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ORGANIC DRUGS AND WELLNESS EXPERIENCES:

A CASE STUDY OF THE NETHERLANDS

Master thesis

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INTRODUCTION

This master's thesis provides an overview of the development and trends of the wellness concept, the formation and motivation of the wellness experience, and the state of welfare economy and organic drug use in the Netherlands. The master's thesis focuses on wellness experiences and organic drugs with the Netherlands as a case study.

Wellness is a worldwide economy which was valued at more than \$4.4 trillion in 2020 (Global Wellness Institute (GWI), 2023). With eleven sectors ranging from spas to mental wellness, from nutrition to personal care, competition is fierce. Destinations, businesses and customers are constantly looking for new wellness-related experiences. Hence, continuous research about wellness opportunities and industry trends must be conducted by industry stakeholders, whether this research concerns national tourism boards or on a smaller scale, businesses or even individuals themselves. As a consequence of this continuous research, wellness tourism marketing and development for destinations has become targeted and authentic (GWI, 2018, p. 9). In research, wellness tourism nowadays is looked at in two ways. First, it explores why tourists are motivated to travel to certain destinations and are attracted to certain experiences. Oliver et al. (2018, p. 41) stated that it is human instinct to pursue a better quality of life, which includes well-being of an individual and society. Quality of life can be enhanced by physical health, emotional stability, and spiritual growth. Therefore, a tourist can domestically or internationally travel to a certain destination to increase their quality of life through wellness. As a consequence, travel motivation, attitude and behaviour of the traveller play a significant role in wellness tourism (Gan et al., 2023, p. 2). Secondly, it explores why the country being travelled to is special with regards to wellness. For example, Kerala in India is the

‘land of ayurveda’ which is the destination image for wellness tourism and makes the country special to travel to (GWI, 2018, p. 9).

Organic drugs have been a trending topic in research on industry trends and wellness opportunities in the recent years. Organic drugs are drugs derived from natural substances such as plants or animals (Liberty Health Services, 2022). Especially psychedelics and cannabis are being researched actively in relation to mental health. However, this research is no longer focussed on the negative effects of using these drugs but for the exploration to use organic drugs as therapeutics for mental illnesses (Johns Hopkins Medicine, 2023). John Hopkins researchers were the first to get approval in the United States of America to study psychedelics and its effects on individuals with mental illnesses in the year 2000, and since then have recorded many results. For example, psilocybin, also called magic mushrooms, can aid with depression, or can help with alcohol abuse disorders. As a result, certain states in the United States of America have started to decriminalize some types of organic drugs like psilocybin to help with mental disorders, advocated by veterans of war (Jacobs, 2021). The use of medicinal cannabis has been around for even longer than psychedelics for therapeutic use, for the purpose of pain relief, sleep disorders and to lessen side-effects of chemotherapy for example (Harvard Health, n.d.). The exploration of using organic drugs within the field of wellness also takes place. To emphasise, a recent trend in wellness is travelling to an ayahuasca or psilocybin retreat to experience a guided trip with a shaman. These retreats are commonly found in South-America, where in some countries psychedelics are legal, but also in the United States of America (Kamin, 2021). Despite the risk for mental-health issues after using organic drugs, there are many advocates of life-changing or spiritual journeys during a guided psychedelic trip. Even the Global Wellness Institute caught onto this trend and started the psychedelics and healing initiative, which is a collaborative research study on how psychedelics can heal, expand consciousness and nurture community (Global Wellness Institute, 2022). However, contrary to research about health and organic drugs in the medicinal world, the world of wellness combined with organic drugs is not yet well-researched since the

phenomenon is relatively new. The surge in popularity came during and after COVID-19 (Kamin, 2021).

This exploratory study will investigate the attitude, behaviour and motivation of people for combining wellness experiences with organic drugs. The research will take the Netherlands and its inhabitants as a case study, since the open-minded attitude towards drugs and the legality of drugs is greater than in the rest of Europe. Besides, the Netherlands is not a prominent wellness country. As will be explained in the literature later on, next to coastal wellness, the Netherlands does not have many exceptional amenities to become a wellness destination either. Hence, examining the interest in combining organic drugs with wellness in the Netherlands could form a rough foundation for developing the Netherlands as a wellness destination. This would be a competitive advantage as no other country in Europe has this wellness destination image and will not be able to due to legality issues with organic drugs.

Based on the described problems above, the master's thesis formulates the problem statement: *'How can the combination of organic drugs with wellness experiences improve the Netherlands as a wellness destination?'* The aim of this research is thus to explore to what extent organic drugs can be included in wellness experiences and to present proposals on how to design wellness experiences that are combined with organic drugs for citizens of the Netherlands, which can aid in promoting the Netherlands as wellness destination.

To achieve the goal of the master's thesis, the following research questions are set:

- To what extent can organic drugs be included in wellness experiences in Netherlands?
- What are the motivations, interest and willingness of citizens of the Netherlands to use organic drugs in combination with wellness experiences?

According to the problem statement and research questions, the following research tasks create a framework for this study:

- Defining what wellness and wellness experiences are and how wellness in 2023 takes shape in the Netherlands
- Determining what organic drugs are and how these are used for wellness purposes in 2023 around the world
- Preparing and conducting a master's thesis study
- Analysing the results of the study
- Drawing conclusions and putting forward proposals on how to design wellness experiences with organic drugs for citizens of the Netherlands
- Giving recommendations for further research on the thesis topic

This research centres around the motivation, attitude and willingness of inhabitants of the Netherlands, between 18 and 77 years specifically, to combine organic drugs and wellness experiences. This includes individuals that have never used organic drugs nor participated in wellness experiences, or those who do enjoy participating in either of these, or even both. This research will refrain from using organic drugs for medicinal purposes as much as possible, since the author is not a medical expert. Instead, the focus of this research rests on recreational usage that might aid in increasing perceived wellbeing but without any assurances provided.

The most important authors who provided the substantive preparation of the master's thesis study are Stoewen (2017), Pine and Gilmore (1998; 2013), Dilette et al. (2020), Van Spronsen and Partners (2017), and the Alcohol and Drug Foundation (2023).

The following research methods were used to collect the data for this master's thesis, namely secondary research in the form of a literature review and primary research in the form of a quantitative research through a questionnaire-based survey in a respondent-completion format. To analyse the results of the study, the statistical programme SPSS was used.

The master's thesis has a table of contents, an introduction, two chapters, a summary, the list of cited sources, a resume and three annexes. The first chapter of the master's thesis gives an overview of literature on the topics wellness dimensions, wellness experiences, wellness motivation, wellness in the Netherlands, organic drugs and existing experiences with organic drugs. The second chapter of the master's thesis describes the study of the master's thesis and analyses the results of the questionnaire. After that, it draws conclusions and puts forward proposals on how to design wellness experiences combined with use of organic drugs based on motivation and interest of the inhabitants of the Netherlands in a legal, safe, ethical and accessible way, as well as providing recommendations for further research.

Last of all, a note of thanks is given to Melanie Kay Smith, the supervisor of this master's thesis for always making time to meet for both the thesis and casual chit-chat, giving in-depth advice and improving the grammar of this work. Furthermore, a thank you is given to all the respondents of the questionnaire-based survey. Moreover, thank you to all that not only offered to proof-read this work but actually read the full 94-page document and discussed their opinions with the author. Lastly, the author thanks their family at home and current roommate for the continuing support and love.

1. LITERATURE REVIEW

1.1 Wellness and the wellness dimensions

The sub-chapter provides an overview of the definition of health, the formation and development trends of the wellbeing concept, the well-known wellness dimensions and their importance in the formation of the well-being experiences.

Health is not the absence of disease, illness and stress, but the presence of a purpose in life, happiness, joyful relationships, a healthy body and living environment, and an active involvement in satisfying work and play (Dunn, 1959, p. 787). Dunn (1959, p. 787) was the first person who defined a state of health that went beyond physical and instead captured a more holistic form of health that he referred to as ‘high-level wellness’. Accordingly, the difference between health and wellness in this sense is tricky to define. However, Dillette et al., (2020, p. 2) stated that health is the goal and wellness is the pathway of achieving it. The World Health Organization (2023) uses a similar definition for health: *“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*. Upon seeing this definition, the question about the difference between wellbeing and wellness arises. Dillette et al. (2020, p. 2) defined that wellness is concerned with prevention and health, while wellbeing connects more to happiness. It has also been suggested that wellbeing falls under the umbrella of wellness (Miller & Foster, 2010, p. 5).

Nowadays, wellness is still often regarded in terms of physical health such as nutrition, exercise, and weight. As stated, this implication is not entirely wrong, since physical health is an important part of wellness (Stoewen, 2017, p. 861). Nevertheless, Meyers et

al. (2000, p. 251) confirmed once more that wellness takes shape in a more holistic form: wellness encompasses eight dimensions that are interdependent, meaning that neglecting one of the dimensions will adversely affect other over time (Stoewen, 2017, p. 861). An imbalance of the dimensions can result in a diminished wellbeing, health and consequently a lesser quality of life. Notable is that according to personal views and life approaches, priorities in dimensions may differ. This also shifts the definition of wellness from 'being in good health' to 'living life fully to become the best version of oneself'. Coming back to the eight dimensions of wellness, they are as follows: Intellectual, Emotional, Social, Physical, Spiritual, Occupational, Financial, Environmental (Meyers, et al., 2000, p. 251). To gain a better understanding, each dimension will be explained in detail.

Intellectual wellness is concerned with maintaining curiosity, continuous life-long learning, application of knowledge and keeping up brain activity. The goal is to expand skills and knowledge and to share this with surrounding others (Stoewen, 2017, p. 862). This shows that intellectual wellness is not only beneficial for individuals but also for the society they remain in (Melynk & Neale, 2018, p. 11). Activities can help broaden an individual's perspective and aid in understanding multiple points of view (Substance Abuse and Mental Health Services Administration (SAMSHA), n.d., p.9). Examples of such activities are listening to lectures, plays or musical performances, daily reading, crafts, discussions, mentally-stimulating puzzles and games, or keeping up with current affairs (Swarbrick & Yudof, 2015, p. 6). Intellectual exercises may aid in the prevention of cognitive decline.

Emotional wellness is concerned with the ability to express feelings, cope with stressors, battle emotional challenges and enjoying life (SAMSHA, n.d., p. 21). It also extends to understanding and appreciating others' feelings (Stoewen, 2017, p. 862). Important is to be able to both acknowledge and communicate feelings. Support groups, journaling, daily routines, and other stress-reducers are activities that fall under this category. Melynk &

Neale (2018, p. 10) advise to seek professional help when feelings become overwhelming for an individual.

Social wellness reflects the positive relationships with communities, friends and family (Strout & Howard, 2012, p. 197). Effective communication, sense of belonging and a healthy environment are the core of this dimension. Interest and concern for others is another aspect (Swarbrick & Yudof, 2015, p. 12). Going out with people that have similar interests, keeping up with friends, volunteering, actively going to places to meet new people and staying in touch with family are all activities that fall under the category of social wellness (SAMSHA, n.d., p. 17).

As Stoewen (2017, p. 861) mentioned, physical wellness is most often thought in relation to the term wellness. However, physical wellness is not solely exercise, it includes nutrition, health care, and maintaining daily practices too (Melynk & Neale, 2018, p. 10). Examples of such practices are twenty to thirty minutes of exercise, at least three times a week. Or, consuming enough fruit and vegetables every day and getting at least seven hours of sleep. Avoiding tobacco and excessive alcohol consumption, which are harmful to health, also contribute to physical wellness (Melynk & Neale, 2018, p. 10).

In general, spiritual wellness represents an individual's beliefs and values (SAMSHA, n.d., p. 15). Stoewen (2017, p. 862) adds that finding purpose and meaning in life stands fundamental in this dimension, whether it is with or without organized religion. While overlapping, religion and spiritual wellness are distinct concepts (Miller & Foster, 2010, p. 6). The self in relation to nature, others, the universe, or a higher power all fall under spiritual wellness. Reflection, prayers, or meditation are examples of mediums that could be used for spiritual wellness according to Swarbrick & Yudof (2015, p. 10).

Occupational wellness is expressed through the enrichment and satisfaction one has gained from paid or unpaid employment and how this occupation allows one to express their values (Miller & Foster, 2010, p. 6). According to SAMSHA (n.d., p. 19),

occupational wellness goes beyond employment and defines it as “activities that provide meaning and purpose and reflect personal values, interests and beliefs”.

