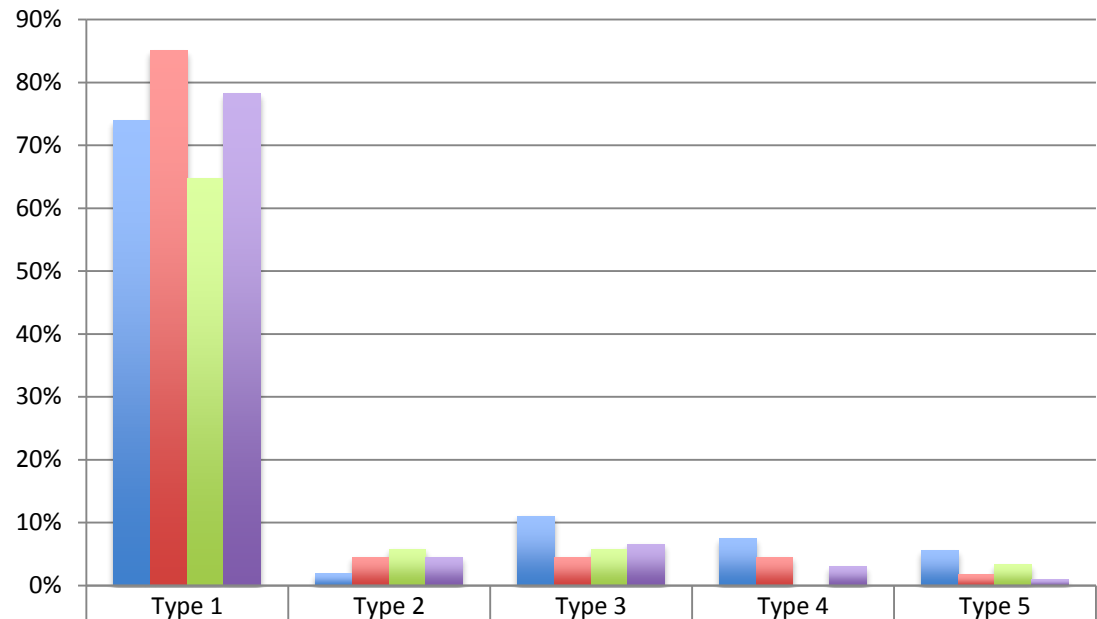
Kosmicare Visitors - PAS



“Other” includes prescription pharms, NPS, opium derivatives, DMT/changa, etc.



Kosmicare Visitors - Type of Crisis



	Type 1	Type 2	Type 3	Type 4	Type 5
Boom 2010 (N=122)	74%	1.90%	11%	7.40%	5.60%
Boom 2012 (N=197)	85%	4.50%	4.50%	4.50%	1.70%
Boom 2014 (n=119)	64.70%	5.80%	5.80%	0	3.30%
Boom 2016 (n=197)	78.20%	4.50%	6.60%	3%	1%

Type 1 – Difficult experience involving PAS use (intentionally or not);

