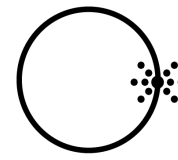




LOS ANGELES COUNTY
**DEPARTMENT OF
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EDEN LUNA CONSULTING

LGBTQIA2S+ Project Safe Tea

LGBTQIA2S+ UsCC Capacity Building Project
Los Angeles County Department of Mental Health
March 2025 to June 2025

Report & Presentation by:

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Project Description

The goals of Project Safe Tea are to raise awareness about overdose prevention and harm reduction strategies; also, to explore the intersection of mental health and substance use in the LGBTQIA2S communities. The project will approach these goals in a twofold manner. One component of the project will involve educating and training a cohort of eighteen participants in harm reduction strategies. The participants will learn to identify and reverse opioid overdoses with life-saving tools and techniques. The participants will also gain hands-on experience working as safety roamers at underground raves and after parties. The project will take place at underground raves due to the higher risks for overdoses, as well as the limited capacity of production staff and venues compared to a brick-and-mortar bar or club. The second facet of the project will involve harm reduction education, resource distribution, demonstration, and education to the general public. The lead contractor, two subcontractors, and the cohort of trained participants will work together in teams across thirteen different events over two months to roll out this mission.

Justification and Purpose

The justification is to address underserved populations and service gaps. There is a population of LGBTQIA2S people who spend a significant amount of time working and socializing in nightlife. Due to various reasons, for some LGBT+ people, there are socio-economic barriers to working a traditional job, seeking a higher education, or finding safety in everyday life. As such, some LGBT+ people are pushed to the margins of society to live, work, and play. LGBT+ people seek spaces where they are accepted and where they are less likely to be harassed. For some, this is the nightlife circuit; this may be the only space that will hire or use them. This has been observed since the era of the Stonewall Riots. These spaces come with their risks, and there is not enough education available to help mitigate those risks.

Nightlife spaces are spaces tailored around substance use. Users have their reasons for using; some claim that substance use helps ease anxiety, build confidence, and disassociate from the stresses of the world. While everyone has the freedom to choose their coping mechanism, it is important to be aware of the potential risk of developing dependencies on substances to address these feelings. Substances have their risks, and mixing substances, incorrect dosing while under the influence, or the lack of testing can lead any unsuspecting person to overdose. Unfortunately, some may develop addictions to certain substances and may need more resources to find a new baseline. The intersection of addiction and mental health issues can lead some to isolate and avoid resources due to the stigma placed on substance users. Fortunately, overdoses are reversible if the right measures are taken as soon as possible. By gathering cohort participants from within the community and putting familiar faces behind the table, the project will provide education and resources in a more accessible format. The participants will start conversations with their peers. In this context, the project does not aim to judge anyone or to shame substance use; rather, the project hopes to save lives

by providing education and resources so that LGBT+ people can live to see another day. With each day and more education, the community will be able to support and uplift one another towards a safer and more sustainable future.

Outcomes

At the end of the program, the participants underwent training to respond to prevent opioid overdoses, educate their communities about fentanyl and xylazine test strips, and share resources about harm reduction and substance use. The participants will also receive hands-on experience in peer-to-peer conversation methods to support their community and develop leadership skills. The leadership skills and training will support community safety, boost confidence, and improve mental health. If the participants enjoyed this mission and would like to do it again, the project will connect them with event producers for future work opportunities. An economic investment in the future for some LGBT+ people who do not otherwise feel safe enough to work at a traditional workplace.

Objectives (Timeline)

Recruitment and Coordination (March 2025 - April 2025)

The project first created a flyer and an application form (with a Likert Scale) to recruit participants. A harm reduction resource guide was created as well as an educational infographic for distribution. Applications were open from April 7th until May 2nd.

1. Recruit 18 LGBTQIA2S+ community members as Safety Roamers.
2. Recruit 2 Lead Safety Roamers with at least a year of experience.
3. Participants will receive:
 - Substance Use and Harm Reduction Education and Resources
 - Mental Health Education and Resources
4. The organizer will be responsible for the coordination of the orientation and training:
 - Recruitment, application, and selection processes for participants
 - Set up space for participants.
 - Food accommodations.

Safety Roamer Training (May 9th, 2025) (June 6th, 2025) (June 9th, 2025)

Brief Curriculum for Safety Roamer Orientation and Training

Schedule May 9th: Friday 4:30pm - 8:30pm

4:30pm - 5pm: CPR Training for Adults

5pm - 5:30pm: CPR Training for Infants

5:30pm - 5:45pm: Bathroom Break

5:45pm - 6:30pm: EAD Training for Adults

6:30pm - 7:30pm: Food Break

7:30pm - 8:30pm: Narcan, Overdose Prevention, and Drug Testing Strips

1. May 9th: Fifteen participants trained
2. June 6th: Two participant trained
3. June 9th: Four participants trained

Distribution, Demonstration, and Research Events (May 2025 - June 2025)

Trained Safety Roamers will accompany the Facilitator/Lead Consultant, as well as the Lead Safety Roamers with prior experience at the scheduled events between May and June. At each event, the trained Safety Roamers will take two roles. As Safety Roamers, participants will roam the party and event to ensure everyone's safety. They will keep an eye out for anyone who appears to be severely under the influence of a substance and check in with them. The roamers will also observe to see if anyone is collapsed or unconscious; if they are non-responsive, they will notify the team, and the team will assess if overdose prevention techniques are necessary. When the roamers are not roaming, they will sit at the harm reduction tent and distribute testing strips, Narcan, and substance information cards. The roamers will help educate the attendees on how to use the harm reduction tools and inform them about the resources available at the party and other service providers.

With respect and privacy to the organizer's of the parties, the names of the events will be obfuscated on this Final Report:

1. 5/9/25 VU
2. 5/10/25 MP
3. 5/23/25 GO
4. 5/30/25 PD
5. 6/1/25 AC
6. 6/6/25 SL
7. 6/7/25 XL
8. 6/8/25 AD
9. 6/9/25 BB
10. 6/14/25 SP
11. 6/20/25 PW
12. 6/21/25 PT
13. 6/28/25 VU

Project Implementation

Preparation

Before recruitment began, we developed the application form, surveys, recruitment

materials, and orientation agenda.

Application and Assessment

The application and initial assessment launched on Google Forms. Participants receive \$500 for participation. The facilitator provided food and refreshments.

Applicant Requirements

Applicants must meet the following requirements to be eligible for the project:

1. Applicants must currently reside in Los Angeles County;
2. Applicants must be comfortable and knowledgeable working with the LGBTQIA2S+ community.
3. Applicants must commit to four events, no more than ten hours.
 - a. One four-hour Safety Training and Orientation
 - b. One four-hour late-night after-hours event where participants will engage in outreach, safety education, and distribution of harm-reduction materials.

Recruitment Materials

The facilitator developed a flyer that directed prospective participants to the application.

Recruitment Process

On April 7th, 2025, the facilitator launched a flyer on social media. The flyer was incredibly successful! The flyer made 11,758 impressions and 324 engagements on social media alone.

The application planned to close on April 16th. Due to the tight deadlines, the facilitator expected this would provide ample time to plan orientation and events. Yet, many interested applicants delayed submitting applications. While the flyer was successful, by April 16th, only 16 had applied. The project aimed to recruit 18 participants. As a result, the application deadline extended to April 20th. Only 22 applicants submitted applications on April 20th. Yet again, the application deadline extended to April 30th. At the end of the application process, the project received a total of 28 applications. Out of the 28, 21 participants proceeded. The facilitator expected some applicants to drop off. To meet the initial goal of 18 participants, the participant pool expanded.

Each of the applicants was eligible. There were many strong applications from local community leaders from nonprofits, mutual aid groups, entrepreneurs, and nightlife. The contractor's selection process prioritized a diverse pool of applicants.

Selection Criteria

Only the contractor had access to each applicant's personal information. The contractor utilized a Likert Scale, other demographics, and personal questions to determine who

would benefit the most from this program. The selection process took about a week. As applicants answered the questions with a Likert Scale, they would self-report their relationship with their mental health and personal experiences with substance use in their immediate social circles. Applicants who report lower scores are more likely to be under-resourced. The contractor believes that those applicants will show the most improvement over time. If selected, the applicants (then participants) will complete a post-event survey demonstrating active improvement. At the end of the program, the contractor will compile the data and present a final report to the Department of Mental Health. This final report will show and highlight the improvements of the participants. The final report will also share the outcomes and lessons learned from the program.