Financial wellness represents the relationship between having the financial resources and meeting practical needs (Swarbrick & Yudof, 2015, p. 16). Financial issues can affect a person physically, emotionally and lead to extreme stressors, which affects the other wellness dimensions (Melynk & Neale, 2018, p. 10). Therefore, being aware of one’s financial state and budget, and being able to manage these to achieve goals add to financial wellbeing.

Environmental wellness is both the feeling and state of safety (SAMSHA, n.d., p. 13). Stoewen (2017, p. 862) went into detail and stated that environmental wellness is an understanding of how natural, social and built environments affect one’s wellbeing and health. This understanding creates daily habits that help protect, preserve and improve the physical environment such as recycling, conserving energy and no littering (Swarbrick & Yudof, 2015, p. 8). An impacted environment by, for example, air pollution, directly affects one’s health. Miller & Foster (2010, p. 6) argue that city planning for green spaces and structures that stimulate individuals to walk or bike affect human wellness as well.

According to the provided information on the dimensions of wellness, it has become clear how the dimensions take shape and are interlinked with each other. It is a continuous process to balance the dimensions and maintain a holistic way of wellness. Nonetheless, this balance can look different for each individual, depending on their surroundings and cultural background. Lastly, Stoewen (2017, p. 862) adds that awareness, habits and strategies are the foundations for action.

All in all, the eight dimensions of wellness consist of intellectual, emotional, social, physical, spiritual, occupational, financial, and environmental, which are all interlinked with and interdependent on each other and mean to achieve holistic wellness.

1.2 Wellness experiences

This sub-chapter discusses the concept of a wellness economy and experiences, before moving on to defining holistic wellness experiences through four dimensions: the body, the mind, the spirit & the environment.

Before touching upon wellness experiences, it is necessary to define the wellness economy first to identify in which sectors wellness experiences can come to life. Accordingly, the Global Wellness Institute (2018, p. 7) defines the wellness economy as industries that empower people to incorporate wellness activities, behaviours and habits into their life. There are eleven key sectors in the wellness economy: wellness tourism, spas, beauty and personal care, healthy eating, nutrition and weight loss, physical activity, workplace wellness, mental wellness, wellness real estate, thermal/mineral springs, traditional and complementary medicine, and public health and prevention and personalized medicine.

Subsequently, it is important to define what an experience is before specifying wellness experiences. Pine & Gilmore (1998, p. 98) were amongst the first to define an experience and the experience economy. They stated that the most important difference between a service and experience is the memorability. Compared to goods, commodities and services, an experience is personal and comes from being engaged on a physical, emotional, spiritual or intellectual level. Accordingly, guests stand at the core of experiences with as result individualization (Pine & Gilmore, 2013, p. 41). Moreover, a guest can be an active participant of an experience but also a passive participant, such as an observer or listener.

Connection is another aspect that shapes an experience, with a spectrum of absorption and immersion. Absorption stands closer to passive participants, such as watching a sports match. Immersion relates more to active participants, such a playing the sports match. According to the absorption and immersion dimensions, experiences can be placed into four categories: educational, entertainment, escapist and aesthetic (Pine & Gilmore, 1998,

p. 102). Besides, engagement of the five senses should support and enhance an experience. Pine & Gilmore (2013, p. 39) also mentioned that the future of experiences should focus on transformation and not merely on memorability. Guests want a lasting effect, which in return stimulates repetition of the experience. If an experience is memorable only, then a customer is less likely to repeat their visit.

This future perception of experiences suits holistic wellness, which is a continuous pursuit for an individual, as previously explained. With the rapid growth of the wellness economy, the amount of wellness experiences continues to grow as well. Dunn (1961, p. 223) found that there are four dimensions of a holistic wellness experience: the body, mind, spirit & environment. Dillette et al., (2020, p. 801) added that when creating a wellness experience, the body can support holistic wellness, but physical demands of an experience can also make the body a barrier to an experience, which brings experiences back to individualization.

The dimension of the body in wellness experiences includes food, services, activities and detoxing. With regards to food, customers place value on consumption of fresh, local, nutritious and well-prepared food. The lasting effect on one's diet as a result matches the transformation through an experience that Pine & Gilmore (2013, p. 39) referred to. Gaining knowledge about preparing and the origin of the consumed food refers to the educational dimension of an experience (Pine & Gilmore, 1998, p. 102). Physical activities in the body dimension could be yoga, for example. The diversity of activities, skills and knowledge of the teacher stand central to the experience. Services include facials, body treatments, baths, etc. Here, too, the skills of staff make or break the experience.

The mind and mindfulness stand central in holistic wellness experiences. Dillette et al., (2020, p. 804) stated that growth, escape, relaxation and rejuvenation characterize mindfulness in a wellness experience. Personal growth in specific aids to the transformation through experiences (Pine & Gilmore, 1998, p. 102). New resulting

perspectives and beginnings have a long-term impact on mental health. Personal growth is intangible and subjective to each individual and therefore hard to measure. As a result, an experience can never promise transformation (Dillette et al., 2020, p. 804).

The spirit is closely intertwined with the mind during wellness experiences, but the spirit shifts more towards community and spiritual connection. Immersion is particularly important in this dimension and often leads to a deep sense of transformation (Dillette et al., 2020, p. 805). Spiritual enlightenment is often found through meditation in wellness experiences. Besides, social interactions are integral to feel a sense of community and belonging, especially during a longer wellness experience such as a retreat. Voigt et al., (2011, p. 22) stated that wellness travellers are quite often solo travellers, which emphasises the need for a sense of community, even when the original objective for a wellness experience has an inward focus.

Lastly, the environment is the physical space inhabited during the wellness experience, but also includes crucial elements such as the surroundings, crowding, pricing, rooms and service. Overcrowding, for example, can lead to disturbance and a lack of relaxation, resulting in a less holistic wellness experience. Price can be a barrier to the enjoyment of the holistic wellness experience, especially when it does not equal the offerings and service of the experience (Dillette et al., 2020, p. 806). Important to mention is that staff of wellness experiences often have more in-depth relationships with guests. Quality of service is therefore of utmost importance to ensure memorability of the wellness experience and in turn, loyalty.

Thus, when creating wellness experiences, the dimensions body, mind, spirit and environment should be incorporated. The created wellness experiences can be for educational, entertainment, escapist, and aesthetic purposes, and can come to life in one of the ten sectors of the wellness economy mentioned in section 1.1. As a result, Smith (2019) stated that wellness experiences can range from spa treatments for stress relief or relaxation to a retreat for developing new skills or finding spiritual enlightenment. Other

factors that affect wellness experiences can be age or gender, life-stage of an individual, and the cultural background or religious background (Smith, 2019). This emphasizes once more that wellness experiences may be customized, personalized or co-created according to an individuals' needs, values, beliefs and demographics. Lastly, as wellness is becoming more widespread, certain wellness experiences should be inclusive of a lower socio-economic group (Dillette et al., 2020, p. 806).

To put it in a nutshell, wellness experiences come to life in one of the eleven key sectors of the wellness economy. Experiences differ from services in that they are personal and memorable, engaging guests on physical, emotional, spiritual, and intellectual levels. Holistic wellness experiences address the body, mind, spirit, and environment dimensions, with the aim of promoting transformation, growth, and lasting effects. To create successful wellness experiences, staff skills, physical space, community, and pricing should all be considered.

1.3 Wellness motivation

Wellness motivation is necessary to define in order to gain insights into the wellness guest profiles globally. These insights will give an indication of what types of wellness participants exist and which ones are more likely to partake in wellness experiences that are combined with organic drugs.

Travelling for well-being has been around for centuries (Kessler et al., 2020, p. 26). This search for well-being is a form of travel motivation. Dann (1981) as cited in Kim et al. (2016, p. 868) described motivation as: “physiological or biological needs and wants, including internal factors that arouse, direct and integrate an individual’s behaviour.” Maslow’s hierarchy of needs (1954) as cited in Kim et al. (2016, p. 868), adds that there are five stages of needs that people are motivated to fulfil in this exact order: physiological, safety, social, esteem and self-actualization. Important is that the needs are shaped as a pyramid in which the first needs must be fulfilled before an individual is ready to move to higher-level needs. A research study by Kessler et al. (2020, p. 24) defined

seven motivational dimensions for wellness vacations specifically: rest and relaxation, healthy food and diet, movement and fitness, meditation and mindfulness, learning about wellness, self-care, and nature and disconnect. To add to this, escaping from demands of everyday life, feeling rejuvenated upon return to everyday life, connecting with nature and experiencing activities outdoors are popular after-COVID-19 wellness travel motivations.

Li and Cai (2012) as cited in Kim et al. (2016, p. 868) mention four dimensions of wellness tourist motivation, namely prestige and luxury experience, novelty and knowledge-seeking, self-development and relaxation and escape. Prestige and luxury experience refers to the search for a wellness destination that provides visitors with prestigious products, a luxurious experience and indulging activities. It does not only include tangible elements but also the pursuit of happiness, personal rewards and emotional benefits. Then, novelty and knowledge seeking are shaped by the motivation to explore the world, observe new occurrences and visit destinations that offer unique stimulation. The self-development motive means the ambition to achieve personal growth, increase self-esteem and establish confidence. The last dimension is relaxation and escape, which, as the term suggests, means that individuals have the need to escape from daily life by visiting a new destination to restore balance and harmony in their life as well as to simply take a rest.

Later in this literature review, a chapter about existing wellness experiences including organic drugs will be presented, in which retreats are a popular choice for these type of wellness experiences. Kelly (2012, p. 208) found that for retreats, the main motivation is to unwind and destress, as well as spiritual and social reasons. As a result, retreats are regarded as a place that has a supportive environment with like-minded people travelling for improved health or meaningful insights that offer a special combination of activities. Another notable aspect that arose from that research is that the destination is not the most important at a retreat, but the setting is. By this is meant, for example, the coast, a converted building, a swimming pool, or woodland. Motivation for retreats is therefore

more thematic than destination related. One more insight of this research about retreats is that only 8% of visitors mentioned that aftercare services were given. In the case of experiences with organic drugs, aftercare is a necessity to assess the visitors' mental and physical wellbeing. Alternative research conducted by Welz et al. (2018, p. 1) discussed reasoning behind using herbal medicine, which derive from plants, roots or flowers, and therefore includes organic drugs. In that research, it was found that motivations include dissatisfaction with conventional treatments, past experiences, family traditions and positive associations with herbal medications.

With regards to wellness travellers, two main types can be defined: primary and secondary wellness travellers (GWI, 2018, p. 4). Primary wellness travellers are motivated to choose a destination based on its wellness offerings. For example, these travellers would participate in a yoga retreat. Secondary wellness travellers engage in wellness activities during a trip, such as getting a massage or prioritizing healthy nutrition. It is of utmost importance to keep these two different types of wellness travellers into mind when creating wellness experiences, especially since secondary wellness travellers make up the biggest part of wellness travellers, namely 89% in 2017 (GWI, 2018, p .4). Another noteworthy statistic is that 82% of the wellness trips are domestic, and specifically domestic secondary wellness trips. Furthermore, Smith and Puckz6 (2008, p. 133) stated that wellness tourists are mostly women in their 30s or 40s who enjoy wellness with groups or with a friend. In addition to this, most wellness tourists have a higher income as well as a higher educational background. Lastly, shorter stays are preferred. However, this generalization of wellness tourists based on demographics is not always helpful, especially since multiple motivations for a wellness trip are often combined. Hence, Hallab et al. (2003, p. 187) suggests to widen wellness tourists' segmentation based on demographics, values, lifestyle and psychographics.

Thus, travelling for well-being has been a popular motivation for centuries. Wellness vacations have seven motivational dimensions, including nature and disconnect, self-care, and healthy food. Besides, there are four dimensions of wellness tourist motivation: self-

development, relaxation and escape, prestige and luxury, and novelty and knowledge seeking. Retreats are popular for wellness experiences, with motivations including destressing, spiritual and social reasons, and a supportive environment. Wellness travellers can be primary wellness travellers or secondary wellness travellers, based on their motivation, but demographics, values, lifestyle and psychographics must count in wellness tourist segmentation.

1.4 Wellness in the Netherlands

This sub-chapter will provide an overview of how wellness in the Netherlands takes shape in 2023, as well as what amenities the Netherlands has to make it a wellness destination.