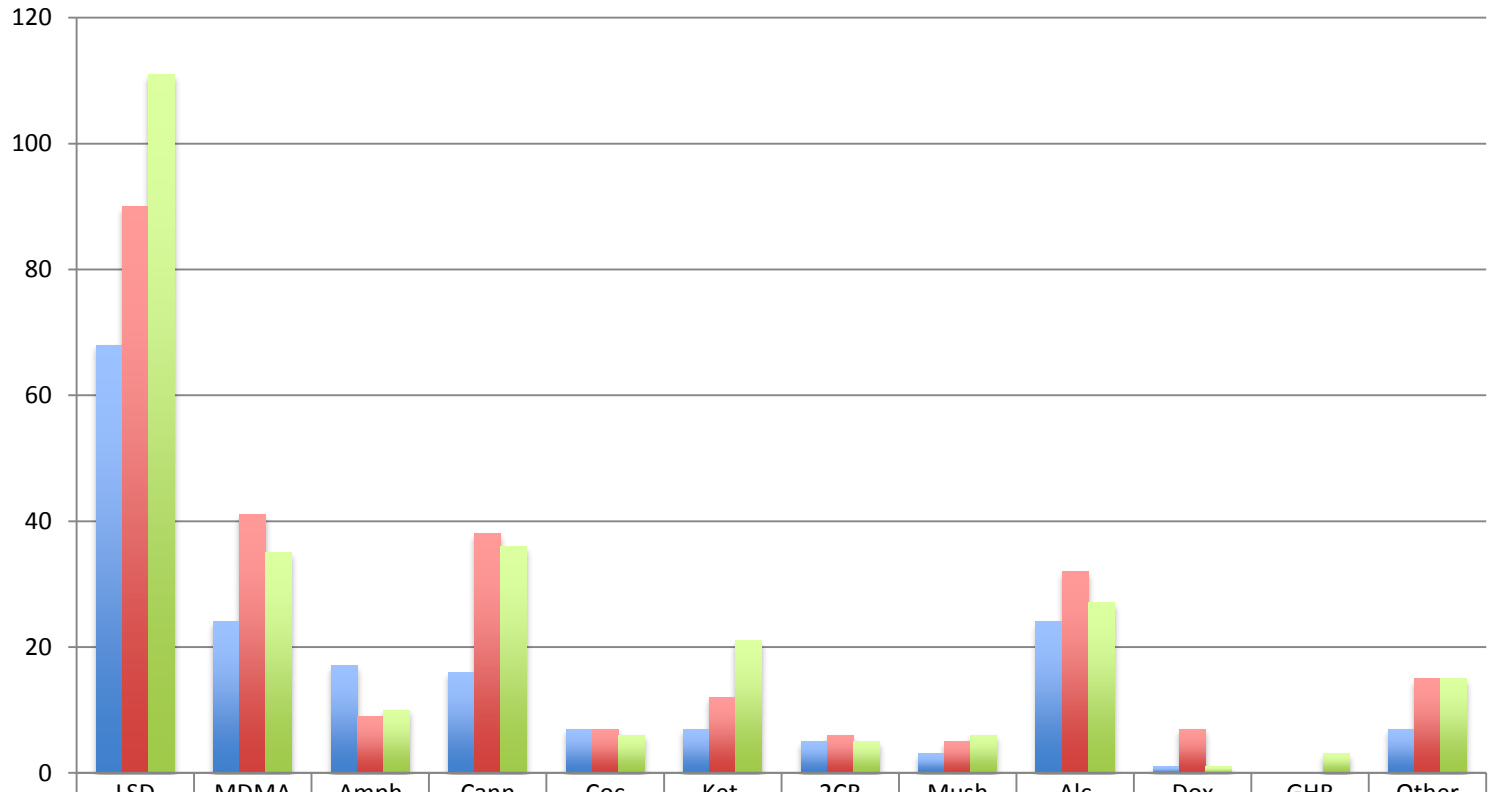
Type 2 – Personal crisis without PAS use/not motivated by PAS;

Type 3 – Non Crisis;

Type 4 – Mental crisis with PAS use;

Type 5 – Mental crisis without PAS use.

