

A longitudinal study of behavioural outcomes following a visit to the Boom Festival 2018 drug checking service:

Individual and group level results.

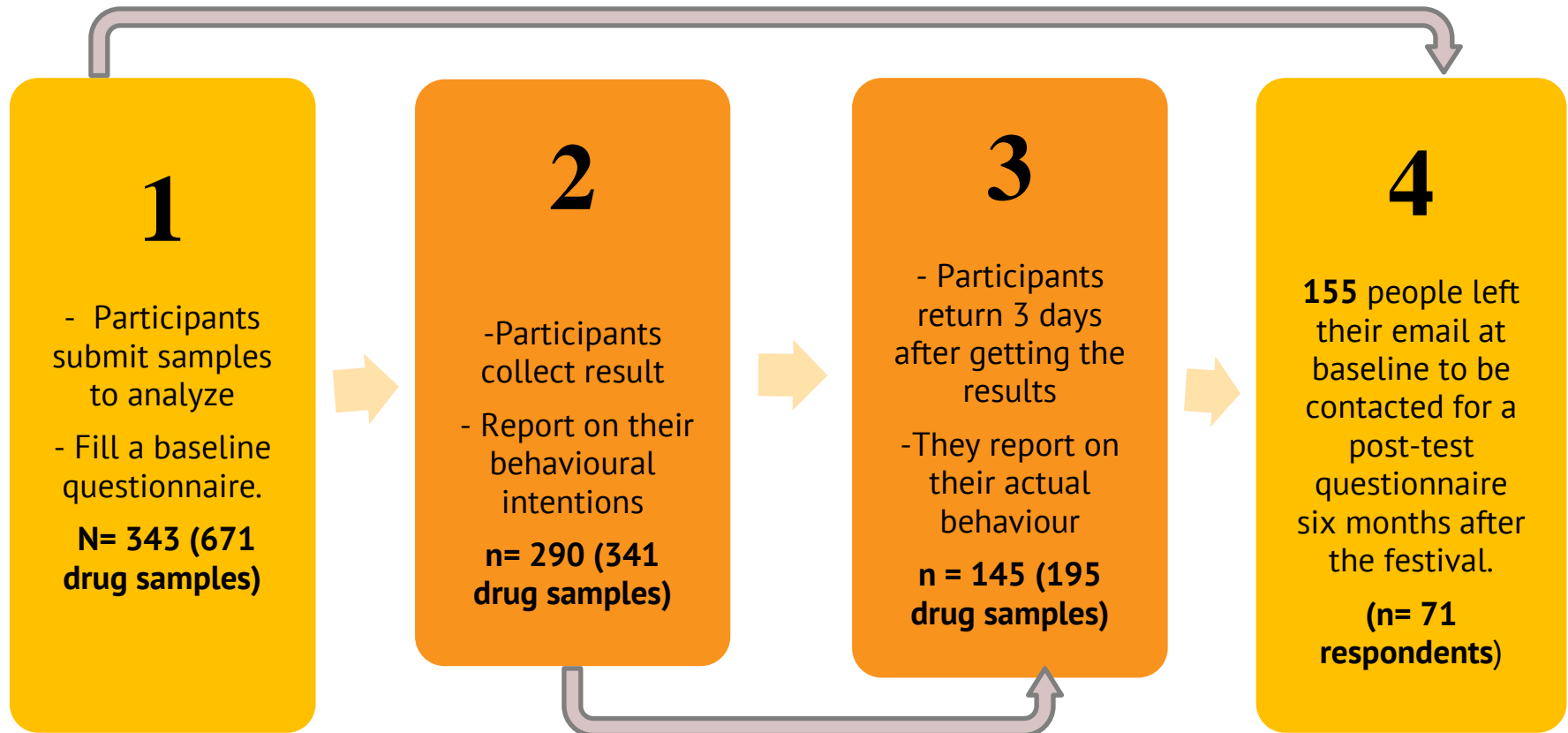
Valente H.; Martins D.; Pinto, M.; Fernandes, L.; Barratt, M.

