

DÁT2 PSY HELP MANUAL

A Practical Guide to Harm Reduction at Parties and Festivals



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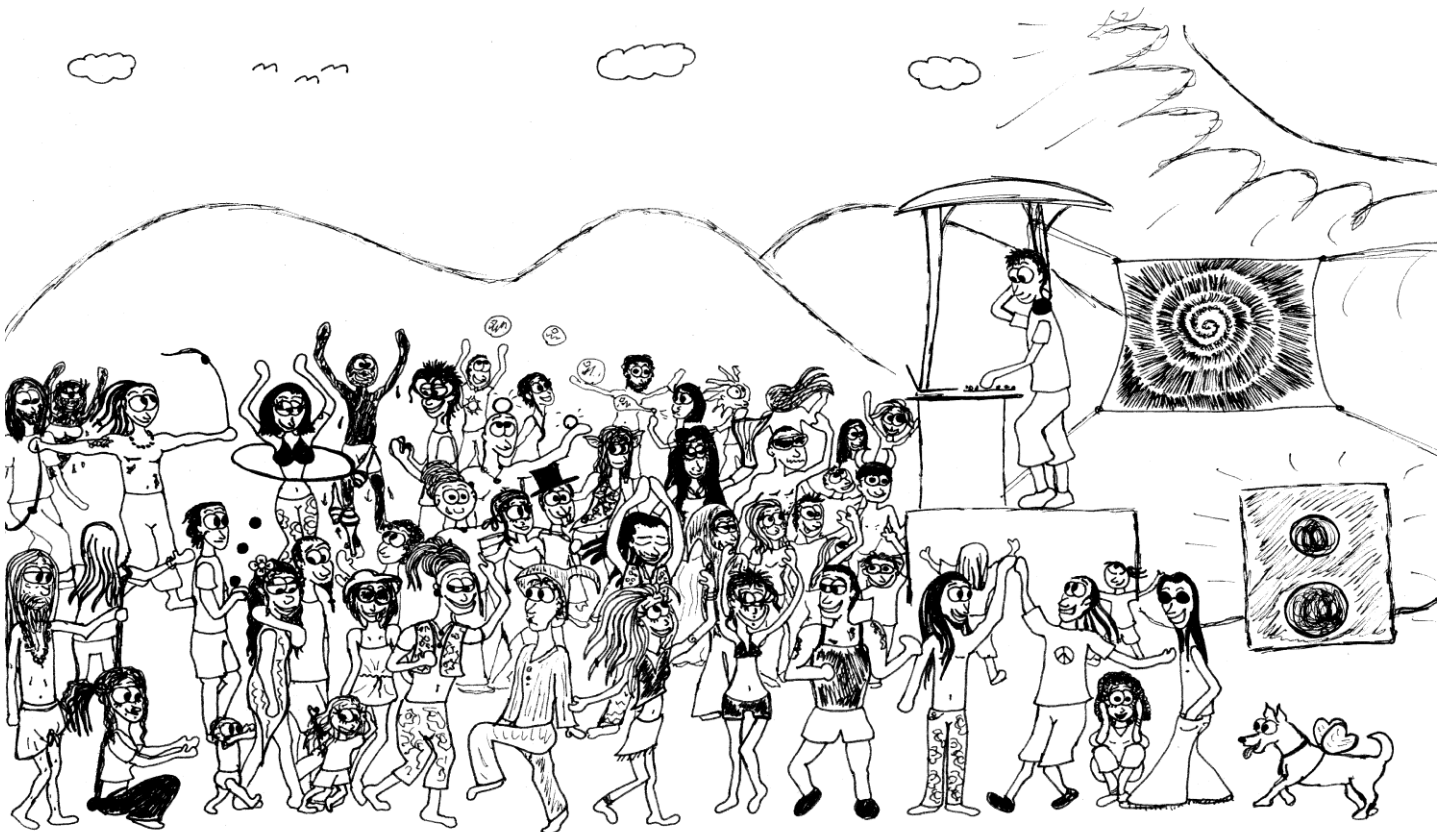
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PSY HELP Manual

Aim and scope

Electronic dance music events – especially multi-day outdoor festivals – may pose increased safety risks for their visitors due to their isolated location, harsh environmental conditions, outdoor phenomena, and psychoactive substance use. While many of these risks are indeed preventable or manageable by the guests themselves (or their friends present), there clearly seems to be a need for trained outsiders to take care of the less fortunate risk-takers. Hence, harm reduction interventions have been also increasingly reaching out to target potential clients on the spot. Operated mainly by NGOs, these “party services” may organize a diverse range of helping activities, such as handing out drinking water, disseminating substance-related information, giving first aid, and analyzing drugs. Moreover, a special type of service aims to intervene in psychedelic emergency situations, i.e., during hallucinogenic drug-induced temporary alterations of the psyche.

This harm reduction manual is based on practical work experiences in 2012 at the O.Z.O.R.A. festival in Hungary and at the Boom festival in Portugal. In order to properly handle risky situations and to reduce party-related harm, our manual compiles practical information from planning party services to performing interventions. We assume that the reader is somewhat familiar with drug-related topics, such as recognizing various drugs, knowing the basics of drug effects and risks, and recognizing people that are under the influence of drugs. On this basis, we describe how to apply proper measures to reduce potential harms of drug use. It is to be noted that the described practices are based on *our* own knowledge and experiences. We fully admit that other teams at other venues might as well have excellent alternative intervention techniques based on *their* own knowledge and experiences.

This “psy help” (i.e., psychedelic | psychological | psychiatric help) manual draws together practical knowledge on drug-related harm reduction from several party and festival interventions. The manual first outlines the planning of an intervention, and then discusses the requirements for the helpers as both individuals and team members. We list many practicalities regarding how to build and manage the site of the intervention, and we go into practical details about the psy help process, including various ethical considerations. Appendices of the manual are about [\(A\) Approximate Timetable for the Intervention](#), [\(B\) Recommended Items for Party Service Teams](#), [\(C\) List of Required Skills](#), [\(D\) Case Documentation Form](#), [\(E\) Drug Information](#), and [\(F\) Emergency Procedures](#).

1. Introduction



Harm Reduction at Festivals

Mass music events, such as parties and festivals, have emerged as increasingly popular forms of entertainment and recreation, especially in the electronic dance music culture. The creation of a “temporary autonomous zone” may enable markedly different modes of operation in the physiological, psychological, emotional, and social dimensions, hence it may give great opportunities for a life-enriching **experience**. Due to these very same unusual conditions, these environments may also pose increased risks for the visitors, such as:

- **Isolated location.** In order to keep disturbance to neighbors minimal, venues are often located far from populated areas and/or at exotic places (e.g., factory, forest, airbase, ship, and lakeside). The usual timeframe for parties is definitely the night, from late PM hours until sunrise, often prolonged with an additional after-party until the late AM hours, noon, or even later. Therefore, parties are both spatially and temporally isolated from services outside (including food, transportation, communication, and medical services), which may make emergency situations harder to handle.
- **Harsh environmental conditions.** Open-air festivals are prone to weather conditions, such as high temperatures, dry heat, cold nights, or heavy raining, which may cause physiological symptoms. Many of the weather-related negative consequences can be, however, prevented well by carrying and wearing proper equipment (e.g., sun hat, sweater, rain coat, umbrella), or by doing proper procedures (e.g., applying sun cream, staying hydrated, putting on warm socks, changing wet clothes to dry ones). Unfortunately, it is difficult and cumbersome for party-goers to be well prepared for such a diverse range of risks.
- **Outdoor phenomena.** For the average urban dweller, staying outdoors poses some additional challenges, even apart from weather conditions. It may be risky to walk barefoot or in inappropriate shoes (thin sole or high heel), especially in darkness and/or off-paths. Dust, mud, and insects may also cause inconvenience. Hygiene conditions, as compared with the usual comfort level, may be also significantly reduced due to capacity problems: Access to running water, hot water, clean toilet, soap, and toilet paper may be limited or subject to waiting in line.