In the following pages, the contractor lists the demographics used to help ensure the program captured a diverse group of participants. The determining factors for selection were:

1. Diversity of Service Provider Area (SPAs) or residence.
2. Diversity of Race and Ethnicity
3. Diversity of Gender and Sex
4. Diversity of Sexual and Romantic Orientation

There were 28 total applications, and 18 participants selected. At the end of the process, the contractor decided to expand the cohort to 21 participants to ensure enough safety roamers were available.

Selection Process

Service Provider Area (SPAs) Location: As close to all 8 SPAs of the County of Los Angeles needed to be present.

The final selection yielded the following results for SPA representation:

- SPA 1: 0 Applicants
- SPA 2: 5 Applicants
- SPA 3: 0 Applicants
- SPA 4: 9 Applicants
- SPA 5: 0 Applicants
- SPA 6: 4 Applicants
- SPA 7: 0 Applicants
- SPA 8: 3 Applicants

Race and Ethnicity: Racial and ethnic diversity was a determining factor in the selection process. The contractor prioritized applicants indicating an underrepresented racial or ethnic identity. Here is the breakdown of the entire applicant pool.

The applicant pools yielded the following:

Note: The total number below is higher than the actual number of applicants (28).

Applicants had the choice to declare multiple race or ethnic identities.

- Asian: 3 Applicant(s)
- Black / African American: 8 Applicant(s)
- Indigenous: 5 Applicant(s)
- Latine: 7 Applicant(s)
- Pacific Islander: 0 Applicant(s)
- South West Asian North African (SWANA): 1 Applicant(s)
- White: 6 Applicant(s)
- Undisclosed: 2 Applicant(s)

Note: the total number below is higher than the actual number of participants (21). Applicants had the choice to declare multiple sex or gender identities.

The final applicants selected had the following breakdown of race or ethnic identities:

- Asian: 2 Applicant(s)
- Black / African American: 6 Applicant(s)
- Indigenous: 5 Applicant(s)
- Latine: 6 Applicant(s)
- Pacific Islander: 0 Applicant(s)
- South West Asian North African (SWANA): 1 Applicant(s)
- White: 5 Applicant(s)
- Undisclosed: 0 Applicant(s)

Gender / Sex Diversity and Transgender / Intersex Status: Gender diversity was a determining factor in the selection process. The contractor prioritized applicants indicating an underrepresented gender or sex identity. Here is the breakdown of the entire applicant pool.

Note: The total number below is higher than the actual number of applicants (28). Applicants had the choice to declare multiple sex or gender identities.

- Agender: 1 Applicant(s)
 - Genderfluid: 7 Applicant(s)
 - Gender Non Conforming: 1 Applicant(s)
 - Man: 9 Applicant(s)
 - Nonbinary: 11 Applicant(s)
 - Queer: 2 Applicant(s)
 - Trans Masculine: 4 Applicant(s)
 - Trans Feminine: 9 Applicant(s)
 - Two-Spirit: 4 Applicant(s)
 - Woman: 13 Applicant(s)
 - Undisclosed: 0 Applicant(s)
-

- Yes, I am transgender: 17 Applicant(s)
 - No, I am not transgender: 9 Applicant(s)
 - Unsure: 1 Applicant(s)
 - Prefer Not to Share: 0 Applicant(s)
-

- Yes, I am intersex: 1 Applicant(s)
- No, I am not intersex: 24 Applicant(s)
- Unsure: 2 Applicant(s)
- Prefer Not to Share: 1 Applicant(s)

Note: the total number below is higher than the actual number of participants (21). Applicants had the choice to declare multiple sex or gender identities.

The final applicants selected had the following breakdown of gender identities:

- Agender: 1 Applicant(s)
 - Genderfluid: 6 Applicant(s)
 - Gender Non Conforming: 1 Applicant(s)
 - Man: 7 Applicant(s)
 - Nonbinary: 10 Applicant(s)
 - Queer: 2 Applicant(s)
 - Trans Masculine: 4 Applicant(s)
 - Trans Feminine: 9 Applicant(s)
 - Two-Spirit: 1 Applicant(s)
 - Woman: 10 Applicant(s)
 - Undisclosed: 0 Applicant(s)
-

- Yes, I am transgender: 15 Applicant(s)
 - No, I am not transgender: 5 Applicant(s)
 - Unsure: 0 Applicant(s)
 - Prefer Not to Share: 0 Applicant(s)
-

- Yes, I am intersex: 1 Applicant(s)
- No, I am not intersex: 18 Applicant(s)
- Unsure: 2 Applicant(s)
- Prefer Not to Share: 0 Applicant(s)

Sexual and Romantic Orientation: A determining factor in the selection process was sexual orientation. The contractor prioritized applicants who indicated underrepresented sexual and romantic orientations. Below are the demographics of the entire applicant

pool.

Note: The total number below is higher than the actual number of applicants (28). Applicants had the choice to declare multiple sexual or romantic orientations.

- Asexual: 3 Applicant(s)
- Bisexual or Bi+: 9 Applicant(s)
- Gay: 5 Applicant(s)
- Fluid: 6 Applicant(s)
- Lesbian: 6 Applicant(s)
- Pansexual: 11 Applicant(s)
- Queer: 16 Applicant(s)
- Questioning: 1 Applicant(s)
- Straight/Heterosexual: 3 Applicant(s)
- Two-Spirit: 4 Applicant(s)
- Demisexual: 1 Applicant(s)
- Decline to State: 1 Applicant(s)

Note: The total number below is higher than the actual number of participants (21). Applicants had the choice to declare multiple sexual or romantic orientations.

- Asexual: 2 Applicant(s)
- Bisexual or Bi+: 5 Applicant(s)
- Gay: 4 Applicant(s)
- Fluid: 6 Applicant(s)
- Lesbian: 5 Applicant(s)
- Pansexual: 6 Applicant(s)
- Queer: 14 Applicant(s)
- Questioning: 1 Applicant(s)
- Straight/Heterosexual: 3 Applicant(s)
- Two-Spirit: 2 Applicant(s)
- Demisexual: 1 Applicant(s)
- Decline to State: 1 Applicant(s)

Personal Statements

Each applicant provided a personal statement for consideration. The facilitator reviewed each statement in search of applicants with community-oriented leadership, development, and advocacy.

The following questions were included in the application:

- How would you describe yourself in 3 words?
- How do you currently advocate for LGBTQIA2S communities? (max 600 characters)
- Tell us about a time when you creatively addressed an issue in your community. (max 600 characters)

- What is something that brings you joy or that you are passionate about and why? (max 600 characters)
- When people talk about Mental Health or Substance Use and the LGBTQIA2S+ communities, what comes to mind for you? What is something you wish would transform in our community? (max 600 characters).
- Do you believe substance use affects mental health? How? If not, let us know.

Initial Assessment

In the application was an initial assessment. The assessment allowed the contractor to determine the baseline for the applicants. The questions asked about the intersections and nuances of mental health and substance use. Given the unique nature of this project, the contractor sought to collect as much in-depth information as possible. The application asked many questions to see what the needs and demands were within the community. Many applicants self-reported some confidence or understanding in accessing support.

The questions may have urged applicants to consider scoring higher on the initial assessment to get a competitive advantage in the selection process. The comparison from this initial assessment and the post-event retrospective sheds some light on the improvements actually made. It may be best to remind applicants for future projects with Likert Scales that current knowledge and confidence will not weigh on the selection process to encourage a more accurate representation of knowledge before the start of the program.

The facilitator wanted applicants who could benefit the most from this program and see improvement. (More about this in the **Post-Event Retrospective** section.)

Below are the questions asked on the application and initial assessment:

The following questions will use a Likert Scale model. On a scale of 1 to 5, 1 being the lowest at Strongly Disagree to 5 being the highest Strongly Agree.

- I am comfortable seeking mental health assistance if/when needed, regardless of my sexual orientation or gender identity.
- I am comfortable seeking substance use support if/when needed, regardless of my sexual orientation or gender identity.
- I know the necessary steps it takes to arrange an appointment for myself with a mental health professional, if needed.
- I know the necessary steps it takes to arrange an appointment for myself with a substance use professional, if needed.
- I feel safe accessing mental health services.
- I feel safe accessing substance use services.
- I know how to advocate for my own mental health.
- I know how to advocate for my own overall health and wellbeing.
- I know how to advocate for my community's mental health.

- I know how to advocate for my community's holistic health.
- I am comfortable talking about mental health topics with my community.
- I am comfortable talking about substance use topics with my community.
- I am able to distinguish positive and negative regulating mechanisms.
- When I am in distress, I practice healthy self-regulating mechanisms.
- I see myself as a leader in my community.

