10

THE ROLE OF HARM MINIMISATION TO PREVENT ALCOHOL AND DRUG MISUSE AT OUTDOOR MUSIC FESTIVALS

Alison Hutton

Introduction

The outdoor music festival (OMF) is a unique social event where music is the central theme. As OMFs have grown in popularity, so too has the amount of recorded patient presentation rates, highlighting the impact that OMFs have on the health and safety outcomes for the audience. A range of site environmental conditions (for example, temperature, humidity, high audience density levels and the presence of drugs and alcohol) also result in a higher number of patient presentation rates (Milsten, Maguire, Bissell & Seaman 2002; Hutton, Ranse, Veldonk, Ullah & Arbon 2014; Westrol et al. 2016). As event knowledge evolves, public health strategies and policies become increasingly important in supporting the safety of the audience, event staff and others attending OMFs. It is critical, therefore, that health promotion strategies and public health information are integral to the planning of any mass gathering to minimise public health risk, support harm reduction and provide opportunities for the promotion of healthy behaviours in the local population. Given the popularity of OMFs with young people globally, health promotion and protection efforts should be directed towards the prevention and minimisation of harm to this population.

Outdoor music festivals

OMFs are unique events that are for the most part bounded, ticketed and where alcohol is served. The genres at OMFs include hard rock, electronic, house music, world music and anything and everything in between. OMFs frequently have a higher incidence of injuries and illnesses when compared with similar scale events (Raineri & Earl 2005; Hutton et al. 2014). In addition to this, OMFs are identified as having a higher transport to hospital rate than other similar events due to the combination of drugs and alcohol consumed by the audience and the population predominantly being young people aged 18–30 (Hutton et al. 2014).

In Australia a significant proportion of young adults are injured, incarcerated and at increased risk of sexual and physical violence due to alcohol and drug use. Alcohol consumption usually peaks in young adulthood (18–25 years of age), with over half of young people
engaging in binge-drinking behaviour (Arnett 2006). Research has shown that at social events, alcohol contributes to increased risk for adverse consequences among young people (Kamel Boulos, Brewer, Karimkhani, Butler & Dellavalle 2014). Young people may feel less inhibited by normal constraints and embrace potential anonymity, doing things in groups they might otherwise not do (Hutton, Savage, Ranse, Finnell & Kub 2015). This is likely to be the case in other countries too.

Many case studies of mass-gathering music events have been conducted to understand what injuries and illnesses occur at these events and to ensure ways in which these can be prevented (Milsten et al. 2002; Krul, Blankers & Girbes 2011; Westrol et al. 2017). Hutton and colleagues (2014) documented the number and types of injuries and illnesses for 4,950 young people presenting for medical assistance at 26 OMFs. In line with most mass-gathering events, Hutton et al. found that the majority of presentations were minor, preventable injuries (n = 1,377; 27.7%) and illnesses (n = 2,766; 55.9%), with drug and alcohol use associated with higher presentation rates and transport to hospital rate. Westrol et al. (2017) also found that the programme played a role in the incidence of higher patient presentations at OMF.

An easy response would be to argue that these programmes need more medical resources (such as on-site care). However, instead of relying on a single approach to health response, harm reduction and health promotion can be used in conjunction with on-site services to promote health at these events. In Europe, this mix is used effectively, with on-site medical services seen as just one component of an organised public health response (Munn, Lund, Colby & Turris 2016).

**Alcohol and drug use**

Patterns of alcohol and drug use have long been associated with certain types of mass gatherings and as significant contributors to increased patterns of morbidity and mortality (Hutton et al. 2014). The use of drugs and alcohol leads to other crowd behaviours such as ‘moshing,’ (jumping up and down with the intent of bumping into others) and the ‘circle of death’ (the audience creating a circle, and on the command of the performer rushing in towards each other with the intent to collide). These also contribute to an increase in injuries (Raineri & Earl 2005). For event organisers, the provision and consumption of alcohol at events creates the greatest risk (Institute of Alcohol Studies 2015). The presence of alcohol at events also increases the workload of on-site care and emergency services (Hutton et al. 2014; Institute of Alcohol Studies 2015).