EXPERIENCE /ɪk's-piə-rɪ-əns/

„Active participation in events or activities, leading to the accumulation of knowledge or skill; the apprehension of an object, thought, or emotion through the senses or mind”

• **Psychoactive substance use.** Parties and festivals may offer an optimal environment to try, use, or experiment with various mind-altering substances of choice. Isolation from daily routines and the usual environment, a seemingly unlimited timeframe for recreation, and a subculturally like-minded peer group may all encourage the usage of psychoactive substances. Even though the vast majority of alcohol and drug usage does happen more or less “as planned”, there are still notable specific substance-related risks. Such risks originate partly from the properties of the substance (as a chemical compound), and partly from the patterns, methods, and circumstances of substance use. Impurities, dosing errors, misidentifications, drug interactions, and pre-existing medical conditions – often along with a careless attitude toward substance use – may cause physical and/or mental discomfort, which in turn may increase the chance of serious health risks or accidents. In these cases, experienced helpers may greatly reduce the risks and prevent negative consequences of drug use.

Harm Reduction Movements

Within the broad field of **harm reduction**, special outreach projects have targeted parties and festivals – mainly goa and psytrance – for the last 10-15 years. Nationally operating “party services” exist in many major towns of most European countries; lately, these individual organizations have been also coordinated to form networks and collaborative projects. The appreciation of peer-helping social work seems to play an important role for volunteer helpers (including self-helpers from within the community) who engage in party service provision. Indeed, such kind activities fit well also into the traditional Peace-Love-Unity-Respect ideologies of the rave/party/goa/psy subcultures.

Despite a clear need for and an acceptance of harm reduction services, obstacles for these helpful activities may emerge from both public pressure and the consequent national legislation. Even though harm reduction is considered as an important pillar of drug policies and pro-health interventions, party harm reduction may raise particular objections about “promoting drug use”. In practice, these objections may manifest as legislative measures against drug information provision, or drug checking services. On the other hand, party services are not always welcome to certain clubs and festivals, whose owners or organizers attempt to keep up a “drug-free” image by refusing any drug-related topics — including also drug-related helping services. As a solution, harm reduction services have been incorporated into various “party labels” that offer additional value for events and venues. Generally, it may be difficult to convince profit-oriented party and festival organizers about the importance of harm reduction: From their viewpoint, it only costs money, and does not have well-visible and easily measurable outcomes.

HARM REDUCTION /'härm ri-'døk-shən/

“A range of public health policies designed to reduce the harmful consequences associated with recreational drug use and other high risk activities”

Harm Reduction at the O.Z.O.R.A. Festival

Growing out from a rare full solar eclipse celebration in 1999 ("Solipse"), the O.Z.O.R.A. Festival in Hungary has established its position as the second biggest European "psychedelic tribal gathering" (right after the biennial Boom festival in Portugal). Organized annually since 2004, this one-week and 20,000-visitor event has been praised for its scenic location and friendly community atmosphere, also known as the "Ozora spirit". Located in a small valley and on its surrounding hills between cornfields, this local „Mecca” of the **psychedelic** subculture has a festival area that comprises of parking-camping spots, a main stage, a chillout dome, various shops, bars, and restaurants, and other cultural and recreational places.

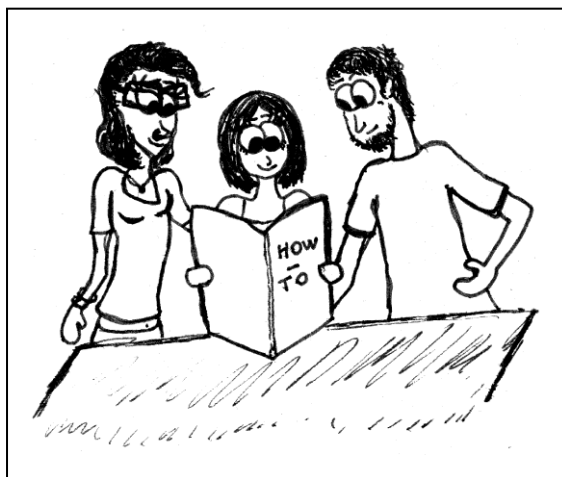
Festival harm reduction services at the O.Z.O.R.A. Festival have been provided by various local NGOs, such as Blue Point Party Service (2004-2006), MGTSz Party Depot (2007-2009), and the Hungarian Civil Liberties Union (2011), followed by an international team from Safer Festival (2012). Default services included the provision of drug information (in a tent) and free drinking water (on and near the main dancing area). Due to exceptionally hot summer weather, the 2011 focus was on free drinking water distribution only.

In 2012, the location for harm reduction services had moved from a small tent (near the main stage) to a huge circus tent (on a hilltop, above the main stage). This tent had previously served as the chillout stage until the construction of the current permanent wooden dome in 2011. The sheer size of "Haven" – meaning a safe harbor for body and mind – poses a unique challenge, as well as brings also unique opportunities. The enormous space inside, sized hundreds of square meters, enabled the separation, and therefore a more focused care of visitors having emotional or psychological hardship. The Haven serves as a two-step treatment: Intensive cases are first brought into a separated recovery area, from where – upon improving – they are relocated to the open area within the tent. In this public main area, they can talk to other people, about which opportunity they will be indeed informed in advance. Hence, other visitors in the tent will be also able to see the methods that the harm reduction team handles its cases with. These arrangements may also serve educational purposes, as other visitors can passively observe or perhaps also actively participate in the helping experience.

PSYCHEDELIC /sɪˈkəˈdeˌlɪk/

„An altered mental state of awareness characterized by intense and distorted sensory perceptions, hallucinations, delusions, and feelings of euphoria or sometimes despair”

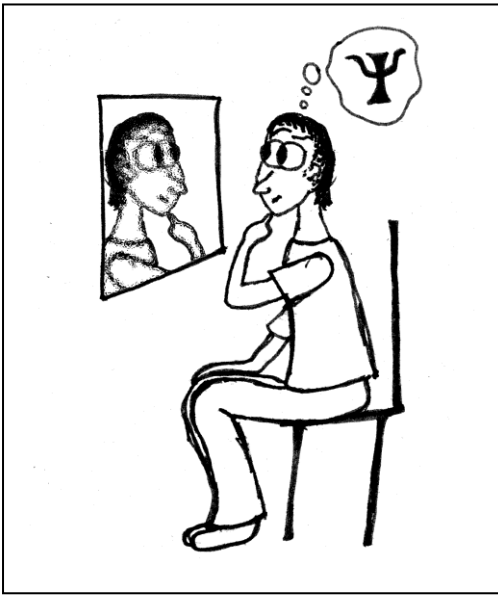
2. Planning an Intervention



Advance planning of an intervention is core essential, as individual helpers should be trained, teams should be pre-formed, materials should be purchased, and funding should be secured in time before the actual event. A brief timetable for intervention organizers can be found in [Appendix A](#), and a list of recommended items for party service teams can be found in [Appendix B](#). Here is only a short alphabetical list of other related topics that must be pondered in the planning phase.

- **Advertisement** – The presence of a harm reduction team, along with its actual location within the event, may not be well-known for a great number of guests. Thus, it is advised to utilize all forms of offline and online advertisement that is available before or during an event, such as party flyers, festival booklets (with map), festival guides, festival homepages, intervention organization homepages, discussion boards, social media festival fan pages, etc. It could be also great to have a few hundreds of flyers that could be handed to the visitors upon their arrival, at the entrance.
- **Educational Flyers** – In addition to substance information leaflets, teams should also distribute flyers that give advice to the guests about how to handle people having bad experiences. These flyers should include concise information about recognizing various emergency situations, and acting properly. It may be useful to educate guests about whether they should call paramedics, security, or the harm reduction team to help out in a certain situation.
- **Funding** – Monetary resources, as opposed to human resources (i.e., volunteer workforce), pose the most basic limitations on the extent of party service work. Depending on the available funding, it could be possible to cater for a bigger team, and to hand out more information material (e.g., flyers), consumable goods (e.g., glucose tablets, salty snacks etc.), or harm reducing items (e.g., condoms, ear plugs, snorting tubes etc.). Besides organizational self-funding and party organizer contributions, it is definitely worth trying to acquire funding from third parties, such as EU funding programs or – within ethical limits – from corporate sponsors.
- **Partnership** – It is strongly advisable to form strategic partnership with a variety of party-related organizations, which may include other harm reduction organizations and party service networks. Engaging in a partnership with those who can provide materials for guest comfort (blankets, spare clothes, heating) and space decoration (candles, pillows, textiles, art items) are also suggested.