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BOOM FESTIVAL 2018



N=115 Research participants that came to the Kosmicare infostand but didn't analyze their drugs

	All testers (%, N= 343)	Non-testers (%, N=115)	Boom Festival Patrons (%, N=35485)
GENDER			
Men	72	63	59
Women	27	37	40
Other	1		1
AGE	M=29 DS= 6.282; Range = 19-55	M=29 DS= 6.592; Range = 19-54	44% between 25 and 31 years
EDUCATION			
Secondary Education (High School)	23	27	
Higher Education (University)	77	73	
OCCUPATION			
“Just study”	12	11	
“Just work”	56	54	
“Study and work”	24	26	
“Unemployed”	8	8	
MONTHLY INCOME			
“500€ or less”	7	9	
“501 to 2000€”	41	56	
“2001€ to 3000€”	22	16	
“3001€ to 5000€”	20	14	
“More than 5000€”	11	6	
COUNTRY OF RESIDENCE			
Portugal	18	10	15
Germany	11	22	11
Netherlands	10	-	7
Sweden	9	36	4
UK	7	-	6
France	6	7	15
Spain	3	11	3
Rest of the world	36	14	40

A longitudinal study of behavioural outcomes following a visit to the Boom Festival 2018 drug checking service: individual and group level results

Helena Valente^{a,b,c}, Daniel Martins^{b,d}, Marta Pinto^{a,c,e,f}, Luís Fernandes^a and Monica J. Barratt^{g,h} 

^aFaculty of Psychology and Educational Sciences, University of Porto, Porto, Portugal; ^bKosmicare Association, Idanha-a-Nova, Portugal; ^cCINTESIS – Center for Health Technology and Services Research, Porto, Portugal; ^dFaculty of Sciences, University of Porto, Porto, Portugal; ^ePortuguese Northern Health Administration (Clinical Research Unit), Porto, Portugal; ^fFaculty of Medicine, Porto University, Porto, Portugal; ^gSocial and Global Studies Centre and Digital Ethnography Research Centre, RMIT University, Melbourne, Australia; ^hNational Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia

ABSTRACT

Drug checking services (DCS) allow people who use drugs to submit drug samples for chemical analysis and provide feedback of results and counseling. Our study tested the validity of behavioral intention measures against reports of actual behavior and the adoption of protective behavioral strategies. DCS patrons at Boom Festival 2018 completed three surveys during the festival (pre-drug analysis 343 participants submitted 671 drug samples, post-drug analysis 290 participants reported on 341 drug sample results, three-day follow-up 145 participants reported on 195 drug sample results) and another survey after six months ($n = 71$). At third-day follow-up, when the results were 'not the expected substance' ($N = 35$), 86% ($n = 30$) reported they 'didn't take the substance'; 11% ($n = 4$) 'took a smaller dose than initially planned' and only 3% ($n = 1$) 'took it as planned'. In 71% ($n = 63$) of the matched post-test and third-day follow-up answers ($N = 89$), the behavior reported at third-day matched the behavioral intention reported during post-test. After six months, there was a slight increase in most harm-reduction behaviors; however, there was a substantial drop-out among respondents. Results support the hypothesis that DCS promote the adoption of safer drug use practices; however, further research is needed to evaluate the medium- and long-term effects of DCS.