Destinations are regarded as geographical areas that market themselves to tourists through six core components: accessibility, attractions, amenities, activities, available packages and ancillary services (Muthuraman & Al Haziazi, 2019). Wellness destinations have core resources that differentiate them from other ordinary destinations, as stated by Voigt and Pforr (2014, p. 292). These resources can be natural, such as muds, clays, springs, or other geographical features that contribute to well-being. Many wellness concepts have been developed and designed from nature and by the use of its resources like nordic wellness, alpine wellness, forest wellness and lake wellness (Tooman, 2013, p. 20). Furthermore, cultural, historical and spiritual resources of a destination are rituals, practices, or ceremonies. Yoga is a prime example of this resource type (Voigt and Pforr, 2014, p. 292). Complementary and alternative medicine offerings such as cupping, homeopathy, or massage can also transform an ordinary destination into a wellness destination. Other competencies and resources include community mindset and lifestyle of a destination, wellness-specific superstructures and events, and cross-over wellness with other offerings.

For the Netherlands, there is an existing wellness economy, but the country is not known as wellness destination. For example, the national tourism website promotes wellness but wellness is not incorporated in the national tourism strategy. Neither does wellness

receive national investments for promotion (GWI, 2018, p. 70). Consequently, the wellness economy in the Netherlands is less prominent than in many other countries. This does not take away the fact that the Netherlands does have the necessary resources of a wellness destination. For example, the coast and specifically the World Heritage Site the Waddensea is a unique natural resource (UNESCO World Heritage Centre, n.d.). To add to this, the coastal region Zeeland in the south of the Netherlands is developing into a health region. Yet, coastal wellness in the Netherlands is not popular. Derriks and Havrdova (2017, p. 139) emphasised the lack of destination marketing for the coastal destination Vlissingen in Zeeland. To clarify, this destination offers activities, amenities, attractions, and ancillary services related to wellness and is easily accessible but health and wellness tourism is not prevalent. Nevertheless, in the 19th century, the Dutch coast was famous for its true health resorts and thalassic programs and hydrotherapy (European Spas Association, 2023). However, even the European Spas Association states that the health effects of the seaside and the natural remedies have been forgotten, with only a few coastal destinations trying to revive the former popularity. The Dutch inhabitants, however, recognise the benefits of the coast: *'uitwaaien'* is a Dutch word that literally translates to 'blow out' and is understood as a 'walk in the wind'. The essence is that the wind carries sorrows away to leave behind a relaxed and refreshed feeling (Weisstuch, 2022).

On the other hand, Rabobank (2014), found that there were 200 medium to large wellness centres in the Netherlands, in which sauna is the main activity. This number excludes companies in which sauna is not a core business but still present. When counting these companies as well, it is estimated that the Netherlands had 2500 businesses with a sauna in 2014. The European Spas Association (2023) adds that the high Dutch standards for spas are generally much appreciated. This shows that wellness-specific superstructures are present in the Netherlands.

Food and nutrition security as well as promoting healthy and responsible food are high on the agenda of the Dutch government (Ministerie van Volksgezondheid, Welzijn en

Sport, 2016). As a result, nutrition in the Netherlands has become an important part of the Dutch lifestyle. Deloitte (2021) found that during COVID-19, inhabitants of the Netherlands started seeing the prominence of the link between health and food consumption. To add to this, vegetarianism and veganism are on the rise in the Netherlands. In 2022, 11% of the population was vegetarian (Statista, 2022), and almost 40% considered themselves flexitarian. This reflects a lifestyle habit of the Netherlands as a wellness destination and corresponds with the worldwide wellness trend of consuming plant-based foods (Sridhar et al., 2022).

Not to forget, the Netherlands is a physically active country. The government of the Netherlands (Ministerie van Volksgezondheid, Welzijn en Sport, 2015), advises that adults need to be active for at least thirty minutes a day for five days a week. Through government-funded campaigns, public awareness about these guidelines is raised. World Health Organization (2014) found that 60.7% of the Dutch adults meet the recommended aforementioned physical activity. This level of physical activity is mostly achieved by walking and cycling.

In 2021, the British Broadcasting Corporation made an informational video about a particular Dutch wellness trend that has been gaining popularity worldwide, namely cow cuddling. The therapeutic effects of lowering stress and anxiety through hugging are substantial health benefits. There has been a rise in the number of farms that offer this activity, not only in the Netherlands but worldwide. This activity connects with an overlying trend of connecting to life on the countryside (Sandström, 2022).

All in all, these findings reflect that the Netherlands has a variety of resources that creates potential for it to be a wellness destination, yet the wellness economy is not blooming.

1.4.1 The Dutch wellness visitor

After describing the Netherlands as a wellness destination, it is of importance to know more about the Dutch wellness visitor as well. It was stated above that there is an existing

wellness economy, which is confirmed by the research of Van Spronsen & Partners (2017). This research found that between 2016–2017, 10,4% of the inhabitants of the Netherlands went to a sauna at least once a year. To put this into perspective, this amounts to roughly 1,8 million people. On average, a sauna visitor went 8,9 times a year to a sauna in 2016. Generally, most sauna visitors, around 60%, are light users who go to a sauna one to twelve times a year. 34% are medium users who go to as sauna twelve to forty times a year. Heavy users made up 6% and go to a sauna more than forty times a year. Heavy users seem to make more use of small saunas, while light users prefer the larger sauna facilities.

In the Netherlands, on average, 64% of the sauna visitors were female in 2016, compared to the 36% that were men. Notable is that light users tend to be more female, while heavy users have a 50–50% gender division. Higher-educated people visit the sauna more often than lower educated people: 57% compared to 8%. The average age of a sauna visitor in the Netherlands is 42 years old. To specify, most visitors are aged between 40–49 years old and 20–29 years old. Heavy users tend to be older, 30–69 years of age, than light users, 15–49 years (Van Spronsen & Partners, 2017).

With regards to visitor motivation, light users go to a sauna to have a leisure day, for physical relaxation and mental relaxation. Medium users have a strong focus on physical and mental relaxation as well, but the role of health has an increased importance too. Leisure is a reason for this group, however, it is a little lower than the light-user group. Lastly, the heavy users have health as a main focus, with mental and physical relaxation on the side. Leisure for them is not as important as for the other user groups. Spending money also differs between the users. Light users spend more during a sauna visit than heavy users, namely €70.40 compared to €53.90. Furthermore, light users visit different saunas around the country while heavy users prefer a specific sauna (Van Spronsen & Partners, 2017).

Visits to saunas take place on all days of the week, but weekends are the most popular. 18% of the visitors go on Saturdays but other weekdays are visited too with a range between 12–16% of the visitors. On average, a visitor stays 6 to 8 hours. Afternoons and evenings are the most popular visiting times. 62% of the visitors goes to a sauna together with a friend and 54% opts for going with a partner. 17% of female visitors go to a sauna alone compared to 42% of men (Van Spronsen & Partners, 2017).

In addition to all of this, CBI (2022) found that the Netherlands is the fourth most important source market for wellness tourism in Europe. Dutch citizens are health conscious and want to live a healthy life at home and abroad during a trip. They travel less often for medical trips and more often to relax and prevent being overworked. Destination hotels that include spa, massage and beauty treatments are a popular choice for Dutch wellness travellers. Dutch travellers are more budget-conscious than other European countries but are more open to trying new things. Women are more interested in wellness-travelling than men, with a division of 60% to 40% and an age between 25 years to 34 years.

Important to notice is that most of this research is carried out with a spa and sauna focus only, and does not take into account the other ten key sectors of the wellness industry. A small part about Dutch wellness traveller motivation was found as well. Nevertheless, going to spas and saunas seems to be key in the Dutch wellness lifestyle. Hence, these statistics contribute greatly to getting an insight into the Dutch wellness visitor.

1.5 Organic drugs and the legality of these drugs in the Netherlands

Drugs is a term that captures all substances that alter the brain and consequently affect the body and spirit (Michalik, 2021). There are three factors that influence the effect of a drug, namely: the drug itself, the set, and the surroundings. The drug itself refers to what kind of drug it is. A drug can be uplifting, narcotic or mind-altering or a mix of these. The

amount of the drugs taken, as well as the way it is taken, changes the effects of a drug. Furthermore, the set is concerned with how a person is feeling or what a person's characteristics are, as these can change the effect of the drug too. Furthermore, the surroundings include factors such as temperature, quiet or busy, music, and the people present.

There are different origins for drugs: either they are synthetic and created by humans from chemicals, or they are organic. Organic drugs are derived from natural substances such as plants or animals. In most cases they need little processing or extra ingredients (Liberty Health Services, 2022). Another synonym for these drugs are plant-based or natural drugs. Well-known natural or plant-based drugs include cannabis, hashish, cocaine, peyote, opium, ayahuasca, khat, kratom and psilocybin. There is also heroin, which is considered a semi-synthetic drug, as it is derived from morphine, a natural drug used for pain-relief, which in turn is derived from opium (Bell, 2013). Some of the most popular organic drugs will now be explained below.

Cannabis comes from hemp plants such as cannabis sativa and cannabis indica (Trimbos Instituut, 2022). Both weed and hashish are drugs derived from this hemp-plant. Weed are the dried leaves and flower buds of the hemp plant. Hashish is the resin of the hemp plant. CBD and THC are elements that can both be found in the hemp plant, but THC is the psychoactive property. THC enters the bloodstream through smoking or ingestion and the positive effects are relaxation, a sense of euphoria, increased appetite, altered perception of time and heightened sensory perception (National Institute on Drug Abuse, 2020, p. 4). However, anxiety, fear, panic and distrust are also possible effects. Effects last two to four hours. Cannabis-use of people aged 15–64 in the European Union member states is around 6.6% (United Nations Office on Drugs and Crime, 2017, p. 42). The age group of 15–34 years uses cannabis much more often, and are generally men.

Cocaine is a substance that comes from the coca bush, which is grown mostly in Colombia, Bolivia and Peru (United Nations Office on Drugs and Crime, 2017, p. 25).

The effect of the drug is stimulating and the leaves can be chewed or ingested (National Institute on Drug Abuse, 2016, p. 2). A dried coca bush leaf contains around 1% of cocaine. Consequently, a chemical process is needed to extract the cocaine and turn it into hydrochloride salt, which is the well-known powdered form (National Institute on Drug Abuse, 2016, p. 3). However, since this drug is not naturally found in Europe, needs a chemical process to turn it into powder and is an addictive stimulant, this drug will be excluded in this research.

Peyote or mescaline are often used interchangeably, but mescaline is a naturally occurring psychedelic substance in the peyote cactus from Mexico (Alcohol and Drug Foundation, 2022). The San Pedro cactus from Peru and Ecuador is a similar plant extruding mescaline as well. The buttons of the peyote cactus are dried for chewing, or mixed with water to create a drink. The dried buttons can also be ground into a powder and put into capsules. Upon ingesting mescaline, the effects take 45–90 minutes to kick in and last up to 14 hours. The effects include euphoria, perceptual distortions, space and time distortion, increased energy and a reduced appetite.

Opium is a drug that slows down messages from the body and is derived from the opium poppy (Alcohol and Drug Foundation, 2022a). These poppy plants contain latex in their pods that hold chemicals such as morphine and codeine. If this latex is dried, it becomes a sticky, dark-brown gum with a strong odour that is called opium. The most common way of ingesting opium is by smoking, but it can also be eaten raw or swallowed in pill form. The effects of opium include relaxation, euphoria, and analgesia. The latter makes opium an addictive drug. Effects last for four to six hours.

Khat is the opposite of opium and instead speeds up messages between the brain and the body, making it a stimulant drug (Alcohol and Drug Foundation, 2022b). The khat plant grows leaves and buds that can be chewed, either fresh or dried, which makes it release the stimulants cathinone and cathine. The effects are similar to consuming a very strong coffee and include talkativeness, alertness, energetic and being social. After chewing the

leaves, the effect takes around an hour to kick in and lasts from 90 minutes up to three hours. The leaves can also be added to food or tea, and the drug is often taken in community settings.

Kratom is also a stimulant drug but has effects of sedative drugs too (National Institute on Drug Abuse, 2023). This drug derives from the *Mitragyna Speciosa* tree native to South-East Asia and is ingested in capsule or powder form from raw plant matter. Brewing tea with kratom is very common in Europe and the United States, while South-East Asian countries chew on the fresh leaves (Marcucci, 2023). When taken at a high dose, kratom helps with pain-relief, relaxation, reducing fear and stress. Effects from a low dose are increased concentration and an energy boost. The effects kick in around thirty minutes after ingestion and last for two to five hours.

Ayahuasca is a tea that contains the substance DMT, which is a hallucinogen. The tea is generally made from two plants: *Psychotria viridis* and *Banisteriopsis caapi*. One of the plants contains DMT, which gets broken down by the stomach easily, which the second plant helps with (Michalik, 2023). Drinking ayahuasca tea is part of some cultural ceremonies in South-America, but these types of ceremonies have been gaining popularity worldwide. The effects of the tea are hallucinations, perceptual distortions and diverse emotions that last from four to six hours.