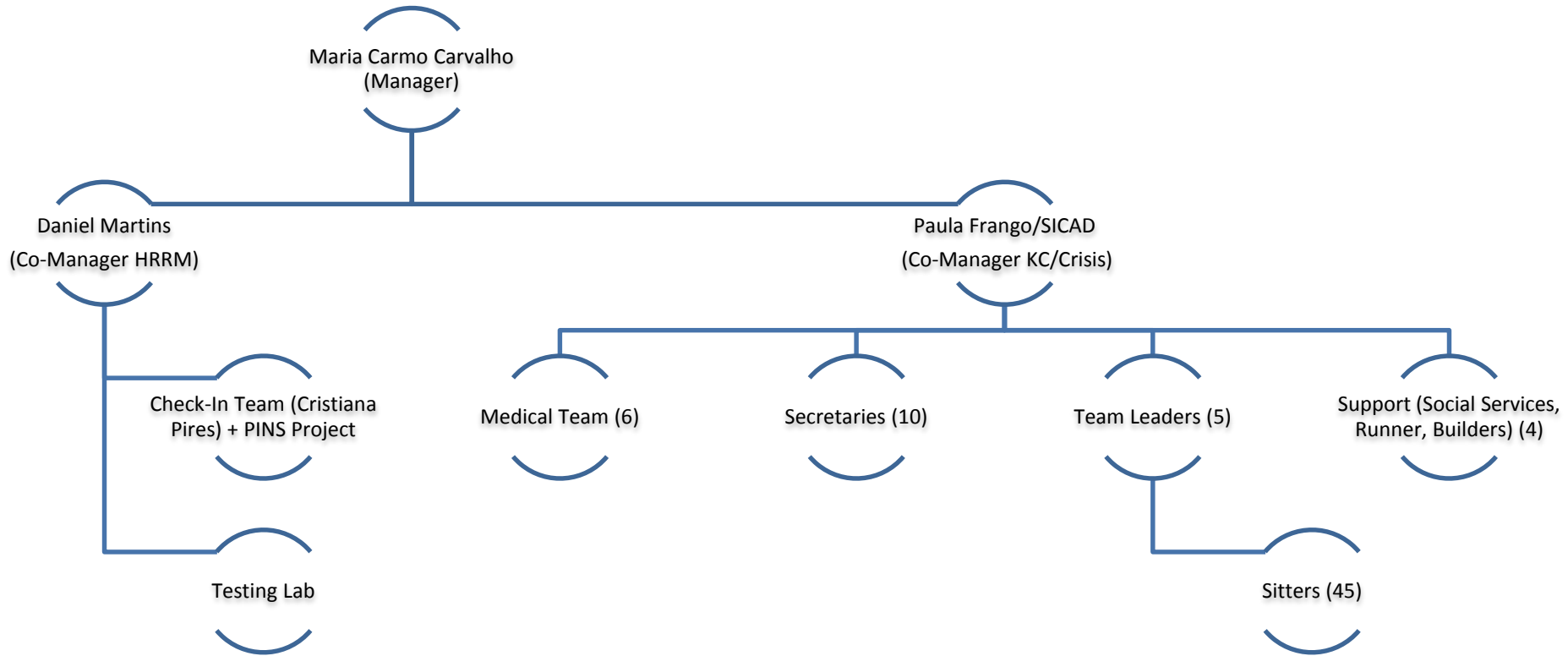
Kosmicare Visitors – PAS Use



	LSD	MDMA	Amph	Cann	Coc	Ket	2CB	Mush	Alc	Dox	GHB	Other
■ Boom 2010 (N=122)	68	24	17	16	7	7	5	3	24	1		7
■ Boom 2012 (N=155)	90	41	9	38	7	12	6	5	32	7		15
■ Boom 2016 (n=197)	111	35	10	36	6	21	5	6	27	1	3	15



The Team (2016)





The Team (2016)

KC/Crisis

- International and Multilingual
- Scientific/Psychotherapeutic/Medical backgrounds
- 24/24 hours
- 73 team members
 - 18 short term workers
 - 55 volunteers