Program Launch and Facilitation

Project Safe Tea hosted the first orientation and training on May 9th, 2025. Based on the availability of the applicants, the contractor determined that Friday at 4 pm was the best time to meet for the most participants. The orientation took place in an office in Koreatown. Parking validated for free for participants. Food and refreshments provided as well.

The distribution events took place in various warehouses and outdoor venues across the metropolitan Los Angeles area.

Participant Challenges

As the weeks progressed, two participants did not respond to messages. While they participated in the training, they were unable to apply the knowledge gained at the distribution events. Another participant injured their foot and was unable to complete the program as well. The facilitator anticipated that emergencies or drop-offs may occur. By accepting more applicants, the program still met the initial goal of 18 applicants completing the program.

Distribution of Resources

At each event, the facilitator, alongside the lead safety roamers, will distribute harm reduction resources. These resources include:

- Drug Information and Harm Reduction Postcards (3200 ordered, 596 distributed.)
- Fentanyl Test Strips (500 ordered, 268 distributed.)
- Xylazine Test Strips (200 acquired, 141 distributed.)
- Narcan (100 acquired, 98 distributed).
- In total, 1103 items distributed.

Facilitator's observations:

- Whereas in the past, Narcan was harder to find and more expensive, there seemed to be less demand for it. Many community members had one at home, but did not realize it's encouraged to have two or more. In the event of an opioid overdose, it is recommended to provide at least two doses between rescue breathing and CPR. Some community members did not know that the efficacy of

Narcan only drops slightly even after end and exposure to high temperatures.

- The facilitator received a donation of xylazine test strips from another harm reduction initiative. The community was pleased to see this project and supported it with supplies.
- The facilitator noticed many were interested in the fentanyl test strips. The project conducted one to two demonstrations at twelve of the thirteen events. The demonstrations helped educate community members in the proper techniques to test substances and prevent fentanyl overdoses.
- While it was not in the initial proposal, the drug information postcards were a very popular and appealing resource. Set up at the resource table at each event, they caught the eyes of many passers-by. Some members of the community thought they were advertisements for sales or humorous postcards at first glance. While that was not the intention, this conversation starter allowed the safety team to start difficult conversations and provide education and resources to the community. The set of postcards provided information on twelve different substances. Through the careful and intentional selection process of the community members and coupled with the context of the events and parties, the facilitator was able to make some inferences that could lead to future research opportunities.

Choosing Drug Info Cards

At the start of the program, there were an equal number of info cards (200) for twelve different substances. (Total 3200) Throughout the thirteen events, there were some observable trends.

1. MDMA: 43 info cards distributed.
2. LSD: 40 info cards distributed.
3. Cannabis: 35 info cards distributed.
4. Magic Mushrooms: 47 info cards distributed.
5. Alcohol: 36 info cards distributed.
6. DMT: 36 info cards distributed.
7. Cocaine: 60 info cards distributed.
8. 5-DMT: 18 info cards distributed.
9. Ketamine: 52 info cards distributed.
10. Meth: 32 info cards distributed.
11. Heroin: 25 info cards distributed.
12. Poppers: 58 info cards distributed.
13. Nitrous Oxide: 32 info cards distributed.
14. Nicotine: 20 info cards distributed.

15.G: 37 info cards distributed.

16.2CB: 43 info cards distributed.

Observations:

- Most community members would only take the card(s) of the substance(s) they use or have used.
- Some community members would take one of each card to have general knowledge. Some would take many copies to share with friends, either at the party or back home.
- A few community members would point and make fun of certain substances, which shows the social mechanism of shame and stigma towards certain substances and their users. Namely Meth was an info card many have reactions to. Some community members would take a card and give it to their friend as a funny joke. These illustrated moments are where humor would help mask and facilitate difficult conversations about substance use. Coupled with some of the survey results, where community members reported having a friend they are concerned about, it shows there is still a level of discomfort in providing resources from peer-to-peer.
- The most popular info cards taken were cocaine, ketamine, and poppers.
- The least popular info cards taken were nicotine, heroin, and meth.
- Events where the demographics skewed more white or more black showed trends towards drugs of choice and coping mechanisms. Events with more white people tended to favor drugs like cocaine and ketamine, whereas events with more black people tended to favor drugs like cannabis and alcohol. Although not a rule across the board, there were trends pointing towards this.
- Despite its clear and present risks as a date rape drug, not to many people seemed to be interested in learning more about G.

Inferences:

- It is possible that the current political landscape and the legality of certain substances informed each individual's relationship with certain substances. LGBT People of Color may be less likely to take substances that are still criminalized to avoid harm. White people may feel more comfortable exploring outside of the legalized substances, due to less fear of policing.
- Legalized substances like nicotine, alcohol, and cannabis may not require as much education and resources because it is legal, and there are safe consumption zones. The accessibility and legality of these substances cut the risk that might otherwise be exacerbated by criminalization.

- While not legal, popular substances like cocaine, ketamine, and poppers still have many risks associated with use. Cocaine could potentially be cut with fentanyl. Poppers are still highly under-researched, yet prevalent and normalized in LGBT nightlife and sex. Ketamine seems to be a drug of choice for many community members who wish to disassociate and disconnect from the stresses and dangers of the world.

Summary of Event One, May 9th, 2025: VU 10 PM - 7 AM Downtown LA

This event had a diverse mixed demographic, there was a core group of queer and trans people of color, but some cis white gay men and cis gay men of color were there. Some cisgender heterosexual people also attend the party. The facilitator led demonstrations of Narcan and fentanyl test strips. There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Two, May 10th, 2025: MP 10 PM - 6 AM South LA

This event had a predominantly white cis gay man demographic; there were few of any other social group or demographic. The facilitator led demonstrations of Narcan and fentanyl test strips. There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Three, May 23rd, 2025: GO 11 PM - 5 AM Downtown LA

This event had a mixed gender demographic, some straight, mostly white. There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Four, May 30th, 2025: PD 11 PM - 5 AM Downtown LA

This event had a mixed gay and queer demographic. Pride Season just started. There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Five, June 1st, 2025: AC 12 AM - 12 PM Downtown LA

This event had a mixed gender and racial demographic. A variety of races, genders, and sexual orientations.

A harm reduction initiative known as Drug Check LA joined us at this event for a few hours in the early part of the night. They tested 4 samples under a spectrometer. In the last two hours, a used syringe was found on the floor. The syringe was tossed on

the floor and not disposed of safely. This could pose a risk with Hep C. This was the first time this has happened since the last incident six years ago in 2019.

One person at the end was injured, and we had to call for paramedics.

Testimonial from producer of the event:

“Having a coordinated Safety team at a DIY queer nightlife event such as ours was critical to our success and the safety of everyone who buys a ticket walks through our doors. In the course of the night there can be anywhere from 200 to 500 people - at this particular event it was close to 500. We're a small scrappy team of mostly volunteers who set up and break down everything in a mostly empty venue: set design, lighting, sound, bar, ticketing, doors, backline, hosting artists, floor management. It's a ton of work to manage and oversee, so having a separate team in charge of monitoring the crowd for safety issues while alerting us in critical moments when decisions have to be made is a huge relief to our management burden. In addition, while we never encourage nor condone substance use and risky sexual behavior, we're aware that big portions of our audience engage in both, and so having access to harm reduction literature and a calm safety area available for them was non-negotiable for us (and part of a requirement for our venue). This cost would have come out of pocket if not for the help of the county for our budget. We're incredibly grateful we have access to resources like this that keep our operations on-budget and provide an extra layer of safety and education for guests.”

Summary of Event Six, June 1st, 2025: SL 10 PM - 5 AM Downtown LA

This event had a predominantly black and brown gay man demographic. Some women and transgender people are present.

There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Seven, June 7th, 2025: XL 1 PM - 2 AM Downtown LA

This event had a diverse mixed demographic. A variety of races, genders, and sexual orientations.

There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Eight, June 8th, 2025: AD 2 AM - 6 AM Downtown LA

This event had a predominantly cis gay man demographic.

One person at the end was drugged with the date rape drug, GHB. The safety team supervised the community member. It was decided paramedics might be needed to test

for date rape drug and potential reversal.

Summary of Event Nine, June 9th, 2025: BB 11 PM - 4 AM Downtown LA

This event had a diverse mixed demographic. A variety of races, genders, and sexual orientations.

There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Ten, June 14th, 2025: SP 12 PM - 8 AM West LA

Due to the curfew in Downtown Los Angeles, this event relocated from downtown LA towards the west side. This affected the capacity of the venue and attendance, as well as the available staff. Despite the challenges, there were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

This event had a diverse mixed demographic. A variety of races, genders, and sexual orientations.

Summary of Event Eleven, June 20th, 2025: PW 10 PM - 3 AM Downtown LA

This event had a predominantly black queer demographic. Mixed gender.