Psilocybin, also called magic mushrooms or truffles, is a psychedelic drug. It needs to be ingested, most commonly through tea since the flavour is bitter. Nevertheless, they can also be chewed or cooked into a dish. Upon ingesting, it takes 30 minutes for the effects to start and the trip lasts four to six hours. These effects include changes in consciousness, mood and perception, visual and auditory hallucinations, and a sense of euphoria (Alcohol and Drug Foundation, 2023). There are mushrooms and truffles. The latter grows underground, making it an unsprouted mushroom, but it still contains psilocybin (Michalik, 2021).

Salvia is an intense psychedelic drug made from the leaves of the *Salvia divinorum* plant from Mexico (Michalik, 2022b). It has been used for decades by shamans for guided spiritual trips. This organic drug can be dried and brewed into a tea or smoked to create short trips that last 20 minutes to an hour. The fresh leaves can be put under the tongue and chewed for a trip that lasts two hours. Effects include feeling unreal, out of body experiences, changes in consciousness, altered perception of time, the giggles, and flashback of childhood memories.

The use of drugs in the Netherlands is non-punishable (Michalik, 2022). However, production, possession and trade of drugs is punishable. Cases concerning hard drugs that are listed on list 1 of the opium law in the Netherlands are generally punished with more priority than cases with soft drugs of list 2 (Overheid, 2023). Organic drugs such as hashish, weed and mushroom/truffles are listed on the soft drugs list of the opium law. This means that possession, trade and production of these drugs are, according to the law, illegal. Coffeeshops, the official sale point for cannabis in the Netherlands, fall under the toleration policy of the Netherlands. This means that, even though it is illegal to sell cannabis, the coffeeshops will not be prosecuted if they stick to the strict rules set for them (Michalik, 2020). Truffles are not considered mushrooms, since they grow underground and therefore, truffles can be legally sold in smart- and headshops in the Netherlands (Michalik, 2021). Mushrooms, however, are illegal to sell. Nevertheless, mushroom growing-kits are still legal to sell. Kratom is legally sold in the Netherlands as well, while most other European countries have banned it (Marcucci, 2023). Mescaline as a substance is illegal in the Netherlands, but the unprocessed peyote cactus is legal to have and buy (Marcucci, 2023a). Using mescaline in a ceremonial setting is legal as well. Opium is a hard drug, listed on list 1 of the opium law. This makes the drug illegal, except for medical use on prescription (Overheid, 2023). Ayahuasca is illegal as well, with the substance DMT being on opium list 1 and thus classified as a hard drug (Michalik, 2022). Lastly, salvia is still a legal drug in the Netherlands and it can be bought in smartshops, even though the government is looking at putting it on the opium list (Michalik, 2022b).

This sub-chapter explained the different, well-known types of organic drugs, as well as their effects and the duration of the effects. It also touched upon the legality of organic drugs in the Netherlands. Truffles and cannabis are the only organic drugs that fall under a toleration policy in the Netherlands, making them partly-legal.

1.6 Existing experiences with organic drugs

In 2019, the United Nations Office on Drugs and Crime (2021) found that around 275 million people aged 15–64 worldwide used drugs at least once in 2019. The use of drugs is unsupervised in most cases. However, in some cases, drugs are taken under supervision or guidance, in the form of a ceremony, for example. Consequently, this chapter will look at existing experiences with organic drugs as described in the previous chapter.

As previously mentioned, a popular form of experiences with organic drugs are psychedelic retreats, with ayahuasca and psilocybin retreats dominating the industry (Kamin, 2021). According to Kamin (2021), the surge in popularity of psychedelic retreats comes partly from the interest of mental health professionals, who see the therapeutic use of psychedelics for depression and PTSD. As a result, psychedelic retreats are slowly being incorporated into the wellness industry, with an expected worth to reach \$1.2 trillion by 2027. In these retreats, people often spend multiple days preparing for a trip such as sobering up from any previously taken alcohol and drugs, but also diet-wise to have a clean body (NPO3, 2022). The trip is conducted under supervision to ensure safety, both physically and mentally. In some cases, a psychologist is present too. Other retreats might require a mental and physical health-check before participation is allowed (Kamin, 2021). Therefore, it is of great importance for visitors to research where and which psychedelic retreat to choose, since the body will be in a vulnerable state for several hours. Costa Rica, Jamaica, Mexico and the United States are popular destinations for these retreats, because of the legality of psilocybin or ayahuasca. In the United States, for example, veterans make use of these guided trips and retreats to deal with PTSD (Jacobs, 2021). The Netherlands also has a psychedelic retreat, named Synthesis (*Synthesis: Legal*

Psychedelic Retreat in Amsterdam, n.d.), which uses psilocybin mushrooms to stimulate a spiritual transformation. This retreat is fully legal and offers preparations, a multiple-day retreat as well as post-ritual screening and support. Hence, the five-day retreat is a luxurious retreat held in one of the two locations offered, in which accommodation and organic, vegetarian meals are included. Not for nothing, the five-day retreat costs roughly \$6,500. Furthermore, next to treating PTSD in retreats, which ayahuasca is more likely to help with, psilocybin has anxiety-reducing effects as well as increased mindfulness when taken in a supportive group setting (Kiraga et al., 2022). Besides, psilocybin aids with anxiety and depression in cancer patients (Nutt, 2016). As confirmed in the Netflix documentary “How to change your mind” (Pollan & Richards, 2022), just one psilocybin trip may take away anxiety and fear of dying and being ill. The Aquilino cancer centre in Rockville, Maryland offers guided trips to deal with the mental aspects of having cancer. The documentary also presents a study-participant whose obsessive compulsive disorder symptoms lessened drastically after one psilocybin trip.

Another popular experience with organic drugs is micro dosing, in which small amounts of psychedelics are consumed to enhance mental functioning (Cavanna et al., 2022). It is taken to improve mood, mental concentration, cognitive functioning, enhancing creativity and problem-solving skills. But, it is also taken for self-medicating purposes in case of mental health disorders such as depression, anxiety and other conditions. Research conducted by Anderson et al., (2019) confirmed that micro dosing benefits include improved mood, psychological enhancement, reduced anxiety, creativity, improved energy and social benefits. On the other hand, micro dosing challenges include first and foremost illegality concerns, depending which drugs is used and in which country it is taken. Physiological discomfort, impaired focus, and increased anxiety were also reported effects. Furthermore, Rootman et al., (2021) concluded that motivations for micro dosing are first and foremost health and wellness.

An experience with organic drugs does not always have to cover multiple days. High yoga, for example, is an experience that includes organic drugs and will not last longer

than a day (Thompson, 2018), but is a hot topic in the yoga community. It is believed that in ancient yoga, bhang, a beverage made of cannabis, played a substantial role in yoga in India, Nepal, Tibet, and China (Kilham, 2021). By using cannabis, a better connection between body and mind can be established. It can aid in meditation, increase the quality of breathwork, help relax and feel less pain. Furthermore, hiking under cannabis influence is another popular activity (Ogle et al., 2022). Motivations for this type of exercise under influence is to increase enjoyability of the exercise and help with concentration.

Thus, there are existing wellness experiences that are combined with the use of organic drugs around the world. A popular form of these experiences are retreats, for both medical and recreational drug-use. Micro-dosing is a long-term experience with organic drugs that is relatively popular for improving mood, psychological enhancement, reducing anxiety, creativity, improving energy and social benefits. Shorter wellness experiences are existing as well in the form of high yoga or hiking.

2. EMPIRICAL STUDY

2.1. Research Methodology

This chapter presents the empirical part of the research. First, the methodology is highlighted, which describes what strategy is used to collect data for the research, which population and sample is representative for the research, what the research design looks like, and the validity and reliability of the research. Then, the gathered data of the primary research will be presented and discussed in order to formulate an answer to the problem statement.

2.1.1 Research strategy

The main research strategy of this research consists of primary and secondary research. The secondary research has been carried out in the previous chapter in the form of a literature review. The primary research is carried out as quantitative research in the form of a questionnaire-based survey in a respondent-completion format; respondents read questions and write answers without the involvement of an interviewer (Veal, 2017, p. 311). Information obtained from the primary research is presented in the results whereafter an analysis is conducted in order to provide an answer to the problem statement: *'How can the combination of organic drugs with wellness experiences improve the Netherlands as a wellness destination?'* The motivation for using a questionnaire-based survey as primary research method relates to the purpose of the research, which is to gather numerical scores about motivation, behaviour and attitudes of a certain group (Veal, 2017, p. 312).

The sample size that is presented in paragraph 2.1.2 shows that for this research, a substantial sample size was chosen. To represent this sample size well, a significant amount of information is more important than in-depth qualitative data through interviews, for example. Nevertheless, as will be revealed in the paragraph about the research design, open-ended questions are used in this research too, integrating qualitative data into the research. Almeida (2018, p. 137) argued that this combination of quantitative and qualitative questions in a questionnaire leads to mixed research for a more clear and elaborate vision on the problem statement. The primary research was carried out from March 23, 2023 until April 5, 2023. The questionnaire was distributed online due to budget limits. Travelling to the country of research, in this case the Netherlands, was not possible for the researcher. Non-probability sampling in the form of snowball sampling and volunteer sampling gathered responses for this research. The next paragraph will go into depth about the population and sampling size as well as the sampling methods of this research. After the primary research period finished, the results were transferred into an excel document to prepare for analysis. Moving on, the excel document containing the results was translated into English, since the gathered responses were in Dutch. Then, the programme used to analyse data is the statistical programme SPSS. This programme is commonly used in social sciences research and allows the researcher to transform the data into tables, graphs and charts. These results are found in chapter 2.2 ‘Results’.

2.1.2 Population & sampling

Veal (2017, p. 414) states that a population is the focus of attention in a research study. For this research, the initial population are the inhabitants of the Netherlands, which amounts to roughly 17,850,00 in March, 2023 (Centraal Bureau voor Statistiek, 2023). For this research, age is a deciding factor. Due to the legality of organic drugs, no minors are allowed to participate in the questionnaire. Therefore, respondents must be 18 years of age minimum and 77 years maximum, which is the end of the Baby Boomer generation (Velasquez, 2022). These age groups are most likely to go to spas and participate in wellness, as mentioned in the paragraph about the Dutch wellness visitor. Furthermore,

people aged above 77 are less connected to internet, while the research strategy is focussed on gathering respondents online. Hence, the population consists of Generation Z, Generation Y, Generation X and the Baby Boomers in the Netherlands. This reflects that classification is used in this research, which is a phenomenon commonly used in social sciences and has a theoretical significance, for example to distinguish data of social classes, age groups or gender (Veal, 2017, p. 41). This classification leads to a smaller sample size than the total population of inhabitants of the Netherlands of 17,850,000. Instead, Centraal Bureau voor Statistiek (2021) found that in 2021, roughly 4,500,000 inhabitants of the Netherlands were below 18 years or above 77 years old. This narrows the population for this research down to 13,350,000 inhabitants of the Netherlands aged between 18 and 77 years. When a cluster is selected from this population, it is called a sample (Veal, 2017, p. 414). As explained in the research strategy, the questionnaire is distributed online. As a result, non-probability sampling is used to gather responses from the sample. Non-probability sampling means that not each unit in the population has an equal chance to be selected (Wolf et al., 2016, p. 330). To specify, networking, also called snowball sampling, as a convenience sampling method is used in which certain units form starting seeds and further respondents are included through network ties. The starting seeds in the case of this research are the connections within the aforementioned classification generated by the researcher. These connections will be encouraged to send the questionnaire onwards to their own connections. Moreover, snowball sampling is mixed with volunteer sampling, where respondents are encouraged to participate based on non-individualized invitations (Wolf et al., 2016, p. 330). Hence, the survey was published on multiple social-media channels such as Facebook, Instagram, WhatsApp and LinkedIn, and the survey-respondent website *SurveyCircle* (2016). Last of all, taking into account that this research is a niche-subject, and that it uses volunteer and snowball sampling with a low budget as means, the achieved sample of 211 respondents has gathered a substantial, generally representative amount of information. More women than men completed the survey, which can be linked to the female gender of the researcher and accordingly the connections that formed the starting seeds for snowball-sampling.

However, as stated in the literature review, women in the Netherlands are more likely to go to a sauna facility and thus are more likely to participate in the Dutch way of wellness. Lastly, Smith and Puckzó (2008, p. 133) stated that wellness tourists are mostly women.