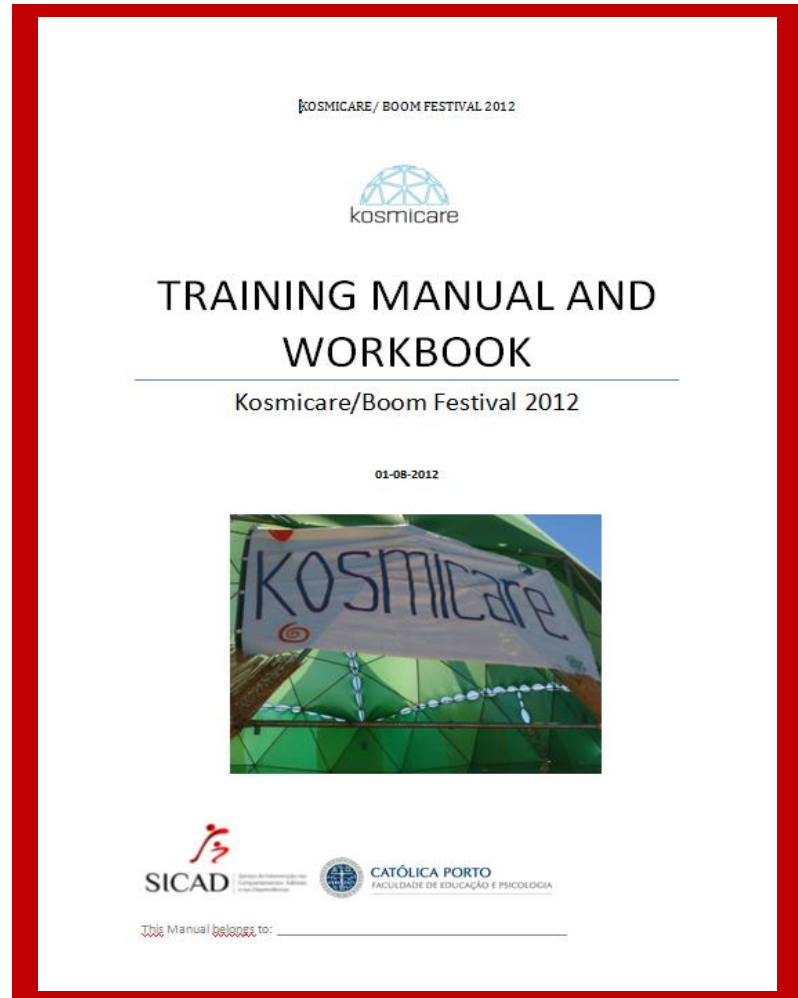
KC/HRRM

- International and Multilingual
- 1 short-term worker and 49 volunteers
- InfoStand and peer-to-peer work
- Drug Checking Lab (8h/day)



Intervention Process

- Stage Zero:
 - Recruitment
 - Planning
 - Training (on site)
 - Team Building (on site)



















Intervention Process

- Step One:
 - Guaranteeing communications with all festival areas to case detection (KC car, Radios, cooperation with Peace Keepers, Boom Medical Services, area managers, etc.)
 - Evaluate physical and mental condition (require observation by MD/nurse if required)
 - Collect all available data (visitor and/or friends)
 - Assign the case to a sitter
 - Guarantee good conditions of the space/safe space



Visitor (name and KC file number): _____
Day: ___/___/2016 Time: ___:___ Shift: ___:___

Sitter: _____

Form #1 – Visitor Report/Arrival
Please fill in this form at the moment visitor arrives at Kosmicare

Part 1 - Visitor Demographics

1. Age: _____ 2. Sex: Male Female 3. Previous times at the Festival: 1st Time 2nd Time 3 or more
4. Nationality: _____

Part 2 - Arrival at KC

4. This visitor was brought by: KC Team Medics Friends His/Her own Other:
(Describe): _____

5. If brought by friends, signal if stayed with him/her: Yes No (Describe – include friends names):

6. This visitor was brought because:

Was having a difficult experience associated with the intentional use of psychoactive substance(s) (PAS)

Was having a difficult experience associated with non-intentional use of psychoactive substance(s) (PAS)

Was having a personal crisis not related to PAS use.

Was having a mental (psychiatric) crisis not related to PAS use.

Was having a mental (psychiatric) crisis and also presented PAS use.

Other. Describe: _____

Part 3 - Psychoactive Substance Use (PAS) (when presented; signalling if "unknown")

7. Name of PAS (Including Alcohol; Cannabis and suspected NPS)	8. Ingestion quantities	9. When (day and Hour)	10. Ingestion context (where; with whom)	11. Ingestion strategy (e.g. snorted, smoked)
---	----------------------------	---------------------------	---	--



Visitor (code and initials): _____; _____ Sitter: _____ Day: ___/___/___ Time: ___:___ Shift: _____:

Form #2 – Mental Status Exam Checklist/Arrival/Departure

Please fill in this checklist in two distinct occasions: when visitor arrives and when visitor leaves Kosmicar

Part 1	Arrival		
	Yes	No	N.O.
Appearance, attitude and awareness of personal condition			
1. Person is inappropriately clothed for context			
2. Person presents poor personal care with hygiene.			
3. Person has distinctive personal traits (such as impairments, body modifications or others)			
4. Person is uncooperative with observation and intervention			
5. Person presents inadequate posture (only stands with help, is laying down or is retracted)			
6. Person presents inadequate eye contact (is avoidant, looking down, stares at inexistent object or stares at people)			
7. Person presents inadequate voice tone (speaks too loud, too low or is speechless)			
8. Person is physically agitated or aggressive.			
9. Person is disturbed or terrified			
10. Person is unaware of his/her condition and related severity			
11. Person is unaware of reality surrounding him/her			
Describe any further relevant details concerning person's <u>appearance, attitude and awareness of personal condition</u> :			
Part 2 Psychomotor Behavior	Arrival		
	Yes	No	N.O.