There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Twelve, June 21st, 2025: PR 10 PM - 4 AM Downtown LA

This event had a predominantly black queer demographic. Mixed gender.

There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Summary of Event Thirteen, June 28th, 2025: VU 10 PM - 6 AM Downtown LA

This event had a diverse mixed demographic, there was a core group of queer and trans people of color, but some cis white gay men and cis gay men of color were there. Some cisgender heterosexual people also attend the party.

There were no emergencies or causes for concern. The event went smoothly, no need to call for first responders.

Live Distribution Surveys

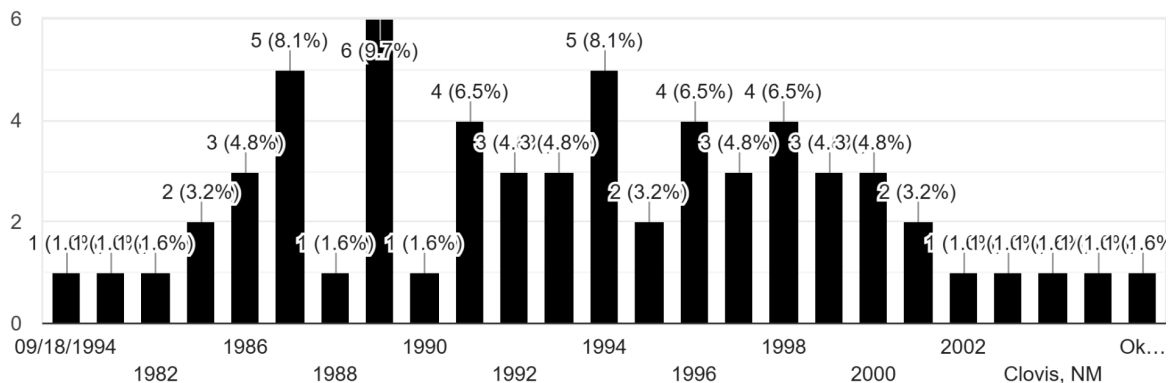
At each event, the facilitator, the lead safety roamers, and the newly trained roamers set up a table with resources, drug information, testing kits, and Narcan. Community members were encouraged to take any of the resources for free. The safety team would educate community members on each of these resources. At each event, the team would distribute the supplies and attempt to collect surveys. In the initial conversations,

the facilitator was informed that the statement of work set a goal for 250 surveys to be conducted. With this goal in mind, the facilitator stressed the urgency to get as many surveys as possible at each event. However, many community members were interested in the supplies and resources, but refused to fill out the survey. This was one of the biggest challenges in the rollout of the project. Fortunately, there were community members who recognized the work and efforts. These community members filled out the survey with enthusiasm and much detail. In total, 62 surveys were collected, four additional surveys were collected on a separate form, and one testimonial was provided. The results will follow below.

Which year were you born?

Which year were you born?

62 responses



As shown on the graph above, community members listed age groups from 1980 to 2004. Some members were confused about which year, with where (location) of birth. As such, some listed Clovis and Okinawa. This was one of the indicators that some of the members of the community might not be in the right headspace to collect meaningful data.

Do you currently reside in Los Angeles County?

57 (91.9%) of surveyed community members stated Yes.

5 (8.1%) of surveyed community members stated No.

Do you identify as LGBTQ+?

54 (87.1%) of surveyed community members stated Yes.

8 (12.9%) of surveyed community members stated No.

What would you say is your relationship with substance use?

(This question was included later, only the last 22 of the participants answered this question.)

- 17 (77.3%) of surveyed community members stated Casual-user.
- 5 (22.7%) of surveyed community members stated Psychonaut.
- 0 stated, I don't do drugs.

Which substances do you use?

(This question was included later, only the last 22 of the participants answered this question.)

- MDMA - 8 (36.4%)
- LSD - 8 (36.4%)
- Cannabis - 19 (86.4%)
- Magic Mushrooms - 11 (50%)
- Alcohol - 17 (77.3%)
- DMT - 2 (9.1%)
- Cocaine - 12 (54.5%)
- Ketamine - 12 (54.5%)
- Meth - 1 (4.5%)
- Heroin - 0
- Poppers - 13 (59.1%)
- Nitrous Oxide - 6 (27.3%)
- G - 1 (4.5%)
- 2CB - 2 (9.1%)
- Nicotine - 2 (9.1%)

Do you think your relationship to substances has increased due to COVID 19?

(This question was included later, only the last 22 of the participants answered this question.)

- 13 (59.1%) said No.
- 9 (40.9%) said Yes.

Do you think your relationship to substances has increased due to current political events affecting the LGBTQ community?

(This question was included later, only the last 22 of the participants answered this question.)

- 14 (63.6%) said No.
- 8 (36.4%) said Yes.

How do you feel your mental health changes when you use substances?

- GHB, monkey dust
- Safety improves mental health in the community! We appreciate it very much.
- Re: substance use, I feel like there is definitely higher use in the queer community. It has many uses, though, both good (pleasure, liberation) and bad (avoidance, unhealthy coping). I feel like, as a community, though we do a better job than the wider community at holding and taking care of one another and creating awareness of the intersection of mental health and substance use. The existence of this survey and these resources is proof!
- More education around risk and harm prevention, especially for first-time users.
- I wish people had more knowledge, and I would like for drug misuse to be treated like a healthcare issue, not a criminal issue.
- Harm reduction and substance use/abuse go hand in hand with mental health. Some people use drugs as a tool and genuinely for fun, but most especially long-term users or addicts have an underlying mental health issue. The war on drugs just criminalizes this instead of addressing this as a public health problem.
- Substance abuse definitely affects mental health. Sometimes, chem sex comes to mind; we need to eradicate that.
- I think about the use of crystal meth and its isolation from the rest of the drug-using LGBTQ community. It seems like meth users are isolated and more often facing homelessness and stigma.
- ...
- I feel like my mental health improves with many substances.
- Great
- Will fill out later
- Don't know, don't use them.
- I have become more ambitious.
- Generally positive
- It gets worse if I do it, I become more chaotic or depressed, and have to take time to recover.
- GREAT
- CONFLICTED. IT HELPS THAN TAKES ME FOR A SPIN
- I GET DUMB SAD
- I FEEL GOOD
- It's the same
- Mentally, I feel great.
- It doesn't affect it.
- My thoughts can work against themselves when I'm using substances.
- N/a
- Varies. Typically a good vibes
- DOESN'T
- BETTER THAN WORSE
- Nothing devastating, just a little upper
- N/a

- Good
- Typically improves depending on the substance.
- Not too much
- Depends on the substance
- Sometimes
- Drugs and alcohol usually reflect my mental health.
- I feel more optimistic.
- Positive
- It becomes augmented with substances, and I feel like I can regulate my mood with substances. Although this does lead to more unpredictable ups and downs.
- There can be moments of relief, but it depends on the drug.
- I feel better and freer.
- Long-term depression days after use
- Unpredictable mood swings
- Stays the same
- It doesn't. Still on the fence
- More partying and socializing
- Good
- Hmm
- I feel more while high.
- MDMA is always a gamble; it will make things worse if I'm not careful. Same with all of them, but the more psychedelic stuff tends to help if I'm not overusing, whereas MDma is one night of fun and then woof.
- It can help alleviate anxiety.
- Drugs expand the mind; irresponsible use leads to unforeseen consequences.
- YES
- I feel more in tune with the music.
- Yes
- Positively
- DEF better than no substances, but like it's like driving at night with just the street lights vs with your headlights on
- It can be helpful for relaxing, but not great when anxious.
- Yes, when I am high, it can be an escape.
- Depends.
- I feel down for a few days, and then I bounce back, but the older I get, the longer it takes for me to bounce back (currently 3 days~)

What are the biggest challenges the community faces regarding substance use and mental health?