2.1.3 Research design

As mentioned in the previous paragraphs, the primary research was carried out through a questionnaire-based survey. This questionnaire was designed with utmost care and can be found in Appendix A in English and in Appendix B in Dutch. The questionnaire was constructed using Google Forms and sent to the supervisor of this research twice, as well as to a test-panel of five Dutch-speaking people for constructive feedback between March 10 and March 22, 2023.

The questionnaire starts with introductory remarks. It briefly explains why the research is being conducted, what the topic of the research is, how long it will take to complete and who can participate in the questionnaire. Furthermore, it is stated that the answers of respondents will be confidential and anonymous. For this research about organic drugs, bearing into mind that drugs is a delicate topic, ensuring confidentiality and anonymity can aid in gathering more responses. In the distributed questionnaire, pre-coded questions, open-ended questions, checklists, Likert scales and ranking questions are found to gather a mix of quantitative and qualitative data. A total of 31 questions are provided of which five questions are non-obligatory. Pre-coded questions include inquiries about demographic characteristics of the respondent such as their age, gender, education, occupation, income level and religion. This information is important to get an insight into the behaviour and motivations of different demographic groups. Noteworthy is that respondents in some pre-coded question cases, such as gender or occupation, have the option to fill in 'other' and therefore provide their own input into the research. Open-ended questions are asked for clarification or further suggestions. Then, Likert-scales, ranging from one attitude to another with a ranking of one to five, are favourable when asking about opinions and attitudes (Veal, 2017, p. 348). In the first part of the

questionnaire, after the demographic questions have been asked, a set of Likert scales assesses the participation of the respondents in wellness with questions based on the dimensions of wellness that were presented in the literature review. A ranking question is asked about the respondent's preferred effect of an organic drug. In the second part of the questionnaire, a wide range of activities and experiences combined with an organic drug is presented whereafter a Likert scale is used to assess the willingness to participate in these activities and experiences. Noteworthy is that the activities and experiences presented in these questions were developed by the author based on face-to-face conversations with acquaintances and skimming blogs, forums and academic journals for suggestions for activities. Furthermore, the activities and experiences were inspired by the eight dimensions of wellness that were presented in the literature review. At the end of the questionnaire, a Likert scale asks for clarification on whether there is an increased motivation to participate in wellness activities if organic drugs are involved. Last of all, the questionnaire ends with a pre-coded question about additional needs, where the individual input of the respondents is welcome as well.

2.1.4 Validity and reliability

Validity and reliability are key aspects in all research. Validity refers to the extent to which the information presented in the research reflects the phenomenon being studied (Veal, 2018, p. 53). There are two parts of validity: external and internal. External validity refers to generalisability; thus, to what extent do the gathered results from the sample represent the population as a whole. The internal validity, also called instrument validity, focuses on the extent to which the study identifies and measures all the appropriate variables. Often, for research concerned with human behaviour and attitudes, instruments such as interviews or questionnaires are used, which are instruments that are subject to imperfections and lessen the certainty of validity. For example, the questions in the distributed questionnaire for this research about participation in wellness activities ask about frequency of involvement. However, involvement can be perceived differently by individuals. One can understand involvement as a minimum of one hour, while another

respondent thinks of involvement in terms of minutes. Hence, as mentioned in the paragraph about research design, the questionnaire was sent to five Dutch-speaking test-persons as well as two times to the supervisor of this research. By doing this, a certain degree of content validity, a measurement to assess to which degree the instrument measures or assesses the construct of interest, was established (Bolarinwa, 2015). The reviewers assessed the test-questionnaire on readability, clarity and comprehensiveness and alterations were done based on their feedback. Subjectivity in the research is still a drawback but minimized by using the content validity method. Furthermore, by using a clear and transparent method and strategy for carrying out the research, the researcher bias in validity is lessened. Lastly, it must be mentioned that due to the sampling method, in specific snowball sampling, a degree of researcher bias is present in the research. By using a mixed sampling method, thus combining snowball sampling with volunteer sampling, however, the researcher bias is, once more, lessened.

Reliability of the research refers to the replicability of the research process and results on a different date or with a different sample (Veal, 2018, p. 53). In social studies, ensuring reliability is harder due to ever-changing social situations and different social and physical environments. In the case of this research, the option to replicate the primary research is available but due to the changing nature of respondents, results might vary. However, if using test-retest reliability, the questionnaire-respondents fill in the questionnaire days, weeks or months later (Collins, 2007, p. 441). If this is done in the future for this research, the results are expected to stay similar since the research concerns the topic organic drugs, on which people often have an opinion that is relatively rigid. In the case of this research specifically, the opinion of the respondents is not likely to change until the wellness experiences under the influence of organic drugs are actually attempted.

2.2. Results

In this chapter, an overview is presented of the collected data of the primary research. As mentioned in chapter 2.1.1, the research strategy, 211 respondents filled out and submitted the questionnaire. For processing the results and gathering output, SPSS was used. The results will be presented in tables, graphs and charts.

Descriptive statistics were used in SPSS to gather an overview of the demographic characteristics of the respondents. This includes gender, age, education, income, occupation and religion. These demographics are displayed in table 1 below.

Table 1. Demographic characteristics.

Gender, N= 211	Frequency	Age, N= 211	Frequency
Men	50	Generation Z (18-25)	110
Female	159	Generation Y (26-42)	34
Other	2	Generation X (43-58)	51
		Baby boomer (59-77)	16
Education, N= 211	Frequency	Income, N= 211	Frequency
Secondary general education	24	< €1500	99
Post-secondary vocational education	62	€1500 - €2000	29
Bachelor degree	88	€2000 - €2500	35
Master degree	34	€2500 - €3000	26
Doctoral degree	3	€3000 - €3500	10
		€3500 - €4000	7
		€4000 +	5
Occupation, N= 211	Frequency	Religious, N= 211	Frequency
Student	79	Yes	26
Full-time employment	47	No	185
Part-time employment	50		
Unemployed	6		
Unpaid work	0		
Freelance	10		
Retired	9		
Other	10		

First of all, 23,7% of the respondents were men, compared to 75,4% that were female. These genders dominate the research as 0,9% answered ‘other’ to gender. Consequently, the respondents of this questionnaire were dominantly female. Furthermore, over half of

the respondents, 52,1%, were generation Z and were aged between 18–25 years. Generation X constituted of 24,2%, Generation Y of 16,1% and the Baby Boomers made up 7,6%.

For education, 41,7% of the respondents had a bachelor's degree, 29,4% had a post-secondary vocational degree, 16,1% had a master's degree, 11,4% had a secondary general education degree, and 1,4% had a doctoral degree. From these percentages, it can be stated that over half of the respondents were higher-educated. With regards to income levels, 46,9% earned less than €1500 a month. This correlates with the number of students that responded to the questionnaire. A cross-tabulation revealed that 75 respondents from the 99 who earned less than €1500 a month were students (Appendix C). 16,6% of the respondents earned between €2000–€2500, 13,7% earned between €1500–€2000, 12,3% earned between €2500–€3000, 4,7% earned between €3000–€3500, 3,3% earned between €3500–€4000 and only 2,4% earned above €4000. Hence, the major part of the respondents had either a low- or medium-income. Looking at occupation, 37,4% were student, 23,7% had a part-time job, 22,3% had a full-time job, 4,7% were freelancers and 4,3% was pensioned. From the 'other' category arose another, forgotten category which is the Sickness Benefits Act/declared unfit, which four respondents mentioned. Lastly, there were respondents combining a job with their studies. For the last demographic category, religion, 87,7% stated they were non-religious. 12,3% stated they were religious. Predominantly, Christianity was specified as religion. Hinduism was specified by one respondent, as well as 'an own religion with elements that bring me peace'.

Moving onto the respondents' current participation in wellness experiences, which was evaluated to gain insights into their habits, behaviour, and previous experiences with wellness. First, the respondents were asked about their participation in physical activity. In Figure 1 below, it can be seen that the respondents chose between answer 3 and 4 on a Likert scale from 1 (never) to 5 (every day), with a mean of 3,77, which shows that physical activity is important for the respondents. This correlates with the findings in the

literature review in chapter 1.4 ‘wellness in the Netherlands’, in which was stated that the Netherlands is a physically active country.

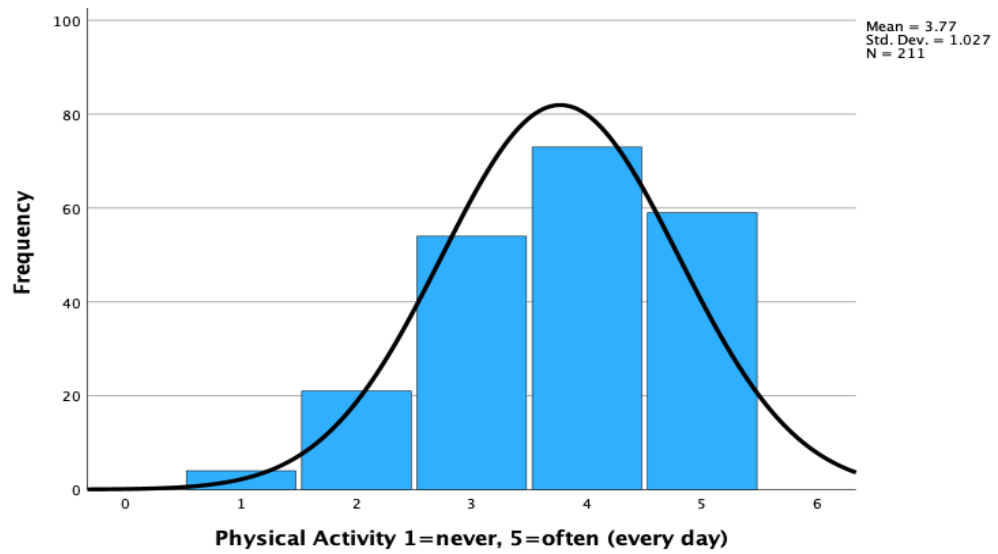


Figure 1. Physical activity participation, N=211

On the other hand, when asked about mindful physical activity such as yoga or tai chi, respondents showed that this is not the preferred way of being active, with most answers being between 1 (never) and 2 (rarely), resulting in a mean of 1,64. Figure 1 below provides a clear overview.

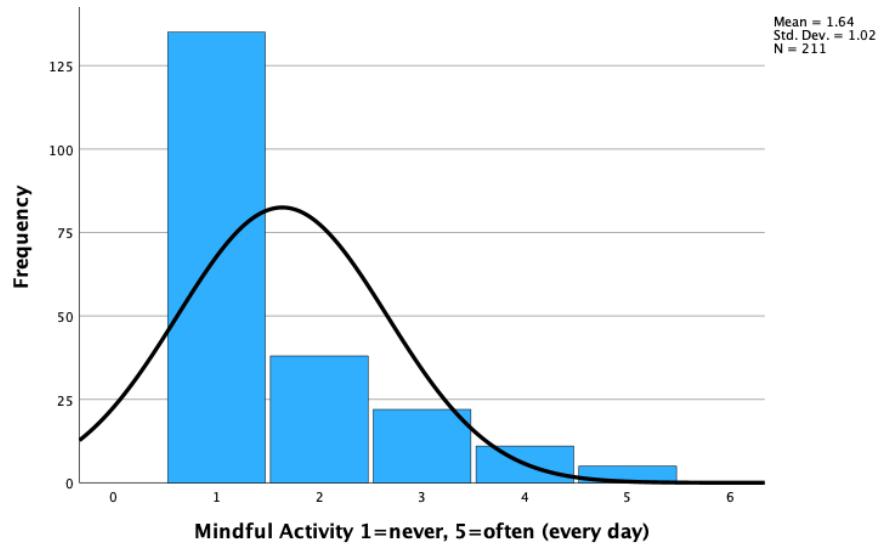


Figure 2. Mindful activity participation, N=211

Moving on, going to a sauna facility as wellness experience gathered similar results as the previous wellness experience. Most of the respondents answered between 1 (never) and 2 (rarely), with a mean of 1,85. With these answers, it must be kept in mind that spas are not as easily available as, for example, physical activity, both distance and cost-wise. Figure 3 below shows more details.