Departure		
Yes	No	N.O.
Departure		
Yes	No	N.O.

The Kosmicare Space



Individual boxes at main tent, team tippy and yurt for isolation.









Intervention Process

- Step two:
 - Offer care and support (Sitting; facilitation; minimum interference; compassionate restraint;...)
 - Satisfy basic needs (nutrition and hydration, comfort, hygiene, etc)
 - Holistic approach (based on personal needs, non-directive, active listening, talking through homeopathy and wide range of holistic therapies according to sitter's background and skills)
 - Psychiatric intervention (evaluation and psychopharmacology when required)
 - Case management (including keeping track of interventions in course, updating case evolution in the case file, consulting with team leaders and MD/psych when required, etc)

Visitor number: _____
Research Assistant ID: _____

Visitor ID (initials): _____
Sitter ID: _____

Intervention Form

(Secretary/Research Assistant fills out a form for each visitor during visitor's permanence in Kosmicare, gathering information directly or with sitter's assistance)

Name of Secretary: _____

Day: ___/___/___ **Time:** ___:___ **Shift:** ___:___

I. Describe the case and main issues visitor was dealing with (include emotional states and all available case history and present context information):

Visitor number: _____
Research Assistant ID: _____

Visitor ID (initials): _____
Sitter ID: _____

B. All relevant events and intervention strategies (per chronological order):

Day	Shift	Time	Sitter	Intervention Please describe all relevant <u>events</u> during visitor's permanence, <u>strategies</u> used and visitor <u>response</u> ; include allopathic or homeopathic medications; other medical interventions; psychological interventions; other therapeutic strategies used.









THANKS! MARJA & PAULA

TEAM LEADERS, MEDICAL
D.TEAM, LET'S MEET
TOMORROW, AUGUST, AT
13:00h



NEWIPES
2011

COORDINATION TEAM
Sofyense (Maple) 93 333 3193
PAULA RANGO 963437852
MARIA CARVALHO 933417867

SERVIÇO DE
ESTRANGEIROS E
FRUTEIRAS (SEP)
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MEDICAL TEAM
96 7987586
HOWARD LEVEVE
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ANTÓNIO MALTA
937273008
1964345534
PARAMEDICS 966738935

PILOT		
CO-PILOT		
SOCIAL WORKER		
RUNNER		
MEDICAL TEAM		
TEAM A	TEAM B	TEAM C
TL: Tom Shutte	TL: MANUEL	TL: Ben de
Jedro Amaro		Irene Pérez
Vicente Isidor		Rebeca B
Dimitri Milorad		Erwin Kr
Mandel Koeten	Danuta Sokolowska	Pep Cura
Marta Silva	Adam Andras	Carlos Du
Isma Cavalho	Eloa Veiga	Mariana
SEC: Maria Rodrigues	SEC: Dora Vasconcelos/Mila	SEC: M



TALK TO
ABOUT IT

SAGRE
CERTELA



Intervention Process

- Step three:
 - Offer Information (PAS related risks; crisis)
 - Offer opportunity for integration (a difficult experience isn't necessarily a bad experience)
 - Cooperate with authorities to support visitor (health, social and legal services outside the premises, like Central Hospital, Board Control Police, Embassies, Social Emergency Services, ...)
 - Visitor release (fill in evaluation and informed consent form)
 - Assist in evacuation (off-site, to camp, to BMS, ...)

Visitor (code and initials): _____ Sitter: _____ Day: ___/___/___ Time: ___:___
 Shift: _____

Form #4 – Visitor Feedback Form & Informed Consent

We want to make ~~Kosmicare~~ a better program that keeps on helping people going through difficult psychedelic experiences in the future. For this reason your feedback is of great interest to us! We ask you for your contribution to improve our services, by answering a few questions. Thank you for your collaboration!