Even though it is an illegal activity, drugs are commonly used in combination with alcohol consumption at OMF. Evidence of drug usage at these events can be found in presentations to on-site care (Hutton et al. 2014; Munn et al. 2016) and media reports of illness and death at these events. In 2016 in Australia, five deaths were reported and many were hospitalised due to drug overdoses (News 2016). In the UK, a British teenager died of a fatal overdose after ingesting ‘left over’ drugs she had shared with her friends (Daily Mail 2017).

The way in which drugs are viewed in wider society, however, restricts the implementation of harm minimisation strategies in relation to OMF events. Policing methods can be ineffective and, in some cases, may increase harm. For example, young people who are scared of being caught with drugs by police during searches at entry points to or within the OMF event site have been known to ingest all their drugs at one time to avoid getting caught by police with fatal consequences (Daily Mail 2017).

Club drugs such as methylenedioxymethamphetamine (MDMA), cocaine (coke) and amphetamines (speed) are closely linked to dance music and electronic music festivals.
(Van Havere, Vanderplasschen, Lammertyn, Broekaert & Bellis 2011). The most commonly reported drug taken at OMF is cannabis. Van Havere et al. (2011) found that 44% of OMF goers took cannabis, followed by MDMA (19%) and cocaine (11%). The music genre also plays a part in determining what types of drugs are likely to be consumed (see Table 10.1).

OMFs such as Shambhala in Canada have had established drug testing for years. This includes education and ‘amnesty bins’ for safe disposal (Munn et al. 2016). Dr David Caldicott, an advocate of pill testing at OMF, claims that pill testing is an opportunity to discuss the inherent risk of drugs with festivalgoers who then have an opportunity to ask questions and receive information on tips for staying safe (News 2016).

### Harm minimisation

Excessive drinking and the ingestion of drugs by young people at OMFs is a serious public health issue. We need to think more broadly than targeting the individual in a paternalistic way and expecting them to comply (Hutton et al. 2015). Young people need to be actively engaged in choices that affect their health. Smith, Louis and Tarrant (2017) state that preventative health messages are more likely to be effective for young people in specific contexts. The event environment of an OMF is an appropriate place to engage young people in practices that can minimise harm with non-medical initiatives that ensure the continued health of attendees at that event (Munn et al. 2016). See Table 10.2 for definitions of the terms in use in public health.

Health promotion and the provision of public health information should be at the core of any planned event to minimise public health risk and to provide opportunities for the promotion of healthy behaviours (Isla, Endericks & Barbeschi 2016). For example, at all events, the ability to wash hands and have running water is essential. Identifying and agreeing on what public health information is needed for a mass-gathering audience is key. Information sharing between emergency departments, on-site care providers, police, local authorities and the event organisers can develop more targeted and effective strategies for tackling a range of problems (Institute of Alcohol Studies 2015). Second, there should be agreement about how to communicate this information. A developed understanding of audience behaviour will provide critical information for mass-gathering event planners, risk managers and emergency medical service personnel, enabling them to predict and plan to minimise risk of injury or illness (Hutton, Brown & Verdonk 2013). In turn, this can result in reduced patient presentations and reduced health service use. For the event designer, understanding audience motivation and subsequent behaviour enables the event design to be modified and settings and programmes adapted as a response to observable audience behaviour proactively in real time (Brown & Hutton 2013).

The event environment is a space where health promotion and primary healthcare strategies can be applied to reduce levels of excessive or risky drinking, ingestion of illicit

### Table 10.1 Drugs/music genre

<table>
<thead>
<tr>
<th>Drums/music genre</th>
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<tbody>
<tr>
<td>Dance/rave house</td>
<td>Ecstasy, speed tobacco alcohol solvents, cannabis inhalants, amyl nitrite, cocaine, LSD, benzodiazepines and ketamine</td>
</tr>
<tr>
<td>Grunge</td>
<td>Cannabis and amphetamines</td>
</tr>
<tr>
<td>Rap music</td>
<td>Crack and illicit drugs</td>
</tr>
<tr>
<td>Metal</td>
<td>Alcohol, tobacco and cannabis, and any illicit drugs</td>
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*Source: Adapted from Lim et al. (2008).*
Minimisation to prevent alcohol and drug misuse