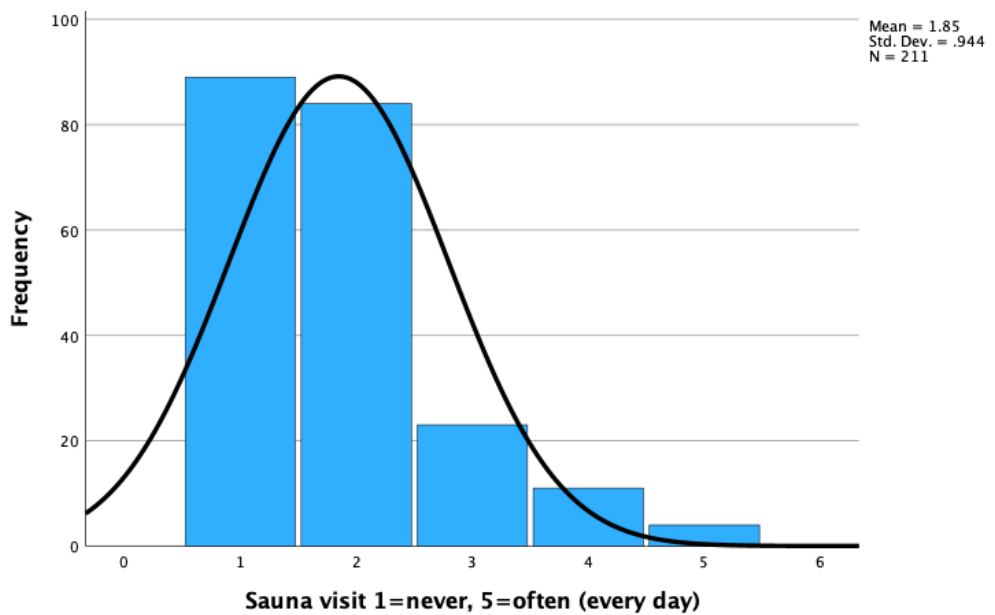


Figure 3. Sauna facility visits, N=211.

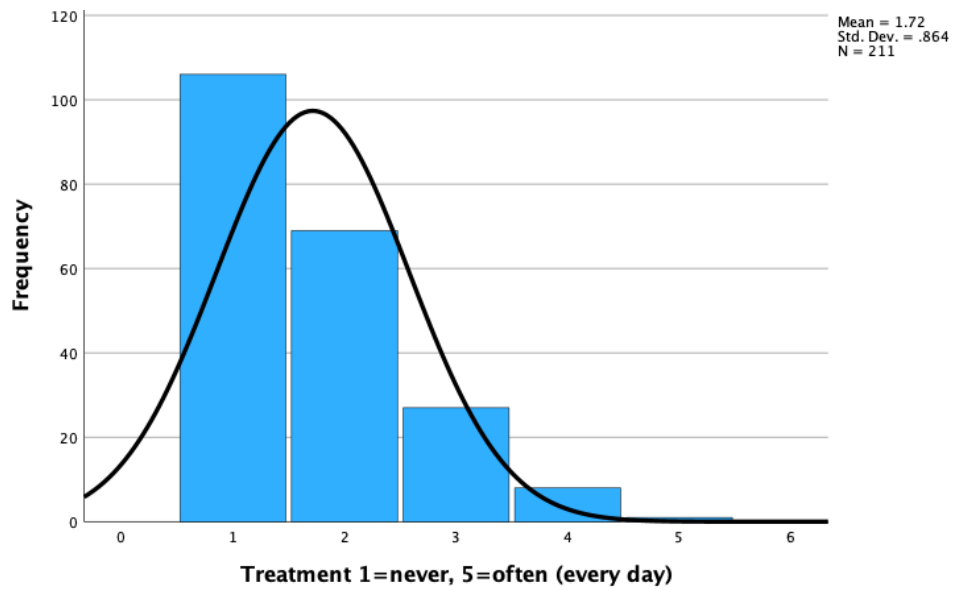


Figure 4. Spa treatment participation, N=211.

For the question about receiving a spa treatment, as seen in Figure 4 above, respondents replied in a similar way as to the question about visiting a spa facility, with a mean of 1,72. This trend of having the mean between 1 and 2 seems to continue for the other wellness experience participation questions as can be seen below.

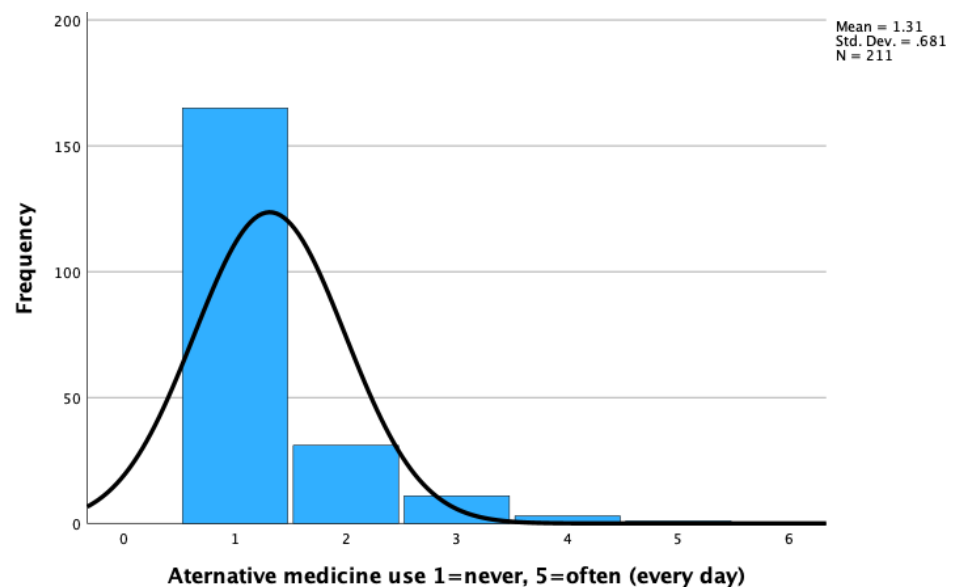


Figure 5. Alternative medicine use, N=211

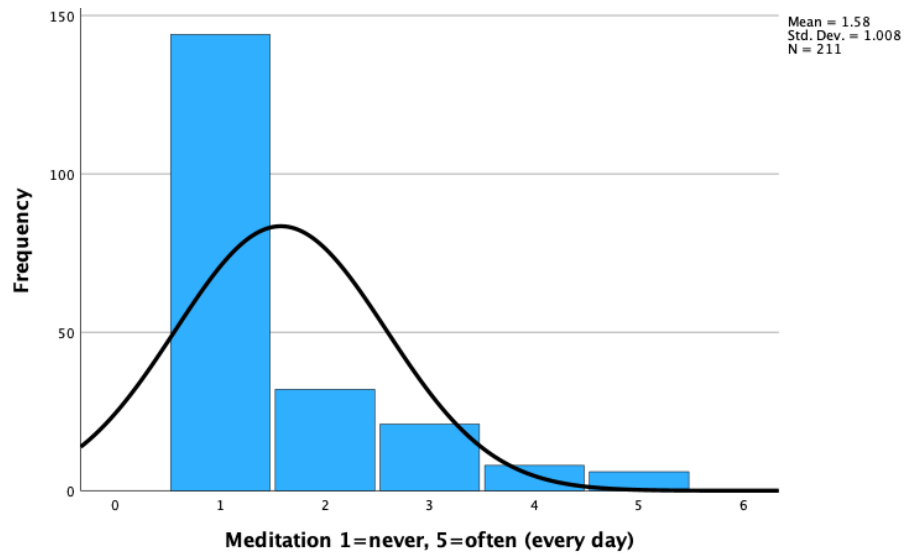


Figure 6. Meditation session participation, N=211

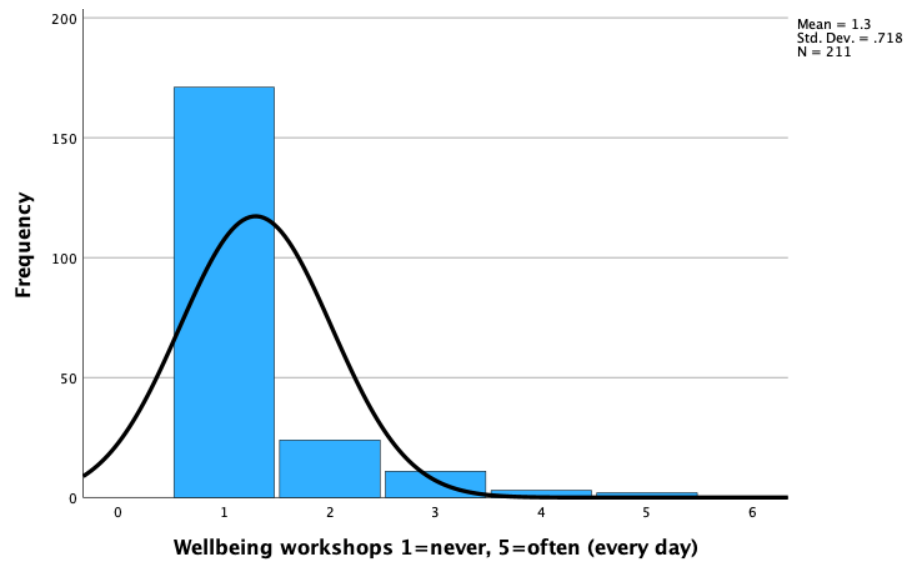


Figure 7. Wellbeing workshop participation, N=211

For Figure 5, Figure 6, and Figure 7, the mean stays between 1 and 2, which are answers that represent ‘never’ and ‘very rarely’. However, easily accessible experiences such as physical activity, mindful activity and meditation scored the highest participation levels. Hence, the lower participation for the other experiences might have underlying factors

such as accessibility and finances. Since this is not the focus of the research, respondents were not asked any follow up questions. Nevertheless, the experiences from these questions are used as a foundation for assessing interest in wellness participation in combination with organic drugs later on in the research.

After establishing the respondents' current participation in wellness activities and experiences, it is important to gather information about their organic drug-use to get an estimate of their attitude and behaviour with regards to organic drugs. The question for current organic drug-use was asked twice, one time for recreational purposes and one time for therapeutical purposes. The answers can be seen below in Figure 8 and Figure 9.