Part I - The following items are related to your perception of Kosmicare Services.					
	Totally agree	Agree	Disagree	Totally Disagree	Don't know/Can't tell
1. I consider I have been helped by Kosmicare services.					
2. I consider Kosmicare's facilities had all the appropriate conditions to satisfy my needs during my stay.					
3. I consider Kosmicare had well prepared efficient staff to help me deal with my situation.					
4. I consider Kosmicare's staff was helpful, caring and available to satisfy my needs during my stay.					
5. Please feel free to comment on any aspect(s) related to your experience at Kosmicare .					

Part II - Informed Consent

We have scientific research going on that will help us increase knowledge on substance use and psychedelic emergency and crisis. For this reason, information regarding your stay at ~~Kosmicare~~ is of great importance for us. All data collected are totally anonymous and confidential and we would benefit a lot from your contribution by agreeing to the use of such data for research purposes. Please signal and sign below:







Intervention Process

- Step Four:
 - Evaluate
 - Research
 - Disseminate

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Current Drug Abuse Reviews, 2014, 7, 81-100

Crisis Intervention Related to the Use of Psychoactive Substances in Recreational Settings - Evaluating the Kosmicare Project at Boom Festival

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²Faculty of Education and Psychology - Catholic University of Portugal, Portugal.
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⁴Centre for Studies in Human Development, Faculty of Education and Psychology - Catholic University of Portugal, Portugal.
⁵Faculty of Psychology - University of Lisbon, Portugal.

ABSTRACT: Kosmicare project implements crisis intervention in situations related to the use of psychoactive substances at Boom Festival (Portugal). We present evaluation research that aims to contribute to the transformation of the project into an evidence-based intervention model. It relies on harm reduction and risk minimization principles, crisis intervention models, and Grief's psychosocial/psychological approach for crisis intervention in situations related to uncontrolled use of psychoactive substances. Interventions were expected to produce knowledge about the relation between substance use and mental health impact in reducing potential risk related to the use of psychoactive substances and mental illness, as well as an impact upon target population's views of themselves, their relationship to substance use, and to life events in general. Research includes data on process and outcome indicators through a mixed methods approach, collected with a sample of 4176 participants. Sample size varied considerably, however, among different research measures. 52% of Kosmicare visitors reported LSD use. Over 40% also presented multiple drug use. Pre-post mental state evaluation showed statistically significant difference (p<.05) confirming crisis resolution. Crisis episodes that presented as resolution were more often related with mental health outcomes following with psychoactive substance use or use. Visitors showed high satisfaction with intervention (n=58) and according to follow-up (n=18) this perception was stable over time. Crisis intervention was experienced as very significant. We discuss limitations and implications of evaluating national setting based interventions, and the relation between psychoactive substance use and psychopathology. Other data on visitor's profile and vulnerability to crisis showed monoculture.

Keywords: Crisis intervention, evaluation research, harm reduction and risk minimization, mental health disorders, psychoactive substance use, recreational environments.

INTRODUCTION AND FRAMEWORK

Over the last decades we have witnessed considerable transformation in psychoactive substance (PAS) use patterns that have also been observable in Portuguese nightlife and outdoor recreational environments. After an initial period (2001-2007) during which illicit drug use indicators in general population showed an increase, the period between 2007-2012 was marked in Portugal by a slight reduction and stabilization, observable in lifetime use but also in last month and last year indicators [1, 2]. In Portugal, when the general population is asked about preferred PAS use environments, recreational settings come up largely dominant, whether in the form of calendar events such as new-year's eve parties (47%), techno-raves (25%) or trance parties (19%) [3]. According to Fischer, Calafat, Pinna and Okorski [4] (recreational substance use "concerns the use of PAS that takes place for pleasure, typically with friends, in either formal recreational settings, such as nightclubs, and/or informal settings, such as on the streets and in the home" (p.357)). This definition presents considerable evolution since EMCDDA's former exclusive focus on young people's drug use in a "nightlife" context. This also translates to a tendency towards non-problematic drug use, a scenario in which participants' PAS use is seen to not significantly harm their global adjustment, as shown by recent studies of Portuguese partygoers [5].

Despite variability, qualitative research shows that specific meanings and motivations are evoked when partygoers report their experiences of PAS use at raves and trance parties. A number of recent studies [5-9] as well as some classic references [10] associate themes such as spiritual growth, transcendence, potentiating insight, getting

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Crisis Intervention in Recreational Settings. Data From Kosmicare 2010 Process Evaluation Results.