3. Psychological Suitability



Party service interventions are basically interactions between helpers and guests (or in here: clients). Most of harm reduction initiatives are based on volunteering; at this moment there seems to be enough volunteer helpers. Due to continuity in harm reduction activities for many years, it is possible now to gather well-experienced teams consisting of volunteers only. However, it requires a planned education of new volunteers to transfer the skills and knowledge needed in a helper's work. For a compiled list of required skills, see [Appendix C](#) in this manual. Helping other people, especially by handling their physical and mental emergencies, is not an

easy task. For those who wish to volunteer, we recommend to ponder at least the following questions:

1. *Are you fit?*

Your body and mind should be OK to handle your cases properly. Physically, you should be able to support and move around your clients, and to carry items. In extreme cases, you should be also able to use force to keep patients down, or to carry them away (with the help of others). Mentally, you should be able to properly confront people who might be crying, swearing, verbally abusive, violent, threatening, self-harming, obsessive, compulsive, delusional, deliberately touching, inappropriately talking, sexually approaching, desperate, stuporous, and generally unpredictable. You should be able to handle all these situations (and many others) with emotionally balanced proper responses that honestly aim to help the client.

2. *Are you selfish?*

In a helper's work, you are indeed justified to feel fine upon handling a case properly — just not too fine. You should primarily feel good for your helped-out client, without getting caught up in self-attention processes about how cool you are. You should keep in mind that solving a case does not prove the superiority of your method; there might have been alternative methods that would have handled such cases equally successfully. You should also remember that party service helping is always a team work. Thus, success belongs also to all other members of the team — they might have contributed without you even knowing it.

3. *Are you humble?*

Helping at parties is essentially providing a service, which means that you are a “servant”, serving clients. Once you started your shift, you should definitely stay in your role, no matter that you do it voluntarily. Remember that both the clients and your colleagues rely on you, and do not let your ego take over. A humble attitude – as opposed to an egoistic self-confidence – is truly required. If you are unsure about a case, if your body or mind is exhausted, if your methods don't seem to work, then just let someone else take over the case. Be assured that in this work you are not being personally scored, but that you will be appreciated even if having a less active role in a successfully solved case.

4. *Are you a martyr?*

In help work, your importance as a helper may get into focus, as clients may be honestly thanking you for the work you have done for their well-being. However, it is very important for everybody that you keep a balance between work and rest. Even though you may feel an urge to save the whole world, your performance will gradually diminish if you don't take a break. Just look for signs: If you hamster work tasks, if you converse about being tired but successful, if you justify yourself to bend common rules, then you may be over the line. Workoholics are a risk for project completion, as they might crash, burn out, and drop out before the intervention ends, thus making it much harder for their colleagues to complete the mission.

5. *Are you picky?*

In your helper's work, you should be able to confront dirt, sweat, saliva, blood, vomit, urine, feces, open wounds, bruises, seizures, and other disgusting or frightening phenomena. Clearly, this line of work does suit better for those with a strong stomach and a tolerance for low-level hygiene. In fact, personal hygiene – e.g., washing hands with warm water and soap, or going to the toilet or shower whenever you wish to – is often also difficult to keep up within a festival environment during more intensive shift work. You should be prepared to clean up the mess after the clients (and sometimes also after your teammates), in order to keep the team's base neat and tidy.

6. *Are you altruistic?*

During interventions, you are basically located within a recreational setting, with hundreds of people having fun around your workplace. But instead of partying, you have decided to sacrifice your own free time in order to help your fellow human beings in need. This basic situation may easily give room for temptation, especially when persuaded by other partying people. Occasionally, you might feel to ease up a bit and to join in some forms of enjoyment with your non-working friends, or to check out the party a bit longer instead of resuming your tasks. Albeit most

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volunteer helpers are indeed dedicated, you should still know yourself honestly to decide whether you can surely commit yourself to help work without tilting (and finally falling over) to the partying side at the event. Essentially, this is about personal values: You should be able to give a long-term value to yourself as a helper of others (as compared to the short-term value of satisfying your needs to feel good and party hard).

7. *Can you attach?*

In principle, you should be able to approach, make contact with, and relate to all clients of various age, gender, race, nationality, ethnicity, looks, or mental state. Obviously, you will get an overall impression of a person based on these exact parameters, but nevertheless your generalizations, stereotypes, and former experiences should not affect negatively the current case. You can train yourself mentally to build up an open attitude toward all people that you encounter. Similarly, you should examine your possibly underlying (emotional) obstacles toward certain people, as these may reduce your potential to connect with your fellow human beings. In practice, good teams are always able to "distribute" their clients among the helpers, so helpers will not have to take clients that are unsympathetic at first sight.

8. *Can you detach?*

Once attached to the client – with caring, compassion, and sympathy – helpers should be able both to maintain an appropriate level of attachment and to appropriately detach from the cases. Psychological counseling includes the processes of transference and counter-transference between helper and client, i.e., a bidirectional swap effect on each others' thoughts and emotions. It might sound easy not to get involved too much with any single case; however, it may require practice through constant self-monitoring not to do so. As long as you keep thinking, you will always find new ideas to improve the client's condition. However, the goal is not to maximize, but to optimize your efforts by performing the right amount of help in each situation. Too much attention for one client may be counterproductive not only for that particular client, but an unbalanced use of resources may have negative effects on you, your colleagues, and your clients.

9. *Can you be discrete?*

Mind-altering substances may facilitate very unusual states of consciousness; therefore your clients may talk and behave in peculiar ways. People may open up emotionally and talk to you about deeply personal issues that you should treat with great discretion. Obviously, you might need to share some of the received information with your co-workers, but basically you should secure your clients' privacy. It may not be far-fetched to assume yourself the role of a doctor and a priest – you may hear both medical and spiritual details about persons who trust you. However, it is indeed OK to share particular case studies for educational purposes, but only when properly anonymized.

10. *Can you take pressure?*

Help work may become hectic at moments, with many clients requiring simultaneous attention. Cases may not always progress as you would like to, but unexpected difficulties may occur. In general, unknownness is a main factor, so practically you will not be able to lean back and enjoy until your shift is over. You may not have time to eat, drink or even to sit down while working. Sometimes you will need to take over additional tasks from your colleagues, or to fix up things after them. You should be able to cope with these things for many days, during the night, chronically tired and sleepy, etc. Thus, you will need good personal coping strategies for handling such pressure (both your own and also of others).

11. *Do you feel superior?*

Occasionally, harm reduction situations might appear for you as a bunch of dedicated and sober “cool people” taking care of drunken, drugged-up, self-injured, and babbling dummies. Although this may be indeed truthful, it is not a right attitude for a helper. Seeing other people with a temporarily diminished capacity for taking care of themselves should trigger an honest feeling of compassion in you, with your mind immediately starting to ponder the right ways to improve their conditions. You should never judge your clients morally for what they did (or did not) to get into their current helpless situation. In particular, you should never let any of your negative thoughts toward the client to manifest verbally or nonverbally. You should keep in mind that the people you are helping are over-sensitive, exposed, and vulnerable at the moment — but they have put their hope and trust in you.

12. *Do you have patience?*

Experience tells that after an initial more intensive phase, most cases resolve gradually by spending time with and around the client. The comforting presence of a helper is the key cure for many cases; psy helpers are often termed as “sitters” because of this rather passive dedication of their time. In this role, you might have to stay still and listen to the clients’ stories, which may vary from superficial chit-chat to deep philosophical insights. In other cases, you might have to repeat the same instructions or reassuring words over and over, due to your client’s temporarily diminished capacity for communication. In these situations, you must not show any signs of impatience or annoyance toward your clients, as they may easily pick up your negative signals and become upset, frustrated, or apologetic. Social work with children or elderly people may be useful for learning such appropriate behavior.