- No
- Will fill out later
- Don't know enough
- Yes
- No challenges

- Yes. I think there isn't enough harm reduction. It's either sober or doing substances! There needs to be a middle ground so there is less shame.
- YES
- TOTALLY. CYCLE OF INSANITY
- NO JUST FUN
- YES, TEMPORARY SOLUTION BUT NOT LONG TERM
- I'm sure there are
- I think we use it to cope a little too much.
- Yes
- Yes
- N/a
- Dependency
- N/A
- YES
- Yes, which is why I want to be safe
- Yes
- Yes
- Yes, Ketamine. I think it reduces the ability to connect and process together.
- YES!
- yes definitely
- Yes
- Yes, I think people abuse them or use them as an escape.
- Lack of education, dosing, limits
- Yes, people use it as an escape.
- The glamorization of certain drugs by our community makes it interesting to see how people translate that to their behaviors. There might likely be some incongruence between what usage patterns appear to be in a group vs. alone at home when an individual is using the same substances to cope with anxiety and/or depression. Education around which substances are therapeutic vs. net harmful.
- Yes, but there are so many nuances.
- Laced drugs
- Stigma and legal penalty
- Education, stigma, acceptance, police
- Overuse
- Access
- It's part of socializing generally.
- Peer pressure
- :(
- Poverty
- People pretending they're getting 'healed' when they are not - confusing the therapeutic potential of drugs with actual therapy.
- Safe practices and a more accepting relationship to substances
- Accessibility and self-discipline
- DEPENDENCY

- The need to engage in hard substances like DMT to enjoy an event
- Education
- None
- Unfortunately, it's very fun to use and abuse substances, especially if they get rid of the bad thoughts / make it easier to avoid them.
- Overuse
- People are relying on substances for a good time or abusing substances.
- Chemsex
- My best friend died of an accidental fentanyl overdose, and it changed my life forever. I am very passionate about safe use and prevention.

How do you think service providers (such as the government, nonprofits, and community-based organizations) can improve in serving the community?

- Xno
- Will fill out later
- I'm sure - but they already do so much and I'm grateful.
- I don't know
- Free antidepressants and medication
- To give people more education about how society and the journey to it isn't black and white, and more education about harm reduction
- HELP WITH MENTAL HEALTH
- IGNORANCE IS NOT BLISS
- DELIVER AT 3 AM
- BE PATIENT AND UNDERSTANDING
- Going to warehouse parties is a great place to start.
- I don't know.
- Outreach
- Yes
- N/a
- Affordability
- N/A
- IDK
- Meet us where we are!
- Meet people where they are
- Yes
- Providing information on the social effects of substances, not just the physical/personal effects.
- Not sure
- Absolutely
- More information and resources
- Providing education, information on harm reduction, judgment-free
- Better testing
- Decriminalization of drugs! In all seriousness, bringing more education and resources to parties with high-risk behavior. Subsidizing the cost of wellness and

harm reduction workers for parties would be a great way to incentivize all promoters to adopt this practice. This also makes people feel safer to reduce risk and liability to the party and healthcare systems.

- Do more
- Offer drug testing kits.
- Less stigma encourages conversation.
- Faster action when possible
- More services, everywhere
- Free
- Making drug use more open and acceptable
- Have more of this at parties.
- :0
- Bringing more people together and keeping an open mind
- More information, more drug testing, more safety programs to help with overdoses and mental health crises
- We need more!!
- Dissemination of harm reduction culture and resources
- PROVIDE MORE SERVICES LIKE THIS
- Providing testing kits and educational media
- Keeping the community informed of interactions
- Providing more services such as this one
- More attention to mental health and treating addiction properly
- It can make safer use.
- Being transparent about all substances, not having any stereotypes or stigmas around them, and providing more care and services.
- Not cut funding
- They're currently cutting funding in the US for prevention, which is an outrage.

Do you have a friend whose substance use you are concerned about?

- **10 (50%) said Yes.**
- **7 (50% said No.**
- **2 said Not sure.**
- **3 said I used to.**
- **2 said they lost friends to overdose.**

- No
- No
- Yes, substances should always be considered
- No
- Yes
- Yeah, I've had friends who OD'd
- None
- Hmm
- N/a
- Yes

- Less now, but I have had several friends die in the past
- Yes
- NO
- Yes, alcohol
- Yes, alcohol
- Yes
- Yes
- No
- No
- Not anymore
- Yes
- Not currently, but I used to

Have you ever tested your drugs before?

(This question was included later, only the last 22 of the participants answered this question.)

- **15 (68.2%) said Yes.**
- **7 (31.8%) said No.**

Do you know where to get drug testing or supervised consumption services?

(This question was included later, only the last 22 of the participants answered this question.)

- **11 (50%) said Yes.**
- **11 (50%) said No.**

Do you feel like after-hours parties care about these topics enough?

- **5 said Yes.**
 - **9 said No.**
 - **5 said Partially.**
-
- Some do
 - No
 - No, we should always have drug educators and safety staff at every event
 - Kinda
 - Medium
 - I wish it were more open to test drugs
 - Yes, but it's hard when you are high
 - Yesssss
 - Yes
 - Honestly, no (until this specific party)

- This is the first afters that has had this program and i fucking love it
- No
- NO
- No, they honestly offer more of the hard drugs
- Some
- No
- Never been to an after </3
- It's increasing, but no
- YES
- Hard yes!
- The best parties do care and provide resources.

How do you feel about having safety tents with harm-reduction staff at these parties?

- I love it, it makes me feel safe.
- AMAZING LOVE IT!!!!
- This is inspiring and feels progressive.
- Love them
- Essential
- Great to have a safe space
- I like
- Hmmm
- It makes me happy to see harm reduction information.
- I feel SO good about it, it makes the whole party feel safer and healthier.
- Sooo wonderful
- Strongly advocate for their continued presence.
- IMPORTANT
- I enjoy their presence and information!
- Improves overall comfort and ease of mind
- Supportive
- I love it!! Makes me feel better, parting knowing that IF something goes down, something can be done/ the knowledge is available for people
- It's awesome
- Love it and encourage more of it.
- Necessity
- It is essential

Before speaking with the harm reduction staff at this event, I was aware how to spot an opioid overdose and aware how to prevent it.

- Average Answer: 3.177419355

After speaking with the harm reduction staff at this event, I was aware how to spot an opioid overdose and aware how to prevent it.

- Average Answer: 4.290322581

Participant Likert Scale Increase: +1.12

Before speaking with the harm reduction staff at this event, I was confident in my knowledge in harm reduction services.

- Average Answer: 3.274193548

After speaking with the harm reduction staff at this event, I am confident in my knowledge in harm reduction services.

- Average Answer: 4.241935484

Participant Likert Scale Increase: +0.97

Before speaking with the harm reduction staff at this event, I was comfortable seeking mental health assistance when needed, regardless of my sexual orientation or gender identity.

- Average Answer: 3.903225806

After speaking with the harm reduction staff at this event, I am comfortable seeking mental health assistance when needed, regardless of my sexual orientation or gender identity.

- Average Answer: 4.387096774

Participant Likert Scale Increase: +0.42

Do you have any other feedback for us?

- Mental health and substance use education is essential for queer spaces.
- N/a
- No, thank you so much for this! I believe it is an invaluable resource for our community.
- Really love the access to COVID tests and Narcan and testing strips - wish we saw this more often!
- Thank you for making all of this information available.
- Keep up the good work.
- No
- No

- ...
- Luv u guys
- No, thx
- n/a
- All good
- No
- Keep up the great work.
- Nope, just keep saving our lives.
- NOT AT THE MOMENT
- KEEP UP THE GREAT WORK
- LOVE YOU
- NO
- love ya
- Thanks!
- No
- No
- N/a
- You're doing a great job for the community.
- N/A
- NO
- Thank you
- You save lives
- n o
- Nah, y'all are great.
- SO HELPFUL!!! Thank you so much
- You are both beautiful and wonderful souls. Thank you for this service <3
- Thank you for your service
- This is very important.
- NA
- Thank you for your work
- Collect more data from people to inform how usage patterns have evolved! This could be a great opportunity to understand/measure people's awareness and consumption patterns.
- Thank you!!
- No
- Thank you!!!!
- Thank you for your service :)
- Nope
- Thank you for the earplugs
- Doing great, awesome to have it in the open
- Thank you!
- n o
- N/a
- I'm so glad you're here!
- Y'all rule!

- No
- NO
- Thank you for the info cards! Very sick :)
- Keep doing what you're doing!
- No
- Keep it up <3
- nope
- Thank you
- Keep doing what you're doing
- What you're doing is so essential

Event Retrospective Survey

After each event, the facilitator asked participants to complete an event retrospective survey. The survey featured 61 questions. 39 questions used a Likert Scale of five answers from Strongly Agree to Strongly Disagree. Previous UsCC programs provided the foundation for the weekly survey questions. The contractor added several questions to expand the research of this unique intersection of harm reduction, safety, and mental health.

What would you say is your relationship with substance use?

- 14 participants answered: Casual user.
- 3 participants answered: I don't do drugs.
- 1 participant answer: Psychonaut.

Do you think your relationship to substances has increased due to COVID 19?

- 11 participants answered: No.
- 7 participants answered: Yes.

Do you think your relationship to substances have increased due to current political events affecting the LGBTQ community?

- 5 participants answered: No.
- 13 participants answered: Yes.