Carmo, M.C., Pinto de Sousa, M., Frango, P., Dias, P., Carvalho, J., Dias, P., Rodrigues, L. (2014) Faculty of Education and Psychology - Catholic University of Portugal, Porto. ** EU Grant: 2009-210022-0-001-001

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Introduction

- General Framework and need for intervention
- Increased overall PAS use, increase in problematic use (problematic PAS)
- Changing nature of PAS use trends and polydrug use (increased use of multiple recreational settings services use - intervention is yet to adjust to this changing scenario)
- Increased crisis use observed and be associated to PAS effects because of number of factors in recreational settings (raves, techno-raves, etc.) because of use of multiple health products administered by crisis intervention (see text)
- Psychological context of Portuguese documentation re: No evaluation of crisis intervention project Kosmicare at Boom Festival at the present.

Program Goals

- Reduce harm associated with use of PAS.
- Obtain information (PAS, potential effects, benefits and risks).
- Implement needs promotion intervention, diminish risk of mental illness associated at the use of PAS, through crisis intervention.
- Theoretical approach: integrative (Grief) experience in constructive experience offering a safe and protective environment where processing and integration can unfold.

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Program Structure

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- Theoretical approach: integrative (Grief) experience in constructive experience offering a safe and protective environment where processing and integration can unfold.

Method

Sample

RESEARCHERS

TEAMS

USERS

RESULTS

IV Results

Where expected target groups covered by intervention?

Was Kosmicare intervention appropriate for target's needs?

Was intervention regularly and adequately offered?

How was team satisfaction with the project? (Phase 1)

SWOT





Results: impact and efficacy

Table 10. Pre-post mental state evaluation results.

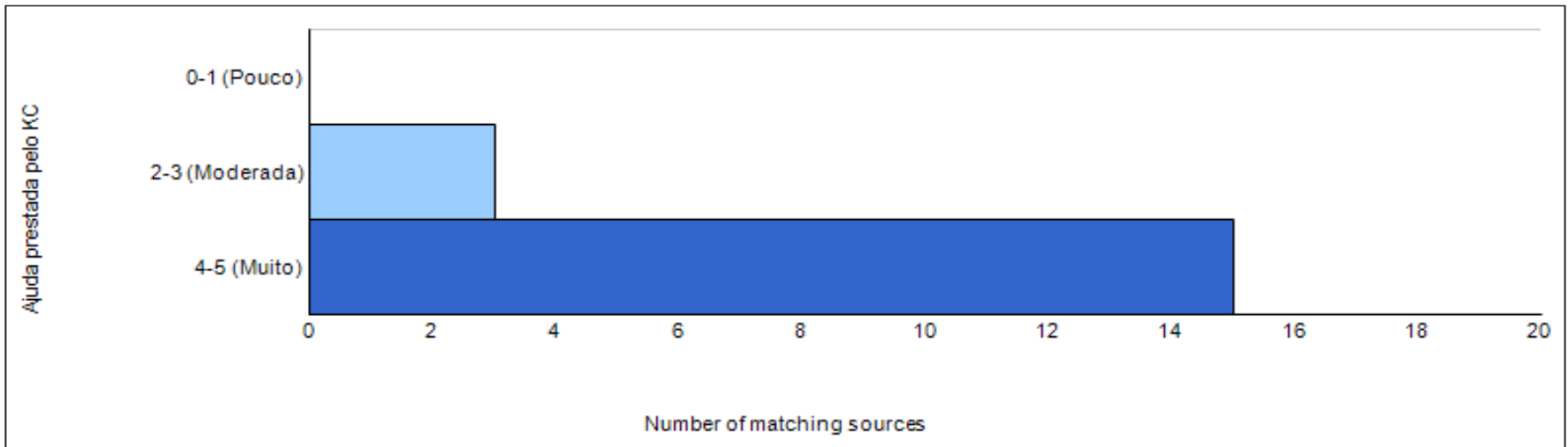
	Pre-Test (n=44) Mean (DP)	Post-Test (n=44) Mean (DP)	t (43)
Symptoms	8.89 (8.91)	2.05 (4.63)	5.48***

*** $p < .000$.

Table 9. Symptom evolution during intervention.