4. The Team



- **Size** – The optimal size of a team depends on the size of the event, the provided services, and the amount of working hours, as negotiated with the event organizer. For a usual one-shift team (e.g., at an all-night party), is suggested to consist of 3 to 8 persons. At multi-day festivals, help work is continuous (with 24-hour attendance), thus may consist of 4 or 5 shifts of such team sizes. Team transportation possibilities may also optimize team size: A smaller team of up to 5 persons may take a regular car, but a bigger team of 8 persons may ideally take a van (with the 9th person as the driver).

- **Composition** – Teams should be balanced with regard to the ratio of males and females, including at least one person of both genders per team. For international festivals, both local and foreign volunteers should be invited. Ideally, teams should contain both experienced and first-time volunteers for fieldwork and knowledge transfer purposes. Language skills and other expertise should be also taken into account in composing well-balanced teams.

- **Leaders** – Leaders should definitely have a significant amount of organizational and/or management skills and experience. This is an essential requirement, because even a skilled team may perform weakly and inefficiently in the lack of good leadership. While it is highly recommended to have at least one highly experienced person in each shift, but these persons should provide expertise information, not management functions. Team and shift leaders are not merely supervisors of others' work, but they should be in the hardest frontline of work, taking responsibility for managing the cases. It is essential to build up a mutual trust-based relationship between the shift leader and each of his/her shift worker, as the shift leader should be able to properly judge their skills and statuses, and to assign tasks accordingly.

- **Members** – Ideally, harm reduction team members are skilled and enthusiastic helpers who form a smoothly running team by contributing with their various skills and personality traits. To a reasonable extent, team members should be autonomous agents who interact on their own, including the initiation of whatever tasks they consider important. In short, extremities where the helper is (1) doing things only when commanded, (2) asking for approval or instructions before doing anything, or (3) doing things against rules and instructions, should be avoided. It is useful to mark team members with easily distinguishable similar-looking wearable signs that may vary from

uniform T-shirts and armbands to neck badges with a same-color string. Displaying a badge with a first name or nickname is recommended; optionally, the helper's language skills could be also shown on the badge. (Experience tells that uniform T-shirts are not handy at multi-day summer festivals, as they tend to get sweaty and dirty, and it is difficult to wash and clean them daily.)

- **Roles** – All team members are treated equally; nevertheless they can have different (and possibly rotating) special roles. **Information point helpers** will have to greet visitors at a desk near the entrance, talk with them, and provide information about what may be done and what may not be done inside the space. Greeting activities could happen also just outside the entrance (e.g., under a sunshade), for not to disturb those already inside, but to catch up the attention of walkers-by. Moreover, the welcoming volunteer acts also as a dispatcher who guides or points new visitors to the optimal location inside or outside the intervention venue, or calls for an optimal helper for them. **Staff room helpers** will have to take care of staff belongings and the equipment storage space, and to overlook those who enter and exit the resting and staff spaces. They may also act as “janitors”, and do some light logistic and cleanup tasks inside the intervention venue. **Patrol helpers** walk around the party area in every hour or two (possibly also at night), looking for people who need help. Patrollers may also keep contact with the ambulance, paramedics, or security personnel in order to bring in new cases, and escort guests around (to their tents, or to the toilet, etc.) when needed. While walking around, patrol helpers may also hand out promotional flyers and provide information on the exact location and details of the provided psy help services. Obviously, within smaller teams, the same individual helper must act in several different roles at once.

- **Meetings** – Both professional and volunteer members of a team will have to have training. It is highly recommended for team and shift leaders to meet in the planning phase and spend at least 8 hours together. If this is not possible – in case of international teams or long geographical distances – meetings should take place online, preferably through audiovisual connections. In addition, or at least, team and shift leaders should meet each other “live” immediately before the event at the festival venue, and to spend some hours together. During these meetings, they could exchange their experiences, add details to the intervention plan, examine volunteer helper data, and compose potential teams.

- **Building** – Team building should start at least a few weeks before the intervention by online methods and, if possible, personal meetings. In case of a one-time assembled team (i.e., where members do not know each other prior to the intervention), short introductory emails and Facebook befriending are recommended. Personal meetings, at least a day before the event, should include team building in form of “games” that aim at least to memorize other team members' most important “parameters”, and also to get familiar with each other.

5. The Venue



This chapter is based specifically on O.Z.O.R.A. festival experiences. However, the included general information is also applicable to other parties and festivals.

Location

- **Geographical location** – The exact location of the festival should be charted in advance, as it defines important possibilities and risks to be taken into consideration. The basic parameters are the type of terrain (desert, forest, lakeside, industrial setting, etc.), and its physical distance from regular services (public transportation, health services, retail services, etc.).

- **Festival area layout** – In general, the different parts of the festival are the main stage or dancefloor, chillout stage or space, parking areas, camping areas, shop areas, restaurant areas, festival information and lost-and-found points, ambulance and first aid stands, backstage or artist areas, bus stops, and so on. Helpers should be aware of the whole festival layout in order to guide visitors toward these facilities, or at least to point out the right direction.

- **Placement** – The exact location of the harm reduction services should be put to a visible and frequent location that can be easily seen and found. It should be away from external sounds and noises; for instance, it is recommended to have a base closer to a chillout area (if any) than to the main stage. However, the very back of the dance area may be a well-visible and on-the-route spot for services

Space

- **Structure** – Depending on the possibilities, the structure of the actual intervention may vary from permanent buildings to tents, teepees, yurts, and open areas. This latter should be covered in case of rainfall.

- **Arrangement** – It is recommended to divide the space to separate areas depending on their different use functions. There should be at least a general area, a staff area, a storage area, a sleeping area, and a special case area. With the exception of the general area, these other areas should preferably have only one entry point, which should be watched by one volunteer all the time. It is important to keep track of visitors, equipment, and difficult cases, as well as to keep away children, dogs, and other unwanted sources of disturbance.

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- **Sound** – An own sound system may greatly contribute to the relaxing atmosphere that is needed for calming down the visitors. As with the repertoire: Ambient (psybient), chillout (psychill), psydub, or ethno music is warmly recommended. Pre-compiled sets are preferably played in MP3 format from an USB memory stick, in order to avoid constant changing of CD records (especially in an assumably dusty or dirty outdoor environment). The music is best kept neutral: Lyrics should be minimal with no “messages”; soundscapes should induce positive feelings, with no strong associations to any ideologies (i.e., religious music is not recommended). In some cases, personal music may come handy (e.g., through wireless headphones), but nevertheless it should be provided only on a direct request from the visitor.
 - **Cleaning** – At outdoor festivals, the helping space may reside in a rather dusty environment; moreover, visitors (and staff) may leave trash, dishes, and various items all around the area. It is essential to collect the garbage frequently, to clean the area and to (re-)arrange the items. The placement of multiple garbage bags and ashtrays is recommended in and around the space. Selective collection of garbage should be implemented, if possible. An hourly check-up of overall tidiness is recommended. An end-cleaning at each shift change should be also done by the retiring team.
 - **Lost-and-found** – The lost-and-found point with an open box should be established preferably near the information point. The staff should continuously keep track and be aware of lost-and-found items in order to be able to help owners to find their items. Items with higher value (such as cameras, mobile phones, wallets with cash or bank cards) should be stored in the more secure staff room. In this case, a paper note should be put into the lost-and-found box mentioning the type of item and instructing to ask the staff about it. Found alcohol and drugs should not be left publicly available, but also should not be taken into possession. Rather, these items should be kept “hidden” somewhere (e.g., in a plastic bag in a corner); the exact location should be only shown (but the item should not be directly given!) to the assumed owner, i.e., the person who is specifically looking and asking for it.
 - **Decoration** – The decoration of the space is best to be done by a third party already before the event. The style of the decoration should be friendly and calming, preferably without “messages” or strong associations to any ideologies. Textiles, plants, and welcome notes are recommended to be displayed. Optimally, the style and design of the decoration should match the overall style and design of the festival. Lurid colors and visually disturbing geometrical patterns should be avoided. Instead, colorful and complex organic patterns may be used in the decoration to give long and calming visuo-emotional aesthetic pleasure to the visitors. As party people are familiar with fluorescent (“UV”) decoration, it should be OK. Strobe lights are, however, forbidden.