Table 10.2 Definition of terms under the public health umbrella

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Public health</td>
<td>Organised measures to prevent disease, promote health, and prolong life among the population. Activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individuals.</td>
</tr>
<tr>
<td>Health promotion</td>
<td>The process of enabling people to increase control over and improve their health. Moves beyond a focus on individual behaviour towards a wide range of social and environmental interactions.</td>
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<tr>
<td>Illness/injury prevention</td>
<td>Averting the occurrence of illness/injury and halting the progression from its early, unrecognised stage to a more severe one.</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>Any programme or policy designed to reduce behaviour-related harm without requiring the cessation of the behaviour itself.</td>
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Source: Reproduced with permission (Munn et al. 2016, p. 229).

substances and the subsequent behaviours and injuries related to such use. The principles of the Ottawa Charter will be applied to the event environment of the OMF to develop further understanding of how primary healthcare and harm minimisation principles can be enacted in this space. Furthermore, to how positive intervention in the event site can be used to support and enable young people to attend festivals safely.

The Ottawa Charter

Distinct frameworks, approaches and ideological underpinnings can shape health promotion and harm minimisation initiatives. The Ottawa Charter, a primary healthcare framework, is useful in determining harm minimisation strategies for OMFs (Hutton, Zannettino & Cusack 2012). Even though the Ottawa Charter was established in 1986 (World Health Organization (WHO) 1986), it still provides an opportunity for researchers and policymakers to think outside the square when developing health promotion and harm minimisation strategies for young people at OMF events (Baum 2007; Ward & Verrinder 2008). The interface between OMF events and the wider community will be examined to address the underlying structural factors that may contribute to the safety of attendees at these events (see also Hutton, Zannettino & Cusack 2012).

The Ottawa Charter originated from the first international conference of health promotion in Ottawa, Canada (WHO 1986). The Charter comprises five strategies which address broader determinates of health. Importantly, this Charter seeks to shift the focus from the individual to one that considers the individual within the community and the wider environment, such as an event. The five strategies are:

1. Building public policy.
2. Creating supportive environments.
4. Developing personal skill.
5. Reorientating strategies (WHO 1986).

Together, these strategies can address factors that affect health at both the individual and community levels, encompassing a wider settings approach. This framework is widely applicable in a range of settings. As a temporary community, OMFs are particularly vulnerable
to health-related issues (Arbon 2005), for example minor problems such as twisted ankles, abrasions and headaches as well as the major issues of drug and alcohol including nausea, inebriation, agitation, dehydration and unconsciousness (Hutton et al. 2014).

**Building public policy**

As the Ottawa Charter focusses on the interests of both the audience and the wider community, the goal is to work together in an effort to foster a safe, supportive environment for event goers. Current efforts include ‘crowd care’ and on-site medical teams, and at some events, like ‘Groovin the MooTM,’ a safe space (a ‘chill out zone’) is provided for audience members to disconnect from the event for a while (Headspace 2017). However, these harm minimisation strategies are set in isolation, whereas a combined approach can be used between the community, young people and the event management team to explore issues around enabling a safe supportive environment for all. This combined effort not only fosters collaboration in assessing risks but also fosters the development of frameworks to reduce harm (Hutton et al. 2012). This approach encourages all parties to have a voice, representing the motivations of all groups, and if agreed upon can increase community spirit both within and outside the event.

Alcohol plays a significant role in the culture of many Western countries, and drinking is commonly associated with relaxation, celebration and having fun (Alcohol and Rehabilitation Foundation 2011). Instead of relying on individual levels of responsibility for safe drinking, it is important to focus on the relationship between alcohol misuse and the experience of enjoyment. Creating policies that value and support young people’s choices involves identifying strategies that relate to managing community events with a high youth attendance (Hutton et al. 2012). Current policies generally focus on curtailing the activities of individuals and do little to reduce the burden on the wider community. The creation and adaptability of a single multi-organisational response that includes police, event managers and on-site care providers would enable better communication and coordination between all parties, and sends one clear message to event goers.

An important outcome of a single policy is the opportunity for consistency in the incident and health-related documentation at OMF, leading to the collection of more evidence-based data that informs and supports the management and development of strategies supporting intoxicated audience members. Consistency – and the increased amount of data – will assist in the evaluation of harm minimisation approaches at OMFs and provide a more reliable analysis of the effectiveness of policies on the health and safety of audience members at these events. This approach also assists in maintaining good collaborative practice amongst all participating organisations (Hutton et al. 2012).