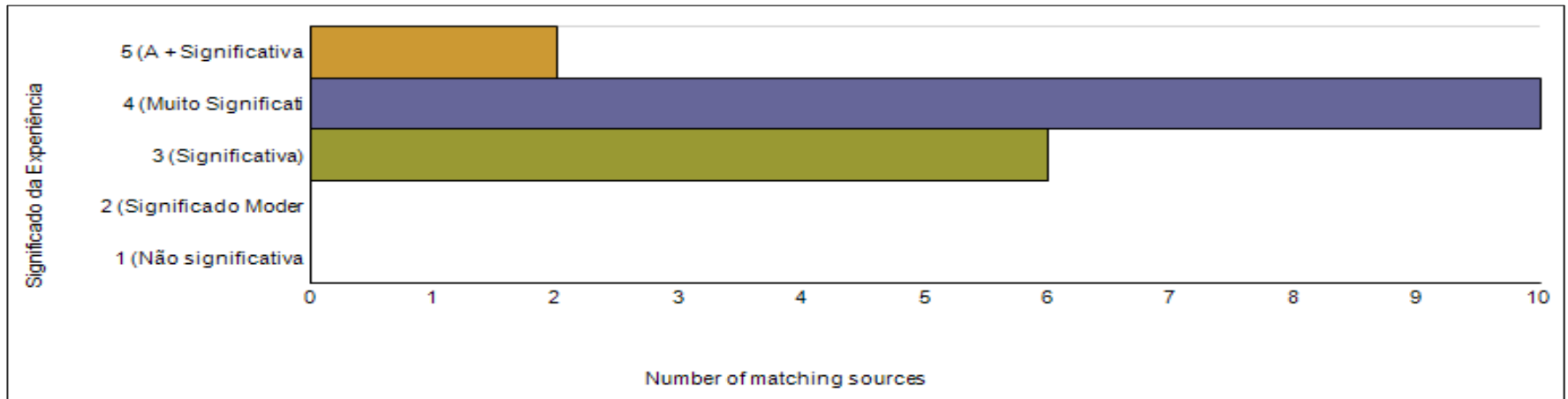
Symptomatology	Evolution During Intervention		
	Initial Stage	Development Stage	Final Stage
Motor activity (n=11)	82%	73%	0%
Attention, awareness, alertness and orientation (n=26)	81%	73%	25%
Physiological functions (n=33)	61%	85%	6%
Thought Process, speech and language (n=10)	90%	100%	40%
Thought content (n=29)	76%	90%	10%
Affections and emotions (n=75)	85%	93%	9%

- ❑ **What's the visitor's perception regarding the support offered by Kosmicare to it's crisis episode?**



- ❑ Most subjects (n=15) evaluate intervention positively at the follow-up. Intervention was effective in supporting visitors to overcome the crisis episode.

How meaningful was intervention considered by visitor?



Most visitors (n=10) consider intervention highly meaningful. n=2 visitors considered Kosmicare intervention “the most meaningful experience in their lives”.

- Kosmicare provides privileged access to partygoers PAS use, also NPS use.
- Kosmicare contributes to assist and solve crisis resulting from PAS use.
- Unsolved crisis episodes tend to reflect cases where it was suspected visitor had a pre-existing diagnosis.
- Differential diagnosis (between types of crisis) becomes more challenging due to presence of un-intentional use of NPS
- Symptomatology becomes more severe (longer, stronger) and requires many people to deal with a single case when NPS are present (challenge to HR)
- Follow-up of visitors and monitoring of long term consequences for physical and mental health is the major challenge.
- Dissemination of crisis intervention guarantees appropriate coverage of more serious consequences of PAS use (prevention of mental health disorders among other)



Challenges and Future Action

- Users profiles and motivations (higher health risk is not necessarily associated with novice and inexperienced/young users and/or unexpected effects from unintentional PAS/NPS)
- Improve follow-up to increase knowledge on motivations, profiles and intervention impact
- Market and offer are major influence for crisis (adulteration, purity)
- Differential diagnosis (psychological crisis vs medical emergency crisis; psychological crisis vs psychiatric crisis)
- Funding...
- Kosmicare Association
 - expanding the project to other national environments; expanding to other international environments (legal implications).



Thank you!

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