Infrastructure

- **Heating and cooling** – Due to significant temperature differences during the festival – at least between daytime and nighttime – it could be nice to have some kind of temperature control. In case of a tent, its “doors” or “walls” must be opened and closed appropriately. Electric or other types of heaters would be optimal; however, they may cause additional costs and potential fire hazard. Simple textiles, such as shades and blankets should be available for hot and cold temperatures, respectively.
- **Water** – Clean water for drinking and for washing hands and dishes is essential. A tap and a water hose within the space would be ideal to have; however, draining might be a problem. (Experience shows that people tend to leave taps open, and/or use excess amounts of water.) Minimally, a portable water tank (around 10-15 liters, with a small tap) is needed, along with a similar sized bucket for the drainage. Bringing fresh water and dumping the drainage are also the duties of the shift workers; sometimes visitors or friends can be also asked to perform these tasks. A regular check-up on the soap or hand-washing liquid situation is also needed.
- **Food** – At most festival areas, a large variety of food vendors are available, hence staff feeding can be easily done by providing meal and snack tickets. However, if public kitchens are also available nearby, then an effort to make food for the staff should be also considered. Upon advance planning and preparing, this would take approximately 30-60 minutes of work time per meal, preferably twice a day. This is indeed a relatively small amount of time to cater for about a dozen of workers in two shifts at once.
- **Internet connection** – Even though helpers in the team might have extensive knowledge about drugs, additional information on, e.g., rare substances and unique mixtures could be obtained if an internet connection is available on site. Wireless internet connection could be also provided to the guests, in order to communicate outside the festival – for example, to tell their parents that they are all right ;) An internet connection might be handy also in case of limited mobile network coverage on the festival area.
- **Waterproofing** – Working outdoors often includes a chance of rain, which the team should be well prepared for. This is essential because a storm could seriously ruin the circumstances of service providing, if blankets, food, medicaments etc. get wet. For drapery and carpets, it is suggested either to use waterproof (plastic) materials or non-waterproof but light materials that would dry quickly. Storages should be always covered with sizeable plastic sheets, and cardboard boxes should be kept on stones or wood in order to prevent underflow. Medicaments should be kept in airtight sealable boxes, electronic devices should be kept in or covered with plastic bags; electric junctions and lamps should be made watertight already when assembling.

6. The Intervention



- Work shifts** – It is recommended that the daily working time for each helper should be 6 hours at maximum. Off-duty time should be at least 24 hours to ensure proper rest and recreation. Hence, at least 5 shifting teams are needed: Each team working for 6 hours and resting for the next 24 hours (while the subsequent 4 other teams work). This also means that subsequent shifts for the same team will be at different times of the day, balancing each team’s workload (i.e., each team will have an equal amount of night, morning, afternoon, and evening shifts).

Marking teams with the letters A to E, this workload-balancing shift rotation will be like this:

	Day 1	Day 2	Day 3	Day 4	Day 5
(00:00-06:00) night	Team A	Team E	Team D	Team C	Team B
(06:00-12:00) morning	Team B	Team A	Team E	Team D	Team C
(12:00-18:00) afternoon	Team C	Team B	Team A	Team E	Team D
(18:00-24:00) evening	Team D	Team C	Team B	Team A	Team E

- Cases** – Every individual who needs support is considered as a case. Cases are initiated by a variety of ways: Persons themselves ask for help, their friends ask help for them, brought in by security, redirected by ambulance, assisted in by other festival guests, or found by patrolling helpers. Each of these different types of entries should have clear further procedures to follow.
- Number of helpers** – The number of helpers per case may vary depending on the severity of the case and the available helpers, but it is recommended to keep at 1 or 2. Too many helpers (like 3 or 4) around a single case may give the false impression of a severe situation, both to the person and to other visitors present at the premises. However, it is important to keep also a second person on each case, even if mostly in the background. It is also recommended that the primary active helper keeps a verbal contact to the secondary passive helper, as this may give the helped person an impression of more security due to the situation’s triangular dynamics. Other helpers may also be around and communicate with the primary and secondary helpers — but they don’t have to establish a direct verbal contact with the helped person. In this way, the helped person will also get visually familiar with the other team members, but he/she will not get confused by contacting too many helpers.

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- **Documentation** – Each case should be documented at least minimally by, e.g., a shortened version of the Kosmicare form used at the Boom festival (the DÁT2 Psy Help team’s version of this case documentation form is shown in [Appendix D](#)). Minimal information should include a case number, the person’s first name, gender, country, language of communication; time, circumstances, and reason of admission, the person’s condition at admission, types and amounts of substances used; appointed primary and secondary helpers, methods and materials of care; changes in condition during care; time and circumstances of leaving, the person’s condition at leaving, and his/her comments at leaving. In case of big teams, there could be one team member in a designated *Administrative helper* role who is responsible for recording the data in that shift. Lacking that, the two helpers and the shift leader should handle the administration and documentation. The administrative level-of-detail can be decided prior to the intervention, and dynamically adjusted according to the situation (number of cases, extreme cases, patrolling, etc.). It could be a good idea also to give a small contact card to the helped person upon his/her leaving, with a brief reminder note about when, why, how, and by whom he/she had been taken care of.
 - **Substance use** – Policies concerning the use of psychoactive substances during work seem to be a recurring and important topic for helper teams. On one hand, party helper teams are often organized from party people that are very familiar with the whole party culture, including alcohol and drug use. Therefore, building a helper team exclusively from “absolutist”, “drug-naïve”, or “ex-user” persons could be unrealistic for a party environment (and also for the age group). On the other hand, help work is a delicate interaction that may have a serious effect on the life of the helped person — hence it should be carried out with a “clear mind”, responsibility, and high-standard work ethics. Although a requirement for helpers to fully refrain from any psychoactive substance use (including alcohol, but excluding tobacco) could be justified, but such a policy should be always agreed upon clearly and in advance with the team members who plan to participate at the intervention. (Our own flexible policy requires a “clear enough mind” for maintaining full working skills and making responsible decisions, a tendency for client work priority over mind-altering, and honest communication for negotiating possible per-case exclusions)
 - **Ability to work** – Besides non-intended states due to acute substance use, there may be other reasons for team members not being able to produce a “clear enough mind” to work. Illness at the venue, sudden emotional disturbance due to external reasons, a significant lack of sleep, aftereffects of previous psychoactive substance use, or other unexpected reasons may render a team member incapable to work. In any case, all relevant happenings should be immediately reported to the shift leader, in order to make arrangements for a substitute worker. Each team member should be prepared to unconditionally accept the unanimous opinion of at least two other team members, as he/she may not be able to recognize his/her own inability to work.

7. Emergency Handling



At parties and festivals, various emergency situations occur primarily due to the use of psychoactive substances. An overview of information about the most frequently used psychoactive drugs (nicknames, category, appearance, legality, duration, effects, overdose, and treatment) is shown in [Appendix E](#). Possible emergency situations can be further subdivided into medical, psychological, psychiatric, psychedelic, and spiritual subgroups, each of these requiring different types of handling procedures, which are introduced next.

Medical Emergencies

Medical emergencies are severe situations that threaten the integrity of the biological body as a system, possibly causing some degrees of damage to the organs if left untreated. Such situations may occur also due to pre-existing medical conditions that are worsened by an acute intoxication or environmental effects. Underlying conditions may be allergy, asthma, chronic high blood pressure, diabetes, epilepsy, heart diseases, etc. These should be directly asked from the person if he/she is conscious and capable of verbal communication. If not, then evidences of these conditions can be searched by looking for medication packages in the pockets or bags, medical cards or prescriptions in the person's wallet, or special bracelets on the wrist. Simultaneously, signs of drug use can be searched by smelling the patient's nose and mouth area, as well as by looking at his fingers, pockets, and bags, etc. (Even though these activities may seem as a disrespect of the person's privacy, they are nevertheless fully justifiable in potential emergency situations.) A quick guide to emergency procedures, including resuscitation, can be found in [Appendix F](#) of this manual.