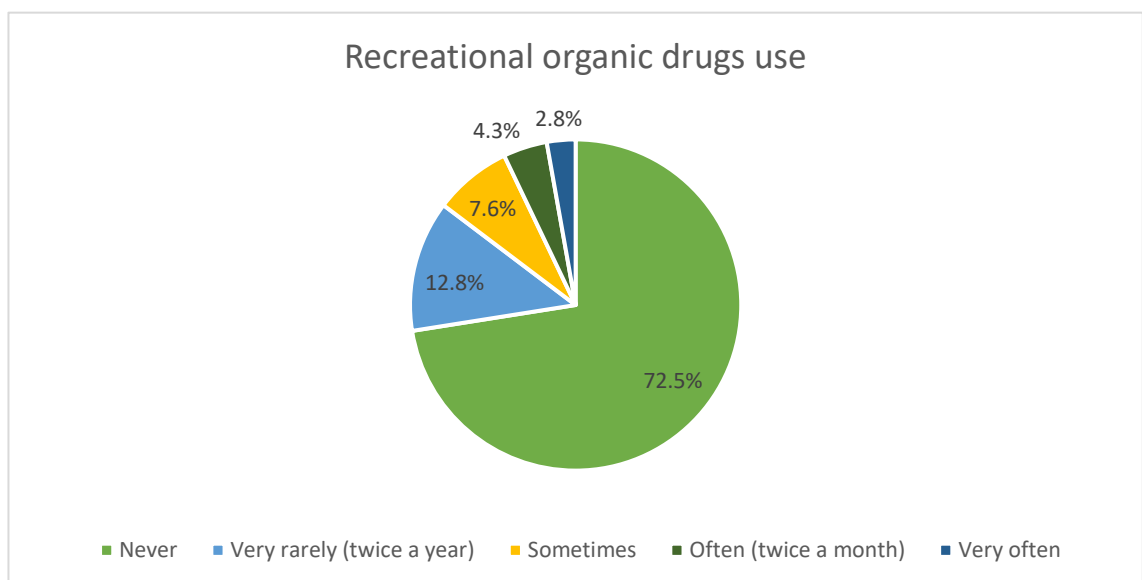


Figure 8. Organic drug use for recreational purposes, N=211

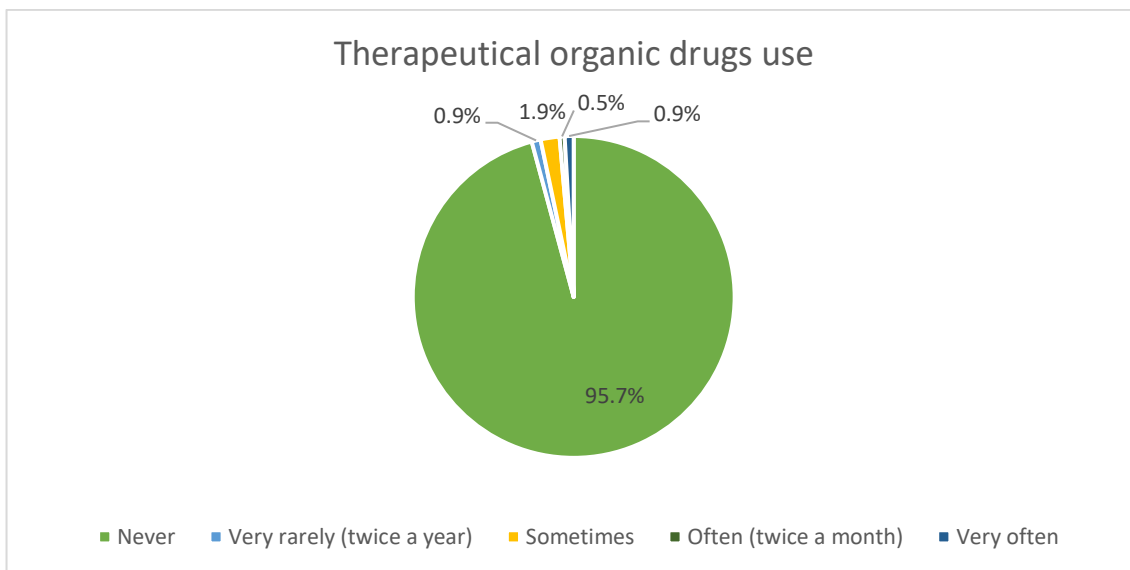


Figure 9. Organic drugs use for therapeutical purposes, N=211

In these graphs, it shows that most respondents currently do not use organic drugs for recreational nor therapeutical purposes. Significant is that recreational use is more common than therapeutical. When therapeutical use was chosen, respondents were given the option to respond for which reasons they medicate with organic drugs. Reasons included reducing anxiety, reducing stress, libido-inducing, reducing chronic pain and sleep enhancement. Noteworthy is that for recreational organic drug-use, men chose ‘often’ and ‘very often’ more often compared to women, who chose ‘very rarely’ and ‘sometimes’. For therapeutical organic drug-use, female respondents were more likely to choose ‘very often’, ‘often’, and ‘sometimes’. 96% of men said they never use drugs for therapeutical purposes. Another interesting result is that Generation Y and Generation X are more likely to use organic drugs for therapeutical purposes than Generation Z and Baby Boomers. Following the previous two figures, respondents were asked to specify which organic drugs they have tried. The answer can be found below in Figure 10. From this figure, it becomes clear that cannabis and psilocybin/truffles have been tried the most

often, which correlates with the legality and availability of these two drugs in the Netherlands, as explained in the literature review.

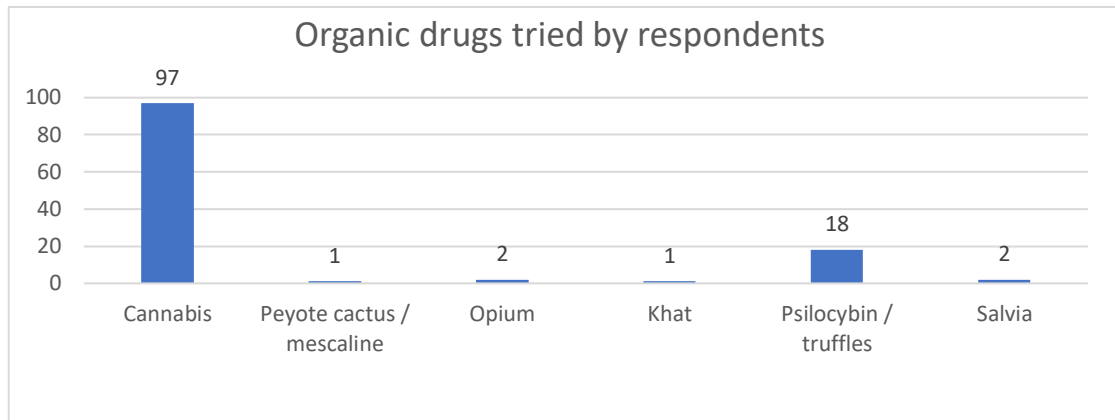


Figure 10. Organic drugs tried by respondents

To dive a little deeper into the motivation for organic drug-use, the respondents were asked for which reason they chose to use an organic drug. This information is presented below in Figure 11. Multiple answers per respondent were accepted for this question.

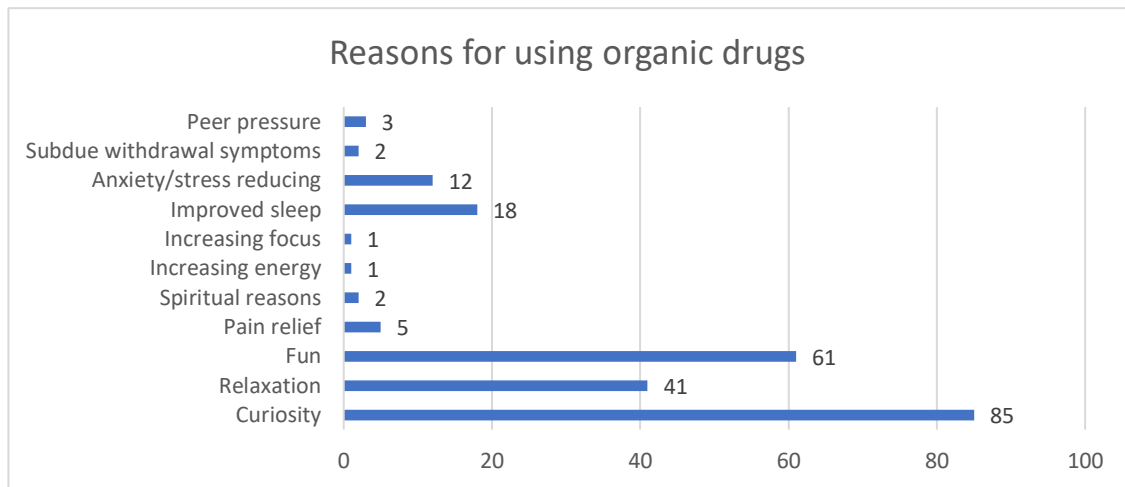


Figure 11. Reasons for using organic drugs

From this figure it becomes very clear that curiosity, relaxation and fun are the main reasons. From the ‘other’ category of the questionnaire arose a new category: peer pressure. One answer to ‘other’ included: to enjoy life more for a moment and stop thinking. Sleep enhancement and anxiety/stress relief were also prominent reasons.

Last of all, before moving on to organic drugs in combination with wellness experiences, the respondents were asked to rank their preferred effect of organic drugs. The results can be seen in Figure 12 below. Narcotic is the most preferred effect while mind-altering is the least favourite effect.

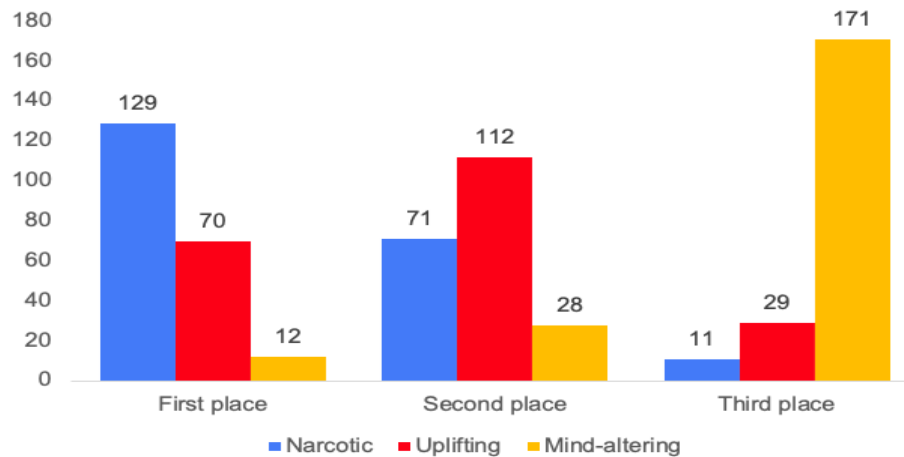


Figure 12. Ranking of preferred effects of organic drugs.

After gathering all the data about the respondents' current behaviour with regards to participation in wellness experiences and organic drugs, the questionnaire also asked the respondents about their interest in certain wellness experiences combined with certain organic drugs. First, cannabis was assessed. The experiences had to be shortened in order to fit into Figure 13, but can be found as a whole in question 21 of the questionnaire in Appendix A.

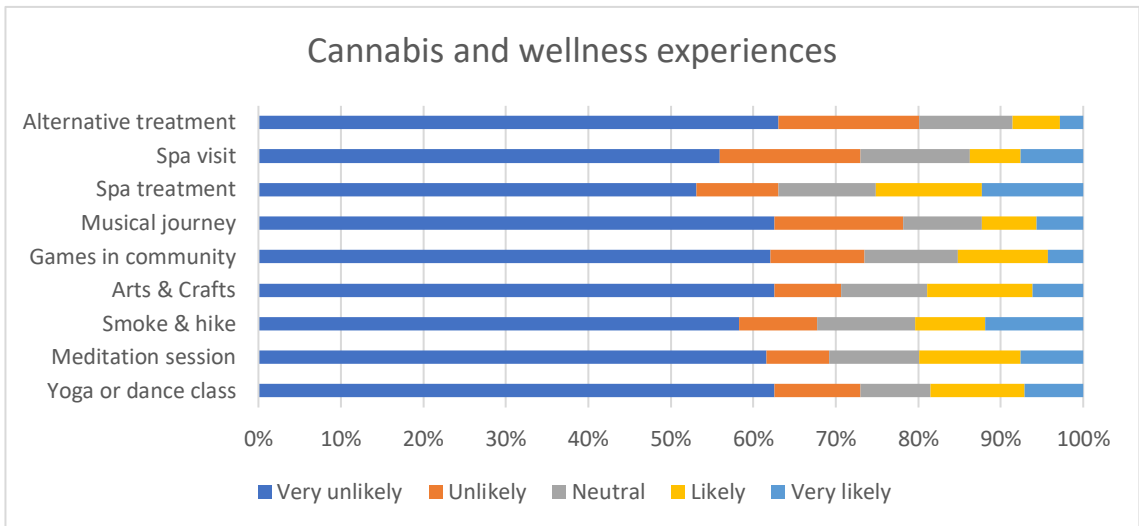


Figure 13. Cannabis and wellness experiences, N=211

From Figure 13, it can be seen that for every experience, 50% or more of the respondents stated they would not participate. On the other hand, there is an interest for combining wellness experiences with cannabis, especially for undergoing a spa treatment, going for a spa visit or to participate in a guided hike & smoke session. However, respondents that answered ‘likely’ or ‘very likely’ made up 20–25%. The least enjoyable experiences are getting an alternative treatment under influence, a musical journey or jam session, and going to a spa facility. The latter is interesting, since visiting sauna facilities is a prominent part of the wellness culture in the Netherlands, as mentioned in the literature review. Moving on to mescaline combined with wellness experiences that are presented in Figure 14 below.

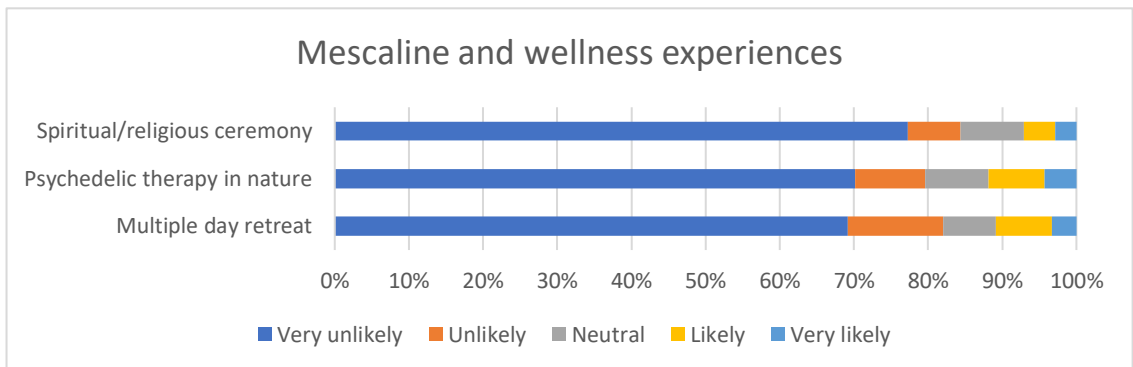


Figure 14. Mescaline and wellness experiences, N=211

Figure 14 shows that almost 70% of all respondents are ‘very unlikely’ to partake in any experience combined with mescaline. Participation in a one-day psychedelic therapy session or multiple day psychedelic retreat have similar results. Noteworthy is that most of the respondents would not partake in a religious nor spiritual trip. This corresponds with the low amount of religious respondents as seen in Table 1. For a fuller description of the experiences, please take note of question 22 in the questionnaire. The next presented drug is opium and results can be found in Figure 15 below.