**Creating supportive environments**

Creating supportive environments deals with the inextricable links between people and their environments (Ward & Verrinder 2008). These environments are important as they ensure that the place where young people live and interact is safe and enjoyable. The event management team works across organisational boundaries at both the state and community levels at the site of the OMF. This cross-boundary approach provides a community environment rather than just an event space, within which young people can participate in safely.

Building safe supportive environments is about the environment that surrounds the OMF, which in itself is a community. This strategy focusses on the need to respect the local community’s needs pre, during and after the event, whilst also ensuring that the community structures
do not impact on the event. For example, a large world music festival held in the parklands of an Australian city experienced a sudden upsurge in presentations of respiratory distress related to allergies and asthma. The event health service rapidly depleted its on-site stocks of medication and equipment and needed support from the local ambulance authority to respond effectively. Following review and evaluation of the event it became apparent that the local government routinely mowed grass throughout the venue a few days before as part of its preparation of the site; creating a dusty environment and stirring up pollens and other irritants. This created a health hazard for those in attendance. Post-event, stakeholders met to discuss this incident, and this policy was reviewed and altered for subsequent years (Goodwin Veenema, Arbon & Hutton 2018).

**Strengthening community action**

The heart of strengthening community action is giving people a say in decisions that affect them in their community. This includes both the permanent community and the temporary one, such as an OMF. Recently Green Music Australia announced #plasticfreejuly announcing that events should be plastic free as post event the ground is littered with plastic which ends up in landfill and is harmful to the environment (Music Feeds 2017).

What is missing from this initiative is all stakeholders who work within and around the event coming together to determine how this initiative could take place. For example, if people were to bring their own bottles, could they still buy drinks in plastic containers at the event? What measures will be put in place to ensure that these bottles are not thrown or used in a harmful way? Have police and on-site medical care been included in this conversation?

In Germany Rheinkultur (an OMF featuring classical and jazz music) has introduced a similar initiative. At the event, you buy your own cup for 2 euros on top of the costs of your first alcoholic drink. This initiative aims to encourage the audience to reuse and return cups during the event. At the recycle station, audience members have the opportunity of donating the 2 euros to a charity. This initiative resonated with the audience with most attendees donate their money to charity. This encourages recycling, keeping the event green and safe, saving money and being involved in charity (Rheinkultur 2017). However, initiatives such as this also impact on the health of attendees. The main types of injury presentations at OMFs are superficial lacerations, followed by sprain or strains on lower limbs, many of which are caused by uneven surfaces and litter on the ground (Hutton et al. 2014). Recycling initiatives such as these can reduce these injuries and thereby decrease the number of patient presentations at OMF events.

It takes many groups to make a successful event, and understanding the role and responsibility of all parties involved is a good place to start. Through such understandings, each organisation learns about each other’s roles and responsibility, and what each other’s idea of collaboration is. There is an opportunity for all groups to work together to champion and enact policy change to support harm minimisation practices. As well as the opportunity for collaboration, it is also important to acknowledge and respect the boundaries and limitations of each other’s role. These considerations contribute to opportunities for formal evaluation of the event, which in turn will inform the future knowledge and skill development for both the event management group and the wider community.

Another group that may benefit is local community members who gain new skills or attitudes by participating in the OMF event in some way. For example, keeping the community informed about the event and how it may affect them for a short period of time via radio or community forums. In this way, community members can make an informed decision about the activities that are included in the event and how they would like to be involved during the event timeframe. In addition, a mass-gathering event is an opportunity
to reinforce health behaviours amongst the resident and attending population. For example ‘Pit Stop for Men’ (at motor races) is a health programme that aims to engage men of all ages in their health by likening areas of the body to parts in a car: for example checking for fuel additives is a measure of alcohol consumption, and measuring the waist circumference is called a chassis check (Pit Stop Health Check Evaluation 2010). These types of health promotion activities can impact positively on social cohesion, which can create opportunities to facilitate healthy behaviours in the wider population (Harrison & Gilgunn-Jones 2015).

### Developing personal skills

Empowerment through knowledge and skills suggests the need to use the event as an opportunity to build and develop the skills and knowledge of those involved. In the context of OMFs this includes all stakeholders in the planning.