Psychological Emergencies

Alterations in cognition and emotions may also lead to psychological emergencies. In these situations, the persons are physiologically safe, but they are going through a somewhat difficult processing of emotional content. Personal issues may concern identity and relationship problems, various addictions, and life management difficulties. Psychological emergencies may be best helped by careful and compassionate listening (without giving specific advices). Helpers may also act as dispatchers by recommending external professional specialist helpers, if needed. It is

important to show understanding and non-judgmental acceptance, and to emotionally embrace the client by just "being there" for him/her. Many of these cases are not even actual "emergencies", but rather just psychological counseling situations; however, listening to these persons and guiding their self-reflective processes is the best that a helper can do for them.

Psychiatric Emergencies

Some emergency situations are clearly of psychiatric type. This category applies mostly for persons with pre-existing psychiatric disorders, but it can also include acute psychotic episodes triggered by psychoactive substances. It may also happen that some of these persons have been on constant psychiatric medication already before the party or festival, but during the event they might have accidentally forgotten to take their prescribed medication. Another reason could be that these patients want to deliberately experiment with other, unusual (often illegal) psychoactive substances or combinations, hoping that their condition would improve or their symptoms would decrease. (This is of no surprise, as the mechanisms of action of psychiatric medications may be similar to the mechanisms of action of illegal psychoactive substances.) It may also happen that a psychoactive substance triggers a prone person's first psychotic episode right at the party or festival. Having no prior experience on that state of mind, the situation may get worse as the thought of "going mad" might put the person in a negative feedback loop. While practically even such psychiatric cases have been successfully handled by experienced helpers, transporting the patient to a professional mental care facility should be seriously considered if he/she shows self-harming, suicidal, or violent behavior even after prolonged care.

Psychedelic Emergencies

Psychedelic emergencies ("PsyEm") are hallucinogen-induced situations in where a person goes through a difficult mental process due to a significant alteration in his/her consciousness. In PsyEm situations, perceptions of world, body, and mind may radically change, which may lead to anxiety and fear. Thought processes may become "looping" or incoherent, short and long term memory may be grossly impaired, hallucinations and delusions may appear as real, and attention may turn inwards or toward unreal things. In some cases, repressed emotional contents or traumatic memories may come to the surface. Paranoia, catatonia, disorientation, or stupor might appear as well, and in general, the person may be difficult to access by the default rational and verbal levels of interaction. Ethical norms and social roles are usually also diminished, which may result in unpredictable behavior. Even though PsyEm's are individually different, they can be managed in a somewhat similar manner. As the drug effects are gradually diminishing by time – and due to normal metabolic activity – the helping process involves only active care for a few hours. During this time, it is important to prevent accidental injuries to the person (i.e., a safe environment should be provided), as well as to advise him/her from taking more psychoactive

substances (which he/she may consider to do). PsyEm cases should be first persuaded to stay at the helping premises, after which a calming presence, occasional communication, and continuous reassuring may work well. Verbal communication should be kept simple; abstractions, questions, and negative associations should be avoided. A frequent cause of “bad trips” is the feeling of timelessness, i.e., that the trip “will never end”. In these cases, the person should be repeatedly reassured that this is a normal feeling in such a state of mind, and that the drug effects will be gradually fading away for sure — they just need to wait for some more time. (This helping procedure needs a lot of patience, as the persons may express their very same anxious feelings repeatedly, even within a few seconds or minutes.)

Spiritual Emergencies

Spiritual emergencies (or spiritual crises) should be recognized and distinguished from other types of emergencies. In these cases, there is a unique deepness and transcendental nature of the abstract thoughts presented by the person. Pondered issues usually go beyond regular personal problems, and may concern “big questions” of existence, and the relationship between the individual human being and the universe. Spiritual crises are more of religious-mystical in their nature, and the core problem is not their appearance, but how to interpret them personally. Transcendental experiences may involve visions, revelations, foresights, feelings of unity with the world, empathy toward all beings, rapture, awe, universal love, deep respect of nature, communication with supernatural entities, and other similar phenomena. In these cases, the person should be assured that his/her state of mind is indeed very unique, and that it is a part of a transformation process that may lead to becoming a more whole human being. The person may be encouraged to experience and explore the situation, and guided in the process according to his/her individual religious, spiritual, or ideological background (which may be changing as well). Once recognized properly, spiritual crises are unique opportunities for helping people to proceed further on their life paths, and therefore should be handled with due respect. In some cases, such persons may have an overwhelming wish to verbalize their extremely complex thoughts to the helper. Although listening to them is an essential part of the crisis-handling process, the clients may be also asked to write down their thoughts, or to make some drawings about the manifested topics on their own.

8. The Interaction



It can be clearly seen from the above mentioned emergency situations that the “psy help” interaction is a sensitive process between helper and client. However, most situations can be handled properly with a genuine sense of compassion that fundamentally guides the helper’s talk and behavior. This positively self-confident and friendly “vibration” will be surely felt by the client, even nonverbally and intuitively. Next, we enlist some aspects that can be consciously affected (and sometimes manipulated for the sake of the client) to enhance the client–helper interaction:

- **Attention** – A proper amount of attention resides obviously somewhere between the extremities of leaving the client unattended for a long time, and of paying so much attention that it becomes overwhelming for him/her. Because of their sometimes utterly confused states, clients can truly do unexpected things when left alone. Alternatively, they may feel that they are not getting proper care, and may simply leave the helping area if they feel insecure. On the contrary, too much attention may become strongly negative: Continuous attention from several helpers may give the client an impression about the situation being very severe or life-threatening (which would indeed logically explain the need for so many helping persons involved).
- **Eye contact** – Eye contact and conscious gaze control can be good methods of building trust in the client, especially when verbal assurance is limited due to the client’s mental condition. Needless to say that staring – with or without talking – should be always avoided. When noticing being observed, confused and anxious clients can easily create delusions about what other people think of them. Therefore, eye contact should be always accompanied with clear words or easily interpretable mimics and gestures. Conscious gaze control and other bodily “tricks” may be used to direct the client’s attention away from his/her inner problems toward other, safe stimuli outside.
- **Proximity** – At the helping location, the client needs to feel maximally safe, which can be achieved only gradually. Firstly, a good spot should be assigned, and the client should be guided there, and then he/she should be convinced to stay there. During these, it needs to be properly judged whether or not the client is ready to accept proximity and body contact, such as friendly hands around his/her shoulder. For some clients, a touch can be too much – irritating, provocative, or exploitation-like – and it may trigger unexpected reactions. On the other hand, proximity of a positive person can be also “addictive”, and clients may unintentionally build up a gradual attachment toward the helper, which should be recognized and kept under control by the helper.

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- **Body talk** – Body talk is also a great way to build trust with the client, and to establish a role of a “normal” partner for him/her. Postures and gestures should carry a message that the helper is not avoiding, not despising, and not afraid of the company of the client. Even though the helping process may include a significant amount of waiting, signs of boredom (like flicking a lighter) should be avoided. However, other body talk methods to manipulate the client’s state may be cautiously used, e.g., repeated yawning may induce a “contagious” sleepiness and relax the client.
 - **Talking** – The job of a helper – and in particular, in the role of a sitter – should involve an appropriate balance between listening and talking. When listening to the client, the helper should show genuine compassion and a soothing presence. Avoid questions about complex and sensitive issues, because these may confuse the client and/or raise baseless suspicion. Making jokes for a relaxing atmosphere is generally not recommended in the company of confused persons, as they may not be able to separate laughing *with* them from laughing *at* them. Similarly, nothing should be said half-aloud or from a distance so that a client would not hear it clearly; he/she must not get an impression of being the subject of an ongoing talking “behind his/her back”
 - **Items around** – People in stupor have diminished control functions, hence in their automatized and semi-conscious states they may attempt to utilize items that they find around. Therefore, helpers should not leave any sharp, heavy, hot, flammable, corrosive, fragile, falling, pourable, etc. objects around, and should be constantly alert to prevent the clients from interacting with such items.
 - **Wording** – The importance of choosing words appropriately needs to be emphasized in particular. It is essential that the helper should omit all references to negative emotions and fictive threats, as these might get selectively picked up by the client, and escalate to excessive levels. If the client needs to be instructed, commands should be brief and direct, telling what to do (instead of telling what *not* to do). Even simple tasks, such as to drink water, are best to be instructed.
 - **Telecommunication** – The use of mobile phones for private conversations at work is not recommended if the helping situation needs continuous monitoring of the client. It may also give false impressions and create delusions to the confused client about the conversations concerning particularly him/her. Similarly, the use of walkie-talkie phones (as sometimes provided by the festival security to the helper staff) is also not recommended – their loud and distorted sound may remind clients of a “police radio”, thus giving space to further delusional thoughts.