ARTICLE HISTORY

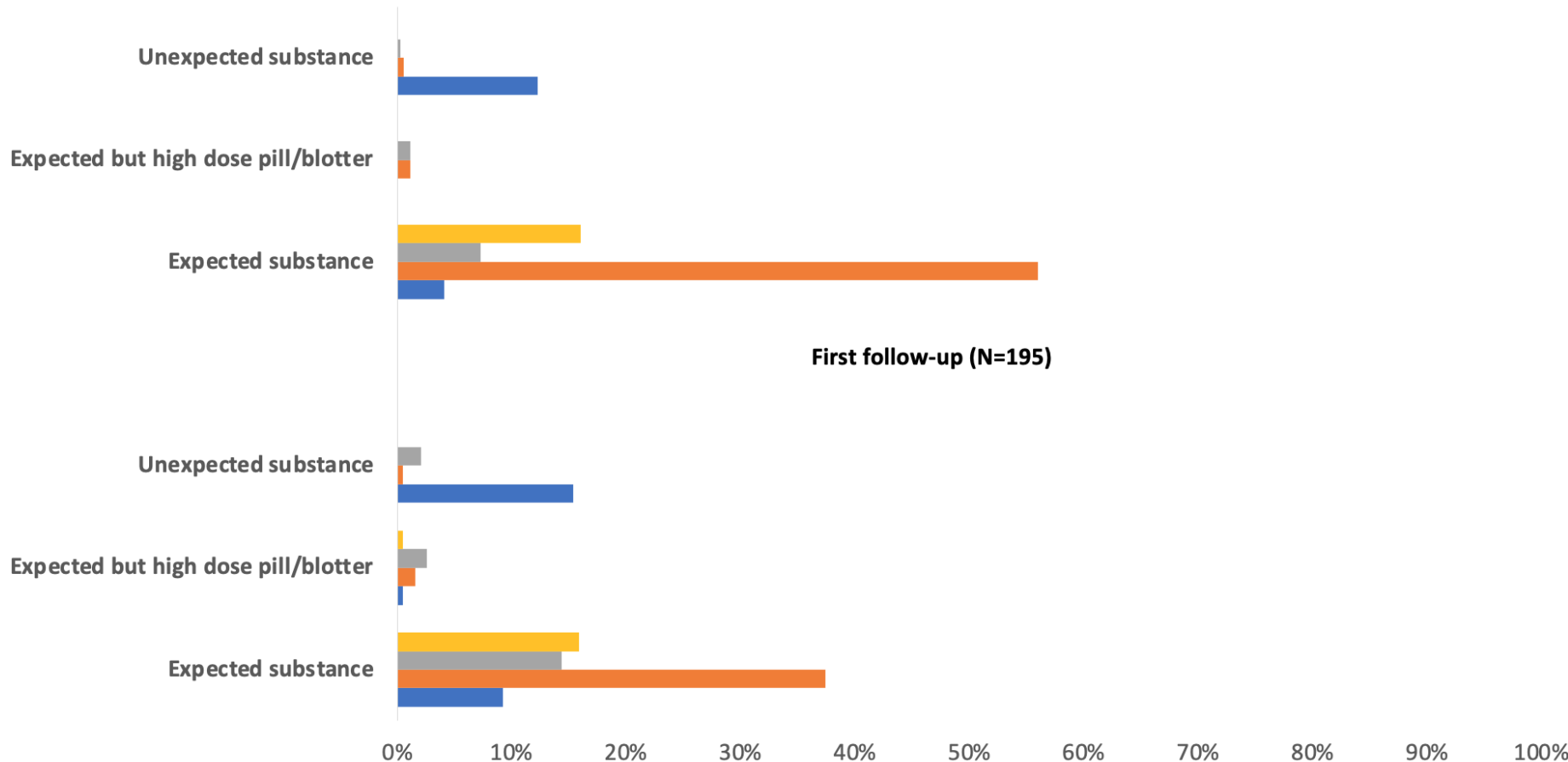
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KEYWORDS

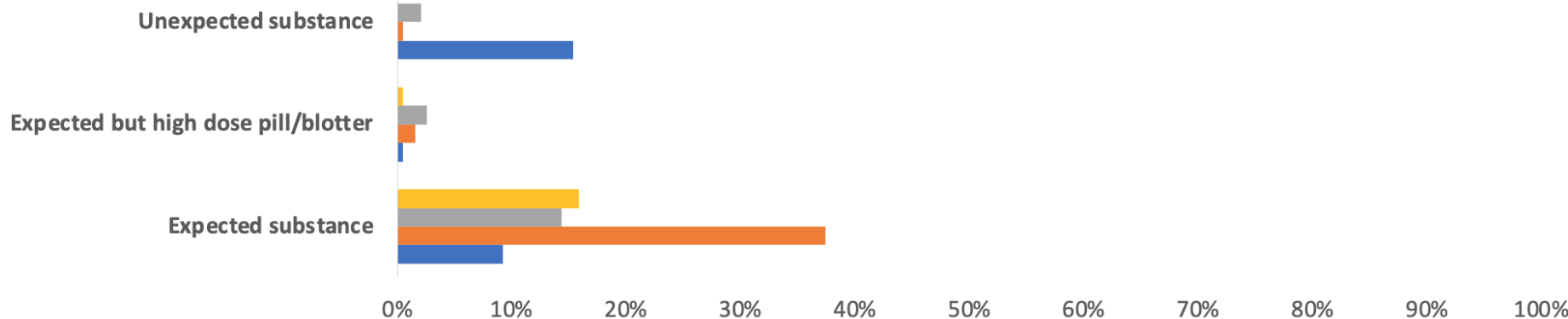
Longitudinal study; follow-up study; behavioral change; drug checking; harm reduction; drug education and prevention; Boom Festival