How do you feel your mental health changes when you use substances?

- Brain fog, sluggishness, anxiety, depression
- I let go of pleasure and grief, and also pushed off many of my needs until tomorrow.
- My emotions are heightened.
- More anxious, disconnected, and emotionally unstable.
- It gets more grounded.
- It varies.
- Sometimes good

- Good
- I only use psilocybin and generally feel that it improves my mental health when I am using it responsibly.
- My mental health is less stable. Anytime I pick up any substances, for sure.
- I feel like it's only appropriate to use when I'm ok mentally, otherwise I'll spiral.
- I feel less socially anxious and more in control of my willpower.
- Relieved.
- I don't really do other drugs besides smoking weed, which usually just gives a sense of mental relief from the chaos, as well as a physical relief from pain.
- Free
- If I'm not in a good head space, I feel substances can increase negative habits. But if I'm using it to enhance the moment, it's a good trip.
- With alcohol in particular, it makes me less worried about life.
- I think I feel better.

What are the biggest challenges the community faces regarding substance use and mental health?

- Lack of awareness or access to harm reduction materials
- Access to social lives and social dignity. For trans women it is definitely increased by not being able to access work and money.
- Not having a safe space to test and communicate educate
- Stigma, lack of access to care, trauma, and isolation.
- lack of harm reduction, criminalization
- Misunderstanding and lack of education.
- Getting proper resources
- Unsafe practices
- Working in nightlife I watch people use alcohol to excess regularly - I quit alcohol 12 years ago and feel more in control of my emotions. Guilt and shame internalized by the community definitely fuels substance overuse.
- The biggest challenge is understanding that drugs destroy our community and alcohol destroys our community and they're literally set in place for this to happen. There's no revolution if we're all strung out.
- Abuse of hard drugs like meth and Unsafe fentanyl practices
- It is used as coping mechanism for people who need actual care
- Preventable overdoses, roofie prevention, loss of resources
- I think substance use is still so stigmatized by many so people don't talk enough about how to use safely and in a way that is less harmful
- Abuse
- I feel our community has not received the proper tools to understand the importance of therapy and reducing drug intake can help our community better manage substance use. I feel it out community could be better informed on substance use safety it will help reduce the overall overdose
- I think that we often use substances to numb the pain and harm that the community faces at large. Therefore education on said substances and prevention on using them safely is vital.

- There's no mental health or health care provided & we are under attack and stressed. We look for a release.

How do you think service providers (such as the government, nonprofits, community based organizations) can improve in serving the community?

- Providing more information and community outreach. Especially to at risk populations
- End real estate
- They could start by giving funding and sponsorships
- Offer trauma-informed care, increase accessibility, reduce stigma, and provide culturally competent support.
- Decriminalize and pump resources into structural harm reduction
- I could make a long winded explanation but...the high powers need higher education and awareness.
- Investing in Programs like this one
- More resources
- The more acceptance we have the less we are managing our emotions with substances
- I think that there needs to be less stigma about people going to get help and I think people need to understand that nobody can help better than our community ourselves so as long as we have representation that cares about community and this is definitely a way to reach community.
- Continue to provide community outreach and safe use education
- Yes the government should definitely improve
- Provide us more funding and resources to preventable care
- put money into it!!!! Distribute harm reduction supplies and resources on information to further prevent overdoses and inform others on how to use safely
- They are a big help because we're preventing harm on drug abuse
- I think they are investing more resources into programs like these to help the community while learning about us to find better ways to help us. Our community needs to be invested in more so that we can thrive beyond surviving.
- In providing more resources and education at not only day time events but night time events as well.
- Keep educating folks and providing resources and outreach especially in high schools.

Do you have a friend whose substance use you are concerned about?

- 6 (1 in 3) participants answered: Yes, one.
- 4 (4 out of 18) participants answered: Yes, more than one.
- 6 (1 in 3) participants answered: No. None.
- 1 (1 in 18) participants answered: Not sure, maybe.
- 1 (1 in 18) participants answered: I have in the past, but they got help.

Have you or a friend been negatively affected by substance use?

- 2 (1 in 9) participants answered: No.
- 3 (1 in 6) participants answered: Maybe
- 13 (13 out of 18) participants answered: Yes.

If you have been affected, how have you processed the risks of substance use?

- I understand that substances can have a negative effect and am working on regulating my use.
- Reading all facts on drugs
- Been honest about my intentions of using. Only bought from familiar and trusted sources
- I've internalized them. I'm much less of a user than I used to be.
- By educating myself, setting boundaries, seeking support, and reflecting on past experiences.
- Therapy and harm reduction practices
- I have extensive experience with 12 step recovery programs and therapy. getting trans healthcare definitely made me less inclined to self medicate
- I quit doing drugs and alcohol 14 years ago because of the risk my health started to decline, etc. so I processed it by quitting
- Rehab
- I no longer do any substances other than smoking marijuana.
- In therapy, through talking with friends
- I've learned that using substances is not a good mix for me if my mental health isn't good so I stay away. For friends I try to provide a safe space for them to express what they're going through and their reason for using instead of judging, but setting boundaries to avoid issues.

Have you ever tested substances before?

- 5 (5 out of 18) participants answered: No.
- 13 (13 out of 18) participants answered: Yes.

Do you know where to get drug testing or supervised consumption services?

- 3 (3 out of 18) participants answered: No.
- 15 (15 out of 18) participants answered: Yes.

Do you feel like after hours parties care about these topics enough?

- 2 (1 in 9) participants answered: No.
- 2 (1 in 9) participants answered: Yes.
- Recently, yes. I've seen an influx of resources but I do think more after hours parties could be more effective.
- Some do
- They don't care about it enough

- Somewhat
- No, most prioritize fun over safety, often ignoring mental health and harm reduction.
- It is definitely getting better!!
- POC lead promoters, yes. Others not as much
- Somewhat
- yes, i love that it is part of the culture
- Yes current after parties have safety measures in place
- No, the feedback I received from people is that they don't see this after enough and they felt a source of safety from us.
- no!!!! they need to be more cognizant that people are using and there are practices that can be easily put in place that significantly reduce risks to party goers
- Not enough, this program is definitely needed in more spaces
- I think in more recent times there has been more attention to after hours parties.

How do you feel about having safety tents with staff at these parties?

- Necessary
- Really good
- Such a great concept
- Supportive—safety tents can save lives, offer support, and reduce harm without judgment.
- Required, it's great!
- It's amazing and necessary!!
- Essentially needed
- Good
- I feel like it sets a tone where people can feel safer and more relaxed
- I think that if people are going to party, we need safety tents and medics in roamers. This is very important.
- Safe
- Yes do it
- It will provide comfort and a feeling of safety to people.
- great idea, in full support!
- Very safe
- I loved the experience of providing these resources and I feel it would be a great addition to afters.
- I think that's critical and so important. I'm relieved knowing there is help if folks need it.
- I think it's great, vital and important for the community.

Do you feel like you are making a positive impact in the community by doing this work as a Safety Roamer?

- **100% of participants answered: Yes**

Were there any impactful moments during your time with our program?

- Yes several. Learning about all the steps that go into being a successful roamer and learning the signs of overdose or distress was very impactful
- It was nice to be a safe space for ppl who were too high.
- Absolutely
- Yes. An individual came to our table/tent to thank us for helping them at Por Detroit where they were not doing too well.
- Feeling like folks trusted that we're there for them + teamwork
- I mean just being here was monumental in itself!!
- Just making sure people were coherent I think made people feel safe
- Yes
- The information exchanged by other participants in orientation really taught me a lot!
- When I started my roaming shift, I knew that this is something that I'm definitely gonna be good at and it kind of makes me excited to explore this type of work further.
- People thanked us for checking in on them.
- Yes
- People took resources. People found safety and comfort within us.
- I really enjoyed getting more educated on harm reduction practices, as well as helping educate others who came to the table on resources available to them!
- Yes
- Just being able to educate and be available to support people during the afters was impactful for me.
- It was amazing connecting with the community and just engaging with so many people. Some folks were just sleepy, and it was so amazing to see how many people were thankful that we were there.
- Connecting with the community and being involved.

Would you be a Safety Roamer again?

- **100% of participants answered: Yes**

How would you feel about being a safety roamer at another party under different management?

- Yes
- It depends ! But good
- Definitely interested
- Open to it as long as I'm with a team.
- I'd have questions
- I would be honored and excited to do it!!
- As long as it is inclusive and diverse I will do it
- No
- Any time!