9. Ethical Considerations



- **Trading** – We strongly claim here that helping interactions are at their best when no forms of commercialism are present. A genuine helping environment should not be a place for trading, marketing, or similar activities. (Unfortunately, this may not be the case with the actual party/festival environment.) It should be guaranteed for the visitors that they will not be involved in commercial activities at the helping premises — especially as visitors may be in a somewhat altered, vulnerable, suggestible, and thus exploitable state of mind.

- **Donations** – In order to keep up a commerce-free and friendly service atmosphere, interventions should not be pre-calculatedly rely on visitors' financial support, selling items or accepting donations. However, experience tells that visitors may indeed feel good about supporting the intervention and the volunteer helpers. This applies to both those who had been already successfully helped out (showing thankfulness and gratitude), and those who just find the idea of helping useful in general (but are not in personal need for the services at the moment). Therefore, donations may be accepted ethically under certain conditions:

- 1) The existence of the donation box can be mentioned when presenting the space, but donations are not to be requested personally, e.g., after a case has been handled.
- 2) Only a single request sign should be displayed discretely next to the donation box, without other urging or begging messages to donate.
- 3) No „suggested (minimum) amounts” of donation should be displayed — that should be up to the donor's own consideration.
- 4) Donations must not be related to an exchange of items or services (e.g., "coffee/tea for donation") — that is not donation, but vending.
- 5) Donated money should be re-used for the helping services, e.g., to enhance the circumstances of both visitors and helpers.

- **Gifts** – Occasionally the (satisfied) client may like to give non-money gifts (e.g., a bracelet) to his/her personal helper, or some other items to the helping team. These presents can be also accepted and kept, and if possible, shared with other helpers on the work shift — especially if the gift is chocolate or a similar group-consumable delicacy! ;)

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- **Privacy and Discretion** – Helping situations may involve a disclosure of information regarding the clients' personal details and various orientations, physical and mental health conditions, covert personality traits, substance use habits, drug-related illegal activities, past and present life situations and problems, etc. These private pieces of information should be treated with discretion and respect. Such personal data should be shared only with those other helpers who are also in personal contact with that client, and only on a need-to-know basis, i.e., to facilitate adequate profiling and proper helping of the client.
 - **Responsibility** – By professional ethics, accepting a case means taking responsibility about the client, and caring for him/her as much as necessary. However, it already requires a prior assessment and a responsible decision whether or not to accept a certain case at all. It may be possible that a case rather belongs to the ambulance, hospital, security, or police, and not to volunteer helpers. Once accepted, the client is on the common responsibility of a team, until he/she leaves in an improved condition, or dispatched elsewhere. (It may also happen that a visitor simply disappears from the helping location without "checking out".) For each case, a primary and a secondary helper should be always appointed. Decisions should be made after consulting with other helpers on the case, the team leader, the intervention organizers, or other people taking responsibility. It may not always be easy to let cases go, but as long as the helpers' work was based on best knowledge, intentions, and skills, their responsibility ends with the leaving of visitors.
 - **Sensuality and Sexuality** – Sensuality and sexuality may well belong to parties and festivals, and therefore have to be considered also in connection with help work. Some visitors may be influenced by substances (e.g., MDMA) that may greatly enhance perception and sensation, as well as increase positive feelings toward other people. Thus, some visitors may behave in an intimate way toward helpers or other people around. Basically, matching the genders of the client and his/her helpers may already prevent most of such situations. As close physical distance may also trigger or increase such urges to connect, a transmission of nonverbal "send-away" signals are needed for some visitors (by using non-responsive body postures and mimics). In some cases, the visitor can be also directly instructed to behave appropriately (this is best done by several helpers repeating the request). Proximity may also trigger a certain degree of attraction in a helper toward a visitor or client. When noticed by the helper, this feeling is probably best transformed into solicitude, or some other non-personal general emotion. This transformation may enhance the helping process without developing a one-on-one attachment to the visitor. It should be also clear that any form of sensual or sexual (or material or other) exploitation of a vulnerable client is a gross violation of help work ethics, and leads to immediately expulsion from the team.

Appendix A: Approximate Timetable for the Intervention

Before the event (mostly online)

- Confirming the intervention
- Choosing team leaders
- Meeting team leaders
- Recruiting team members
- Training team members
- Introducing teams
- Promoting intervention (e.g., online discussion groups)
- Purchasing materials
- Organizing teams/materials transportation

At the venue, before intervention

- Reserving areas
- Forming teams
- Unpacking materials
- Building space
- Decorating space
- Arranging areas
- Building teams
- Training teams
- Contacting other festival staff (e.g., organizers, security, ambulance)
- Promoting the intervention publicly (e.g., on flyers)

At the venue, during intervention

- Acquiring cases
- Handling cases
- Keeping statistics
- Organizing meals
- Communicating with other festival staff

At the venue, after intervention

- Cleaning space
- Handling found items
- Packing materials
- Dismantling space
- Organizing teams/materials transportation

After the event

- Processing team feedback
- Processing client/visitor feedback
- Processing case documentation
- Reporting to the event organizers

Appendix B: Recommended Items for Helping Teams

First Aid and Medication

- for allergy: *Claritine* or other antihistamine pills or calcium pills
- for burns and insect bites: *Fenistil* ointment (dimethindene maleate) or *Irix* spray (herbal)
- for diarrhea: activated carbon pills (*Carbo activatus*)
- for headache: ibuprofen pills or gel capsules
- for menstruation pain and cramps: *Algoflex-M* (drotaverine HCl + ibuprofen)
- for preventing sunburn: sun cream [factor 30+]
- for skin disinfection: antimicrobial gel [evaporating]
- for wound care: sticking plaster / adhesive tape [various sizes]
- for wound disinfection: *Betadine* (iodine) or other ointment [not liquid]

Tools and Materials

- bendable metal wire
- bucket
- combined pliers
- duct tape
- eyebrow tweezers (with scissor grip)
- flashlight (+ extra batteries)
- garbage bags
- instant adhesive (acrylic)
- small scissors
- Swiss army knife

Items

- ball point pen
- bed sheet
- blanket
- chewing gum
- cigarette rolling paper, long size
- earplugs
- gas lighter or matches
- mattress
- paper tissue
- pocket mirror
- safety pins
- toilet paper
- warm socks

Appendix C: List of Required Skills

Knowledge of first aid and handling emergency situations

- **Symptoms and Tasks:** overheating, shock, acute intoxication, weakness, epileptic seizure
- **Drug Overdoses:** stimulants, depressants, hallucinogens
- **First Aid:** assessing situations, performing resuscitation (chest compressions + mouth-to-mouth breathing), checking for injuries, putting into recovery position

Knowledge of psychoactive substances

- **Drug Identification:** based on outlook (herbal, chemical etc.), packaging (plant, powder, pill, liquid etc.), or effect (stimulant, depressant, hallucinogen etc.)
- **Drug Knowledge:** dosage and effects of substances:
 - „traditional” party drugs:
 - stimulants (amphetamine/speed, cocaine, MDMA/Ecstasy)
 - depressants: alcohol, sedative prescription pills, GHB/GBL, ketamine, opiates
 - hallucinogens: LSD, *Psilocybe* mushrooms, mescaline cacti, DMT
 - others: cannabis/hash, *Salvia divinorum*, laughing gas
 - novel psychoactive substances / designer drugs / legal highs:
 - stimulants: piperazines and cathinones
 - hallucinogens: tryptamines and phenethylamines
 - synthetic cannabinoids (“herbal” smokes)
- **Drug Testing:** field tests, drug detectability in bodily fluids
- **Legal Issues:** substance schedules and local legality, criminal consequences of drug use, legal procedures, civil rights as suspect/witness

Knowledge of altered mental states

- Recognition and management of alcohol and drug overdoses, medical emergencies, psychological problems, psychotic breakdowns, psychedelic states and bad trips, spiritual crises, delirium, paranoia, stupor, disorientation, etc.