Helping young people develop their knowledge and skills around health behaviours whilst at the event is another aspect of developing personal skill. These messages need to be empowering rather than pejorative, to assist the attendee to make informed choices whilst they are at the event. Hutton et al. (2012) found that content-specific messages worked at Adelaide Schoolies festival. Many young people presented to on-site care with foot and ankle injuries due to wearing flip-flops at events. A simple slogan posted online (‘if you want to dance ‘till you drop don’t wear flip flops’) resonated with the younger audience, reducing foot injuries at future events (Hutton, Cusack, Zannettino, Shaefer & Arbon 2013).

### Reorientating health services

The last aspect of the Ottawa Charter is reorientating health services, with the aim of reorientating mindsets. Part of event organisation involves working with the local health service and/or on-site care to proactively prepare for events. Yet the notion of shifting the mindset of the wider community is so they can see the potential for providing a safe supportive environment at these events (Hutton et al. 2012). For example, instead of curtailing the activities of young people during the event, it may be more beneficial for the community to be proactive in creating a safe supportive environment for young people pre, during and post event through providing free public transport and water stations

<table>
<thead>
<tr>
<th>Planning/health promotion strategies</th>
<th>Public health/harm reduction/health promotion</th>
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<tbody>
<tr>
<td>Handwashing with soap</td>
<td>Public health</td>
</tr>
<tr>
<td>Running water in bathrooms</td>
<td>Public health</td>
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<tr>
<td>Free water</td>
<td>Public health</td>
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<tr>
<td>Shade</td>
<td>Public health</td>
</tr>
<tr>
<td>Handwashing reminders</td>
<td>Health promotion</td>
</tr>
<tr>
<td>Look after your mates messages</td>
<td>Health promotion</td>
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<tr>
<td>Information about safe sex</td>
<td>Health promotion</td>
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<tr>
<td>Chill-out rooms/alcohol-free zones</td>
<td>Harm minimisation</td>
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<tr>
<td>Crowd care</td>
<td>Harm minimisation</td>
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<tr>
<td>Pill testing</td>
<td>Harm minimisation</td>
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<tr>
<td>Distribution of condoms</td>
<td>Harm minimisation</td>
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outside and inside the event. Community members such as restaurateurs, short-term accommodation owners and retailers can play a vital role in safeguarding an event. It is a fundamental feature of good practice to listen to their concerns and involve them in any planning and preparation that happens in their local community (Baum 2007). A shift in community attitude about an event can have a positive impact of the overall communities’ perspective. Instead of seeing it as a public nuisance, the perspective may shift to a whole of community celebration, in turn creating a safer more supportive environment for young people (Table 10.3).

Discussion

OMFs have received relatively little research attention despite being key sites for alcohol and drug use among young people internationally (Dilkes-Frayne 2016). The way in which current health services are set up during OMFs privileges a reliance on existing healthcare systems without taking into account how harm minimisation and health promotion activities can lessen the need for these services, thus reducing the burden on the wider community. Reducing harm in this cohort because of the risk-taking behaviours, such as driving under the influence, drug consumption, sexual behaviour and violence, that have been seen at celebratory events could have far-reaching impacts (Smith & Rosenthal 1997; Zinkiewicz, Davey & Curd 1999).

Events such as OMFs rely on the premise of ‘just in time’ on-site care, with a focus on crisis and emergency management. On-site care gives event managers a sense of safety and is vitally important to participants’ well-being. However, the presence of on-site care does not curtail patrons drinking at risky levels (Hutton et al. 2015). Prevention is socially and economically cheaper, and event organisers and community members need to be prepared to invest the time necessary to develop and strengthen preventative strategies (Baum 2007). There is a real opportunity for festivals to be used to promote health for the audience members and the wider community. The event environment is a specific space where health promotion and primary healthcare strategies can be applied to reduce levels of excessive drinking, ingestion of illicit substances and the subsequent behaviours and injuries related to such use.

Mass gatherings, such as OMFs, are a unique opportunity to promote the health of young people. These interventions are cost-effective in improving morbidity and mortality. In addition, they are an opportunity to platform and implement public health, harm minimisation and health promotion interventions through access and engagement with communities, reinforcing social norms, generating investment in health and stimulating partnerships to improve overall health outcomes.

References


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Minimisation to prevent alcohol and drug misuse