- I for sure feel like I'm super qualified for this. I have a very keen eye and I watch out for people. The training added another sense of knowledge. This is something I definitely would be good at and definitely can do.
- As long as we are helping ppl from potential overdose i think it's fine
- Yes
- I would be open to being a safety roamer under any management but Eden Luna is a wonderful manager.
- Would love to do it again
- I would feel very comfortable and confident to help
- I would love it , it's my own way of ensuring people can party safely.
- I'd 100% be open to it! Being a safety roamer felt so at home for me.
- I'd love to!

Do you feel having members of the community behind the table providing harm resources and education to the community is helpful and accessible?

- **100% of participants answered: Yes**
- It makes people much more willing to engage if they see a familiar face
- Definitely
- 100% helpful
- Peer-led support feels more relatable, trustworthy, and reduces stigma.
- It is an amazing sense of security!!
- Community members see what really happens
- Yes, not enough resources.
- Absolutely!!!! Seeing someone in the community in that position makes others more likely to engage because they can see themselves in the person providing the info and support
- Absolutely! I think it makes folks feel safer. I think it's the most direct way to help folks.

Do you feel like there is anything that needs to change in the current landscape for this service model?

- 6 (1 in 3) participants answered: No.
- I think harm reduction should be listed on the RA or ticketing platforms ahead of time so guests know these services are available
- Maybe a big grant so parties that poorer queers are throwing which can't put up cash for it can have teams come too.
- Provide incentivized entry if ppl come early to take a workshop about harm reduction and CPR.
- I don't know enough to answer, I think my experience has been good!
- Honestly I love the format and I understand that things will evolve!!
- Having more roamers
- I think the only thing I'd be cool if we wore some kind of glowing bracelet just to identify we are safety monitors. But besides that things are good.
- No everything feel correct

- I think that this service should be available as an ongoing training
- Resource sign
- No I feel everything was well thought out and executed
- I think in general folks just need more education but having these resources along with helpful guides about different substances at the table helps to do so.
- I would say just adding safer sex resources!

Did you learn anything new about the education and resources available in harm reduction and overdose prevention?

- **94.44% of participants answered: Yes**

If so, what did you learn? What will you take with you after this program?

- That people who assist someone going through distress aren't held liable and can't get in trouble for helping another person. And the steps to remove someone away from an event to prevent any commotion
- Reinforced my cpr training.
- Testing and discussing drugs are important
- How not to say that someone's overdosing if I'm calling emergency services because police will be dispatched.
- cpr!:)
- The sense of security and safety everywhere I go!!
- Signs and symptoms of overdosing
- N/A
- I really appreciated relearning cpr, i was certified in the past but a lot has changed (it was decades ago). i also really appreciate this program having specific information for handling overdose in a party setting
- I learned how to test if somebody is nonresponsive by rubbing their sternum. Also learned the proper way to give Narcan. And also learned about laying people on the left. They want to breathe better to help them not choke on their vomit, etc..
- CPR!
- How to tell when someone is not ok
- How to test drugs!
- cpr/overdose reversal, risk mitigation, on the ground harm reduction practices and resources
- Dosing and learning the right amount
- The different types of substances that exist and how to provide CPR
- That community is everything. I knew that already but this cemented that creating a rapport with the community makes them feel more at ease when being asked if they are okay.
- Learned about the variety of different substances and what they do and how it's used in different environments.

Do you have any other feedback for this program, the service model, or the

current landscape for after parties? Is there anything that still needs to be addressed?

- **16 out of 18 participants answered:** No changes and thank you.
- This whole experience has been great ! Thank you Luna and Daphne (Lead Safety Roamer)!!
- This is such an incredible program, I was so excited telling friends that I had an opportunity to become a more involved community member and was given the tools and training with this program to actually make a difference when it comes to safety and preventing overdoses.
- Information on xylazine pamphlets
- I think so far so good
- Not really you did a good job. **I think maybe one more review session of the information before we could do our first roaming shift. I think that's probably the only thing.**
- I have lost close friends to overdoses and have wanted to learn more how to help - this program has been very educational, thank you
- **I think having more roamers would help, possibly having equipment like flashlights, and possibly in uniform so that party goers understand that we are there to help and not just pesky people at a party. (Note from facilitator: we do not take this approach to avoid policing the community.)**
- I love this program and want to continue being a leader in the community!!
- It's great that this service is available to the community. Harm reduction saves lives. Please continue this program and the work.
- Thank you for opening my eyes on a different level

The following questions utilize a Likert Scale to quantify improvements.

Before this program, I saw myself as a leader in my community.

- Average Answer: 3.833333333

After this program, I see myself as a leader in my community.

- Average Answer: 4.444444444

Participant Likert Scale Increase: +0.57

Before this program, I felt safe at after parties.

- Average Answer: 3.111111111

After participating as a safety roamer in this program, I feel like I make the after party safer and help eliminate risks.

- Average Answer: 4.611111111

Participant Likert Scale Increase: +1.51

After this program, I will feel safer at after parties if I know there is a safety team.

- Average Answer: 4.833333333

Participant Likert Scale Increase: +1.72

Before this program, I felt like safety roamers made an impact on the mental health and physical health of community members.

- Average Answer: 3.944444444

After this program, I feel like safety roamers make an impact on the mental health and physical health of community members.

- Average Answer: 4.888888889

Participant Likert Scale Increase: +0.86

Before this program, I knew the signs of a fentanyl overdose.

- Average Answer: 2.5

After this program, I am more familiar with the signs of a fentanyl overdose.

- Average Answer: 4.666666667

Participant Likert Scale Increase: +2.1

Before this program, I knew about fentanyl test strips and how to use them.

- Average Answer: 3.055555556

After this program, I knew about fentanyl test strips and how to use them.

- Average Answer: 4.611111111

Participant Likert Scale Increase: +1.56

Before this program, I knew about naloxone / naran and how to use it.

- Average Answer: 3.55555556

After this program, I knew about naloxone / naran and how to use it.

- Average Answer: 4.88888889

Participant Likert Scale Increase: +1.3

Before this program, I knew the steps to stop a fentanyl overdose, including calling 911, CPR, rescue breathing, and naran.

- Average Answer: 2.55555556

After this program, I am more familiar with the steps to stop a fentanyl overdose, including calling 911, CPR, rescue breathing, and naran.

- Average Answer: 4.94444444

Participant Likert Scale Increase: +2.44

Before this program, I was afraid I would lose someone to an overdose and not know how to intervene.

- Average Answer: 3.88888889

After this program, I am more confident that I can do something to prevent a death caused by overdose.

- Average Answer: 4.77777778

Participant Likert Scale Increase: +0.9

Before this program, I was aware of resources to process the risks and challenges with substance use with a mental health professional.

- Average Answer: 3.22222222

After this program, I am more aware of the resources available to process the

risks and challenges with substance use from a mental health professional.

- Average Answer: 4.611111111

Participant Likert Scale Increase: +1.39

Before this program, I was comfortable talking about substance use topics with my community.

- Average Answer: 3.944444444

After this program, I am more comfortable talking about mental health topics with my community.

- Average Answer: 4.777777778

Participant Likert Scale Increase: +0.76

Before this program, I knew how to advocate for my own overall health and wellbeing.

- Average Answer: 4.055555556

After this program, I know how to advocate for my own overall health and wellbeing.

- Average Answer: 4.777777778

Participant Likert Scale Increase: +0.65

Before this program, I knew how to advocate for my community's overall health and wellbeing.

- Average Answer: 3.777777778

After this program, I know how to advocate for my community's overall health and wellbeing.

- Average Answer: 4.777777778

Participant Likert Scale Increase: +1

Before this program, I felt comfortable seeking substance use resources (such as drug testing and harm reduction) if/when needed, regardless of my sexual orientation or gender identity.

- Average Answer: 3.833333333

After this program, I feel more comfortable seeking substance use resources (such as drug testing and harm reduction) if/when needed, regardless of my sexual orientation or gender identity.

- Average Answer: 4.833333333

Participant Likert Scale Increase: +1

Before this program, I knew the necessary steps it takes to access substance use resources.

- Average Answer: 3.611111111

After this program, I am more familiar with the necessary steps it takes to access substance use resources.

- Average Answer: 4.833333333

Participant Likert Scale Increase: +1.22

Before this program, I knew the necessary steps it takes to access mental health resources.

- Average Answer: 3.611111111

After this program, I am more familiar with the necessary steps it takes to access mental health resources.

- Average Answer: 4.666666667

Participant Likert Scale Increase: +1.05

Before this program, I felt safe accessing substance use resources.

- Average Answer: 3.333333333

After this program, I feel safer accessing substance use resources.

- Average Answer: 4.777777778

Participant Likert Scale Increase: +1.4

Before this program, I felt comfortable seeking mental health resources if/when needed, regardless of my sexual orientation or gender identity.