Psychological suitability

- Openness, mental fitness, unselfishness, humility, self control, tolerance, altruism, balance between attachment and detachment, discretion, coequality, pressure-handling, patience

Teamwork suitability

- Openness, good communication skills, responsibility, workload sharing, initiative attitude, feeling of unity, good mood, professional work ethics

Clientwork suitability

- Openness, motivation to care, non-prejudicial attitude, language skills, capacity to listen, calming presence, honesty, serving attitude, cozy voice

Appendix D: Case Documentation Form

Form used by the DÁT2 Psy Help team

CASE # **DÁT2 Psy Help**

Case Documentation Form

Intervention: _____

TEAM _____

HELPERS #1 _____ #2 _____

CLIENT

Gender male female

Name _____

Country _____

Language _____

ADMISSION

Date ____ . ____ **Time** ____ : ____

Circumstances _____

Condition _____

SUBSTANCES

Type, amount, route, comments _____

CARE

Methods _____

Materials _____

Changes in condition _____

LEAVING

Date ____ . ____ **Time** ____ : ____

Circumstances _____

Condition _____

Client's comments/feedback _____

Contact card Yes No

Appendix E: Drug Information

Psychoactive substances A to G

Drug	Nicknames	Category	Appearance	Legality	Duration	Effects	Overdose	Treatment
<i>Alcohol</i>	booze	depressant	liquid, in bottle	Legal (except minors)	1-2 hours (per dose)	euphoria, sociability	stupor, staggering, aggressiveness, unconsciousness	rest
<i>Alkyl nitrites</i>	poppers, rush	depressant	liquid (inhalant), in small glass vial	Legal	1-2 minutes	good mood, muscle relaxation	dizziness, headache	rest
<i>Amphetamines</i>	speed	stimulant	off-white powder	Illegal	1-2 hours	energy, talkativeness	sweating, red skin, tension, aggressiveness	rest, talking down
<i>Cannabinoids (synthetic)</i>	Spice, herbal smoke, "legal highs"	minor hallucinogen	crushed plant leaves	May be illegal	2-4 hours	good mood, relaxation	restlessness, paranoia	verbal reassuring
<i>Cannabis</i>	weed, marijuana; hash	minor hallucinogen	plant buds and leaves; sticky brown/black solid	Illegal in most countries	2-4 hours	good mood, relaxation	restlessness, paranoia	verbal reassuring
<i>Cathinones</i>	bath salts, "meow meow" (=mephedrone)	stimulant	white powder	May be illegal	2-5 hours	energy, euphoria	restlessness, paranoia	calm environment, verbal reassuring
<i>Cocaine</i>	coke	stimulant	white powder	Illegal	15-30 minutes	energy, talkativeness	sweating, red skin, tension, aggressiveness	cooling down, talking down
<i>DMT</i>	Dimitri	hallucinogen	orange or off-white crystals	Illegal	15-30 minutes	hyperrealistic experiences	fear, paranoia, confusion, delusions	calm environment, verbal reassuring
<i>GHB / GBL</i>	Gina	depressant	smelly liquid, in small glass vial	May be illegal	2-3 hours	euphoria, sociability	unconsciousness, coma	breath monitoring, ambulance, hospitalization

Psychoactive substances L to T

Drug	Nicknames	Category	Appearance	Legality	Duration	Effects	Overdose	Treatment
<i>LSD</i>	acid	hallucinogen	6 mm blotter paper squares, or liquid	Illegal	6-12 hours	visual hallucinations, mood changes	fear, paranoia, confusion, delusions	calm environment, verbal reassuring
<i>MDMA</i>	Ecstasy	stimulant (entactogen)	pills with logo, crystals or powder	Illegal	4-6 hours	euphoria, energy, sociability	sweating, red skin, tension, muscle cramps	cooling down
<i>Mescaline</i>	cactus juice, San Pedro, peyote	hallucinogen	smelly green pulp, or powder	Illegal	4-6 hours	visual hallucinations, mood changes	fear, paranoia, confusion, delusions	calm environment, verbal reassuring
<i>Mushrooms (psilocybin)</i>	shrooms	hallucinogen	dried brown mushrooms	Illegal	4-6 hours	visual hallucinations, mood changes	fear, paranoia, confusion, delusions	calm environment, verbal reassuring
<i>Nitrous oxide</i>	N ₂ O, laughing gas	minor hallucinogen	gas, usually in balloon	Legal	5-10 minutes	euphoria, laughter, change in hearing	lack of breathing, blue lips, pale face	ensuring normal breathing again
<i>Opiates</i>	smack (=heroin)	depressant	opium: black tar; heroin: white or brown powder	Illegal	2-3 hours	euphoria, relaxedness	slow breathing, unresponsiveness	breath monitoring, ambulance
<i>Phenethylamines</i>	e.g., 2C-...	minor hallucinogen	white powder	May be legal	4-8 hours	visual hallucinations, mood changes	confusion, delusions	verbal reassuring
<i>Piperazines</i>	e.g., BZP, TFMPP, mCPP	stimulant	“party” pill, capsule, or powder	May be legal	6-8 hours	energy, euphoria	confusion, dysphoria	verbal reassuring
<i>Salvia</i>	Sally D	hallucinogen	crushed dark green or grayish plant leaves	May be legal	5-20 minutes	laughing, spatial hallucinations, disorientation	confusion, fear, moving around in stupor	verbal reassuring
<i>Tryptamines</i>	e.g., 5-MeO-..., 4-HO-...	hallucinogen	white powder	May be legal	4-24 hours	visual hallucinations, mood changes	confusion, delusions	calm environment, verbal reassuring

Appendix F: Emergency Procedures

Symptoms and Tasks

Look for „signs“: (medical) drugs, packages, administering equipment, smells, body marks!

- **Overheating**: sweating, redness → rest, cooler environment, wet wiping, rehydration
- **Shock**: paleness, cold skin, fast pulse → lying down, legs up
- **Acute Intoxication**: nausea → induced vomiting and/or carbon pills (within 30-60 minutes)
- **Weakness**: decreased muscle tone → water (if dry), glucose/sugar (only if non-diabetic!)
- **Epileptic Seizure**: falling, seizures → safe floor area, head protection (with e.g. putting a jacket under the head), just holding the head, NOT keeping it down, nothing to mouth

Drug Overdoses

- **Stimulants**: sweating, redness, tension, quick movements, fast pulse, dilated pupils
→ rest, cooler environment, wet wiping, rehydration (0,5 liter per hour)
- **Depressants**: unconsciousness, maybe decreased breathing, opiates: constricted pupils
→ keep the airway open, watch the breathing
- **Hallucinogens**: confusion, fear, delusions, dilated pupils
→ calm environment, reassuring communication, safe waiting, control of attention

First Aid

- **Check Consciousness**: ask questions, shake the shoulders, blow air on the eyelids, pinch the armpit, check the pupils, check the neck pulse, check the breathing
- **If No Pulse and No Breathing** → call **112** (emergency) and resuscitate!
- **Clean the Airway**: check the mouth, remove items (chewing gums, false teeth, vomit)
- **Resuscitate**: on hard surface, cross your fingers, straighten your elbow, use your upper body weight, pump to the rhythm of “Stayin’ Alive” (100-120 BPM): 30 chest compressions + 2 mouth-to-mouth breathing (lift the chin)
- **If Breathing and No Injuries** → put into recovery position:
 - 1) Move the near arm next to the head
 - 2) Put the far hand under the near cheek
 - 3) Bend up the far knee
 - 4) Pull the far knee and the far shoulder and tilt to the near side
 - 5) Stabilize the legs
 - 6) Lift the chin

Other Information Sources

British Heart Foundation: [Vinnie Jones' hard and fast Hands-only CPR \(video 1'45"'\)](#)

Drug Scouts: [First Aid for \(drug\) emergencies](#)

Erowid: [Psychedelic Crisis FAQ](#)

MAPS: [Responding to Difficult Psychedelic Experiences](#)

Wikipedia: [Nonviolent Communication](#)