INTENTIONS vs BEHAVIOURS

Post test results (N=399)

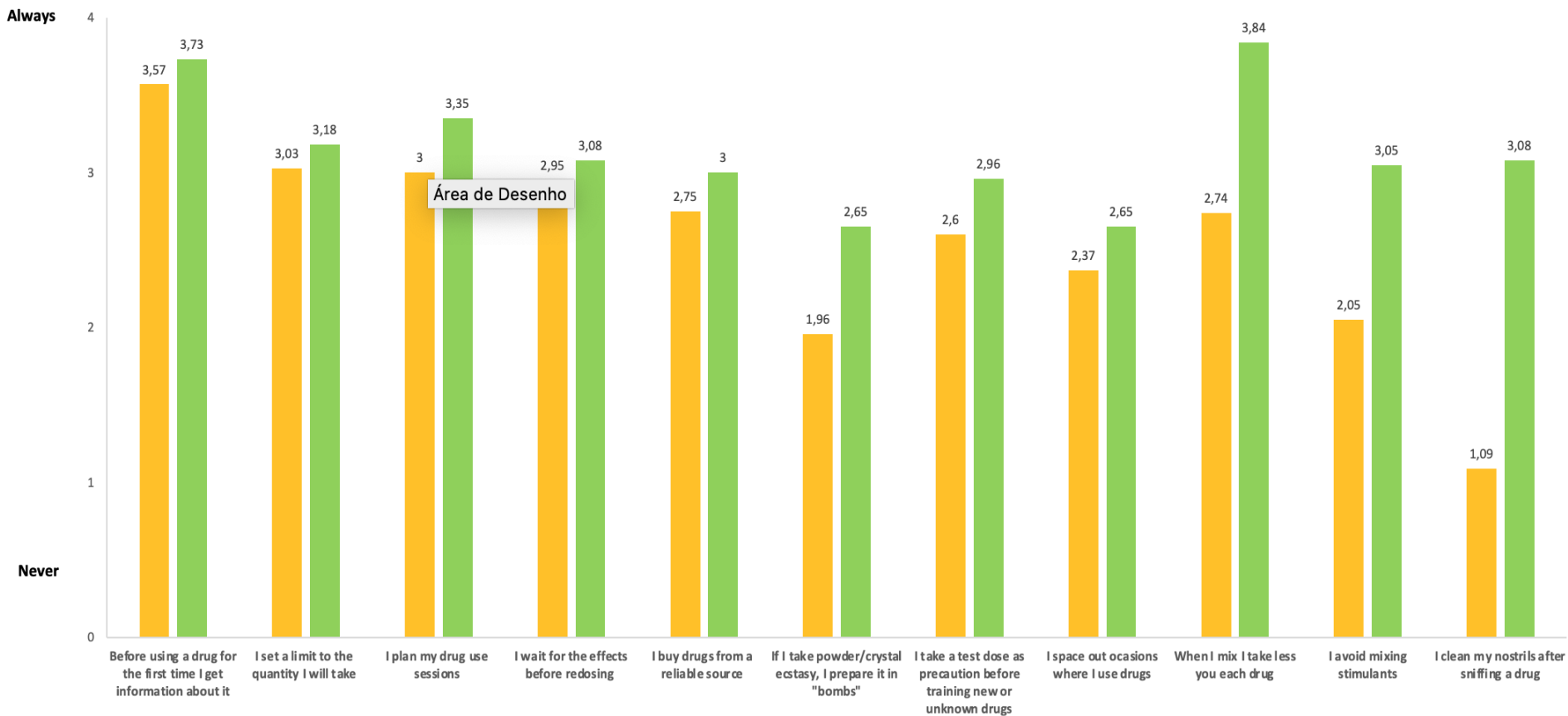


First follow-up (N=195)



■ Took it but avoided mixes with alcohol and/or other drugs ■ Took a smaller dose than initially planned ■ Took it as planned ■ Didn't take it