- Average Answer: 3.5

After this program, I feel more comfortable seeking mental health resources if/when needed, regardless of my sexual orientation or gender identity.

- Average Answer: 4.666666667

Participant Likert Scale Increase: +1.1

Before this program, I felt safe accessing mental health resources.

- Average Answer: 3.444444444

After this program, I feel safer accessing mental health resources.

- Average Answer: 4.722222222

Participant Likert Scale Increase: +1.4

Overall Observations:

There is an improvement from before and after the program. The most impressive increase was demonstrated in preventing a fentanyl overdose. We saw a +2.4 increase. The next biggest increase we noticed in detecting the signs of an overdose. This saw a +2.1 increase. The third biggest increase we noticed was a +1.7 increase in feeling safe with the presence of a harm reduction tent at an after party.

The areas with a smaller improvement could indicate where the program could improve. The participants reported a +0.57 increase in leadership skills after the program.

Conclusion & Next Steps

In favor of its unique positioning, Project Safe Tea was a resounding success in achieving the objectives set forth since its inception. The facilitator and supportive staff were able to execute a distribution and education program meanwhile collecting valuable research. While the program was not able to meet the goals of 250 distribution surveys set forth in the Statement of Work, the surveys collected still yielded great results. Given the short time frame and limitations, the project was able to accomplish many of its objectives.

The participants left the program confident in their abilities to make a difference in their communities. The project was able to provide the participants with an incentive, in spite of a rough economy where many LGBTQ+ people are losing their jobs due to budget cuts. While it may not be ideal, the participants now have another skill set and potential work opportunity should they be interested in continuing this work outside of the project.

Now more than ever, LGBTQ+ people are being pushed further and further into the margins of society. This project is a rescue line into the economics of nightlife work for LGBT people, as well as a life line for a community at risk for preventable overdoses. A small minority of participants surveyed shared personal accounts of the grief of losing someone to an overdose and years of emotional damage done. While it was not explicitly stated in the work and mission, this was at the core of the spirit of the project. To prevent another life lost, to give people the tools to help their community, to uplift a community that remains grieving another member taken too soon. Project Safe Tea is the inspiration and the example that community based initiatives can set the standard of care in community spaces. Community will take care of the community.

Attachment A

Underground Medic's Testimonial:

Project Safe Tea

Testimonial from an Underground Medic

Monday, June 30th, 2025

I sincerely hope that Project Safe Tea will not be the only program of its kind to train, provide, and compensate harm reduction workers in the DTLA queer & trans underground nightlife. I am a certified Emergency Medical Technician in the County of Los Angeles who has been working within the major network of parties for this community for the past six years. This county program came at a much-needed time: post-pandemic and an age of great uncertainty for the LGBTQIA+ community. Because the two-month program was executed before and throughout the June month of Pride, it was able to conduct a thorough sampling of all the parties within this network and elucidate the needs of this population.

When I say post-pandemic, I mean that the rave scene has been oversaturated with parties that emerged during the pandemic to satisfy nightlife needs after many bars and nightclubs closed permanently. The primary parties that I work for were event staples for this community (regulars from all over LA city and LA county, as well as visitors during Pride, Halloween, and New Year's Eve). As social life rebounded after a year of shutdown, these parties suddenly found themselves in competition with newer parties that didn't adhere to the same standard of safety and wellness. A decrease in attendance led to leaner budgets. The first cut to the budget would usually be the safety team.

If underground funding for safety personnel has become slimmer, it has been even more so for public funding of preventative care, health care, public health, and mental health resources for the LGBTQIA+ U.S. community at large. One specific area of overlap between public health and underground safety has been opioid overdose prevention, whose funding is now endangered too. When the first party, OF [redacted by facilitator], in this specific DTLA underground community began hiring a safety team in September 2019, it was in direct response to a recent opioid overdose that shut down their party the night it occurred and after much advocacy for harm reduction and public awareness of safer raving practices. Narcan/naloxone back then was a scarce resource obtained through a nonprofit restricted to distributing one overdose prevention kit per U.S. citizen per year. Each party was equipped with a handful of doses. Nowadays, it's a life-saving medicine openly distributed with high-quality fentanyl testing strips at parties, cafes, local community centers, and even vending machines in government buildings.

What Project Safe Tea managed to do was strategically replicate (and improve upon) the process of empowering community members of this nightlife scene to provide harm

reduction services and resources. We did it organically within the past six years. Project Safe Tea achieved that within two months and across 13 parties, with knowledge and expertise from a veteran community member involved in all levels of this nightlife scene.

To provide further context for the safety incidents that occurred within these 13 parties, we had not called 9-1-1 for ambulance support at all last year. In recent years prior to 2024 and since then, we were requesting patients to be transported primarily due to seizures occurring on the dance floor. These seizures were most likely a complication of mixing multiple substances and environmental overstimulation from intense lights in the dark, artificial fog, and heavy crowding.

Although calls like this didn't happen during Project Safe Tea, nor did we have any incidents of unresponsiveness due to suspected opioid or sedative overdose, the increase of 9-1-1 calls for the first six months of this year indicates that safety practices and thus a safety team is needed more than ever.

Opioid overdose has always been the highest concern due to the unregulated nature of drug supply and the types of party and chemsex substances frequented by this specific community at these parties. But our harm reduction is not primarily focused on opioid overdose and prevention. It is about providing empathy for anyone who feels overwhelmed at these parties, whether they are intoxicated on any substance. They could simply be lonely or anxious about being in a crowded social space. They could be experiencing a romantic breakup or rejection from a friend group.

Our philosophy is to provide prehospital patient care and soft support without penalty and without promoting shame to people who have historically been neglected by the established medical community. LGBTQIA+ people generally do not trust the healthcare system to provide basic care, are hesitant to disclose their sexuality and sexual practices to healthcare providers, and experience multiple barriers to healthcare access. All of this leads to negative health outcomes in physical and mental health that are disproportionate to their heterosexual counterparts. Health and safety concerns are especially magnified in underground spaces not only because of party behavior (substance use and open sex) but because these are sacred spaces for the community. These events are where our community members are at their most vulnerable and as their most authentic selves — collectively and individually. In many cases, they are dressing to express sexuality and/or true gender identity.

These parties are homegrown, just like Project Safe Tea. They are thrown, promoted, and hosted by community members. The producers aim to make profit but much more than that these parties within this specific network are creating culture. Culture that is most often on the vanguard in leading fashion and taste in America, with inspiration from and collaboration with musical artists from Central America and Europe. Not only is it serving the DTLA queer & trans community but it is constantly striving to be more inclusive of trans and nonbinary folx, femmes, people of color, and providing financial assistance where needed. This requires budgetary, marketing, and admission practices that balances what brings in the money (more affluent queer men seeking out circuit

parties) with providing tickets to those who can't afford entry.

One way the parties did this was to waive ticket prices completely for those who self-identified as trans or non-binary. It was recognition of the hardships this sub-group tends to experience as an intersection of multiple oppressive systems, but also an acknowledgment that the people who make the party more interesting and vibrant are our trans and gender non-conforming siblings. What is intrinsically understood and historically demonstrated, and brought to the forefront by Project Safe Tea, is the fact that the LGBTQIA+ community has always been led by trans activists who provided care for the rest of their community at great personal risk. By providing CPR and opioid overdose training to trans and non-binary community members, booking them for actual parties to gain harm reduction experience, and compensating them for time and labor, the pilot program began to legitimize what we've been doing for the past six years and what has been happening all along.

In summary, I hope that the Los Angeles County Department of Mental Health can see what has become plain to our partygoers whether they are regulars or new to the party: when a party has a safety team that is a consistent presence at every one of its events and provides a high standard of harm reduction and pre-hospital patient care, it creates a culture of safety. It elevates the party. It is not enabling or promoting substance use, but an acceptance of how a vulnerable population copes in vulnerable spaces. When the safety team consists of personnel who are members of the community and native to the parties, they are especially attuned to the safety and wellness needs of that party. And if they are providing life-saving measures and improving safety practices for that party (thus ensuring its prosperity and ability to keep throwing parties without gaining special attention from law enforcement), they should be compensated for their work. If the parties cannot afford all these costs on their own, but regard safety and wellness as a true priority, the community as a whole would benefit from a public subsidy of these costs.

Regardless of the administration currently occupying the White House and controlling federal priorities, queer and trans rights will always be questioned. If queer and trans people cannot live with full rights in every aspect of their lives, there will always be a need for underground, extra-legal spaces. Protecting these spaces are paramount. Not necessarily as an endorsement of the behavior therein, but of the people who occupy them.