Harm Reduction Strategies:



Drug use patterns, harm reduction strategies and use of drug checking services in boom festival patrons

Helena Valente, Daniel Martins, Marta Pinto, José Luis Fernandes and Monica J. Barratt

Abstract

Purpose – Recent studies have shown that people who attend electronic dance music events and use drug checking services (DCS) are a predominantly white male, highly educated middle-class population. However, there is still a lack of data beyond sociodemographic characteristics that must be addressed. This paper aims to describe the drug use patterns and protective behavior strategies (PBS) used by testers and nontesters at Boom Festival 2018 and analyze the relationship between these behaviors and the decision to use the DCS.

Design/methodology/approach – This is an exploratory research based on a cross-sectional design using baseline data collected at the Boom Festival from testers (N = 343) and nontesters (N = 115).

Findings – Nontesters presented, in general, slightly higher frequencies of use for most drugs, whereas testers tended to adopt PBS more frequently. Moreover, testers planned their drug use more often than nontesters and set more limits on the amount of drugs they used in one session. Both of these behaviors work as predictors for using the DCS.

Practical implications – Our data suggest that DCS might not be easily accessible to all people who use drugs, reaching almost exclusively highly educated people that already apply several harm reduction strategies. Actions should be taken to promote service accessibility.

Originality/value – To the best of the authors' knowledge, this paper is the first to compare the demographics, drug use and PBS adoption of DCS users with nonusers who attended the same festival.

Keywords Harm reduction, Drug checking, Drug use patterns, EDM events, Pill testing, Protective behavioral strategies

Paper type Research paper

(Information about the authors can be found at the end of this article.)

Table 4 Logistic regression analyses between levels of PBS adoption and using the DCS service

	β	Using the DCS service (testers/nontesters) Exp (β) (95% CI)	p-value
<i>Gender</i>			
Men #			
Women	0.33	1.4 (0.79–2.47)	0.253
<i>PBS adoption</i>			
“I avoid injecting drugs”	0.26	1.3 (1.03–1.64)	0.028
“ I avoid mixing stimulants”	−0.48	0.62 (0.47–0.81)	<0.001
“I plan my drug use sessions instead of resorting to what I can get during a party”	0.22	1.31(1–1.55)	0.047
“I set a limit to the quantity I will take and try not to exceed it”	0.41	1.5 (1.13–1.99)	0.005
<i>Drug use patterns</i>			
Amphetamine	−0.10	0.91 (0.77–1.11)	0.228
Cocaine	−0.06	0.94 (0.80–1.11)	0.470
Benzodiazepines	−0.05	0.95 (0.79–1.15)	0.598
<i>Opioids</i>	−0.43	0.65 (0.50–0.85)	0.002
LSD	0.27	1.31 (1.10–1.60)	0.003

Conclusions



- People attending Boom Festival have high levels of drug use but also show **active engagement in harm reduction strategies**.
- The **post-test** and the **third-day** follow-up results demonstrate that the **majority of people who received an unexpected test result** during their brief motivational intervention **reported not taking the substance**
- A considerable number of people that received **an expected result implemented harm reduction behaviors**

DCS promotes behaviour change

Conclusions



- DCS is reaching a **particular set** of informed people, **aware** of the potential risks their drug use might entail and **wanting to control** their experiences
- Potential for improvement in this specific population is smaller.
- Nontesters present a **higher frequency of use** for several drugs

Take Away



- This might entail that some **DCS might only be reaching** a particular set of concerned PWUD
- Underlining the **need to widen the services' target population** to reach people that could highly benefit from this type of intervention.

Gender responsive DCS

Take Away



- **Limited capacity** of DCS (limited number of samples; waiting times) creates a *bottleneck effect*
- Using a stationary or an onsite service requires a fair **amount of planning**
- **Unplanned drug use is widespread** at EDM events, and tends to exacerbate potential adverse outcomes
- The **quality of analytical data** provided to people must be **weighed** against their actual **needs**.

Accessibility and speed are key

Take Away



DCS implemented in EDM events might need to **invest in disseminating** information concerning the **adulteration** of a wider number of drugs to attract a **broader range** of users.

THANK YOU



+351 911 185 758



helena.valente@kosmicare.org



www.kosmicare.org



akosmicare