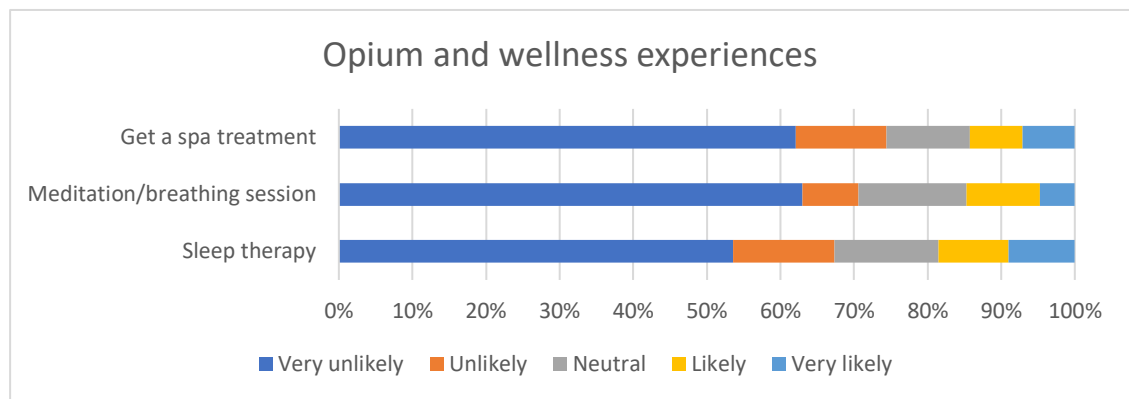


Figure 15. Opium and wellness experiences, N=211

Respondents are more open to try the narcotic drug opium than trying the mind-altering psychedelic drug mescaline. The result of Figure 15 corresponds with Figure 12, in which the preferred effects of organic drugs were presented and in which narcotic effects took the first place. A highlight of Figure 15 is that the most interesting experience combined with organic drugs for the respondents is sleep therapy, which is an aspect of wellness that has not been questioned from the respondents’ lifestyle and wellness experience participation in the questionnaire. The next results concern khat and are presented in Figure 16 below.

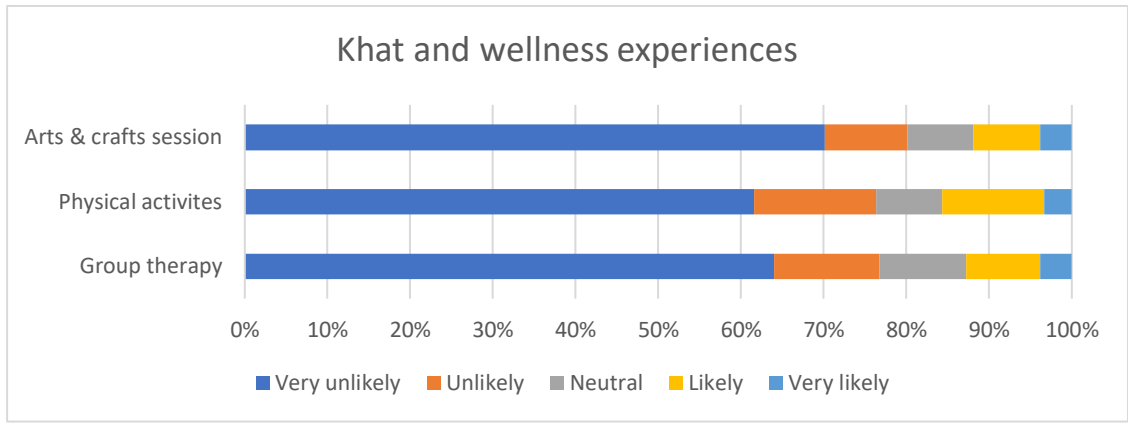


Figure 16. Khat and wellness experiences, N=211

The figure above shows that at least 60% of the respondents are ‘very unlikely’ to try khat with wellness experiences. An interesting result is the high percentage that chose ‘likely’ for physical activities. This result corresponds with the respondents’ current physical activity participation presented in Figure 1, where the level of participation was deemed high. Overall, the results line up with Figure 12, where uplifting effects of organic drugs gained the second place. Next up are the results of Kratom as seen below in Figure 17.

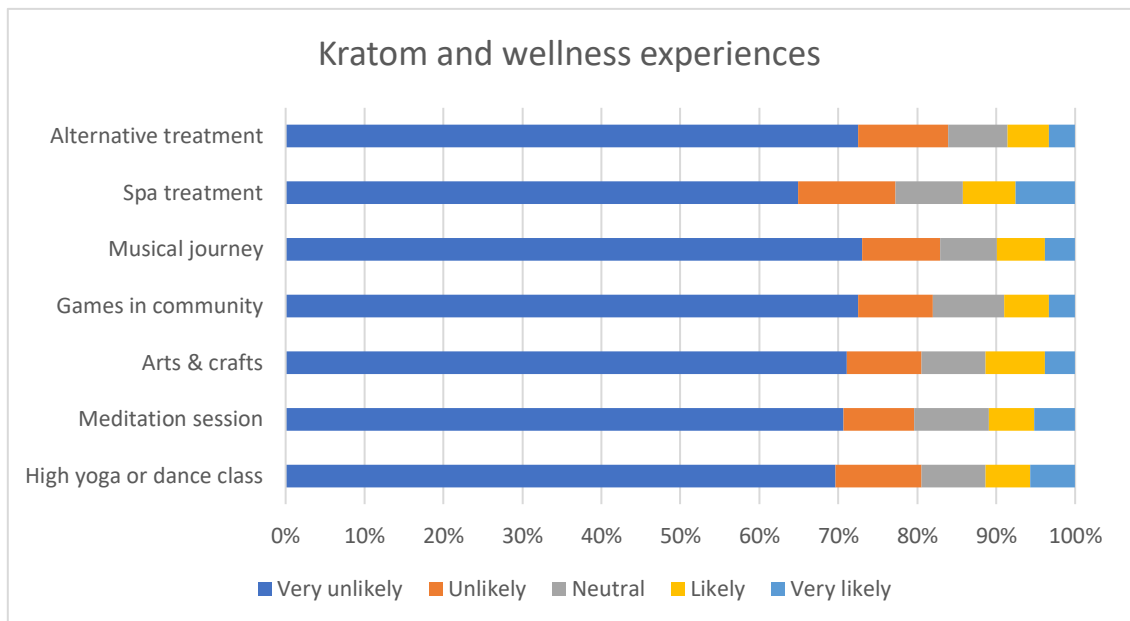


Figure 17. Kratom and wellness experiences, N=211

Once more, 65% of the respondents answered ‘very unlikely’ to every wellness experience combined with kratom. Receiving a spa treatment under influence of kratom was considered as most preferred. This corresponds with the information of Figure 13

that show results of cannabis and wellness experiences. Kratom both has stimulant and narcotic effects depending on the dosage, but for spa treatment as a wellness experience it was specified in the questionnaire that it would concern narcotic effects only. Next up are the results of ayahuasca and wellness experiences as presented in Figure 18.

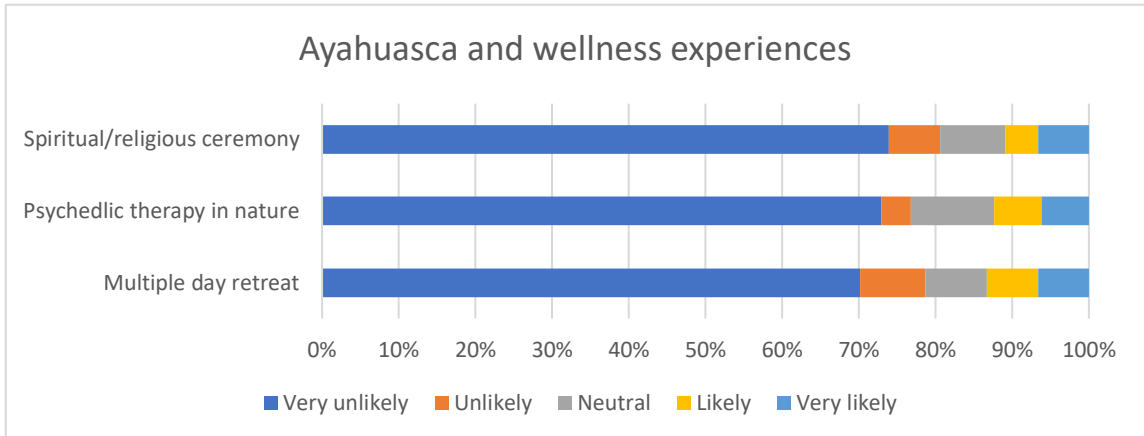


Figure 18. Ayahuasca and wellness experiences, N=211

This figure reveals that 70% of the respondents are ‘very unlikely’ to participate in a wellness experience with the psychedelic ayahuasca. Similar to Figure 14, which concerns the psychedelic mescaline, respondents are most interested in a multiple day retreat as wellness experience. Or, psychedelic therapy in nature for a day. Religious or spiritual ceremonies are the least popular, in which only 12% of the respondents shows an interest. The results of wellness experiences with the psychedelic psilocybin / truffles are presented below in Figure 19.

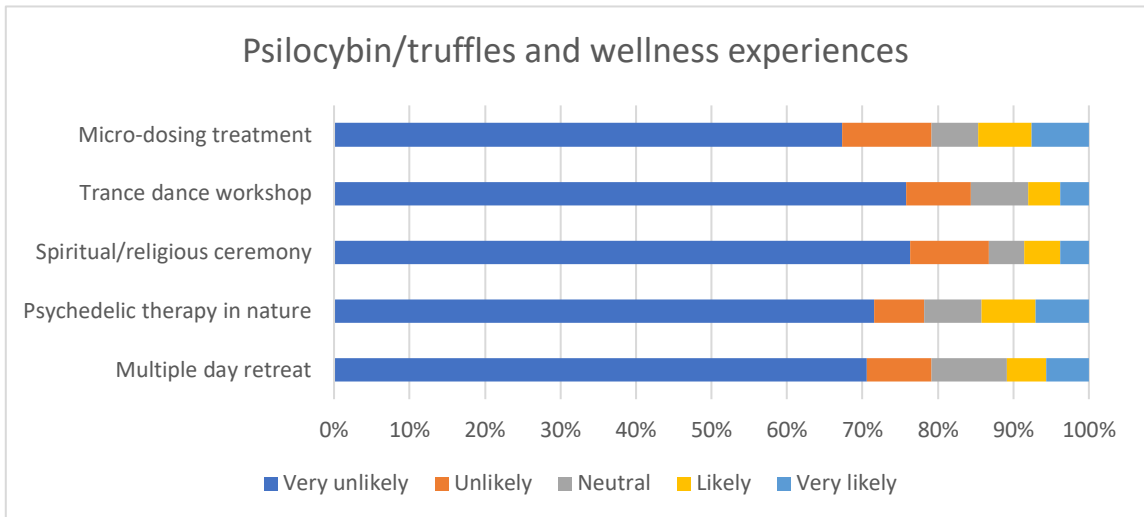


Figure 19. Psilocybin / truffles and wellness experiences, N=211

For this psychedelic drug, too, at least 65% of the respondents answered ‘very unlikely’ to all wellness experiences with psilocybin/truffles. Remarkably, respondents showed the most interest in a micro-dosing treatment which is a multiple-week trajectory. For a full description of the experiences, please refer to question 27 of the questionnaire. Psilocybin/truffles is the second-most tried drugs among the respondents, as shown in Figure 10, which may be interlinked with the legality of the drug in the Netherlands as mentioned in the literature review. Yet, the results shown above in Figure 19 do not differ much from the other results of wellness experiences combined with mind-altering psychedelics, which in turn was deemed the least preferred effect of organic drugs. Psychedelic therapy in nature and a multiple day retreat took the second and third place for this drug. Lastly, the results of wellness experiences combined with the psychedelic drug salvia are presented below in Figure 20.

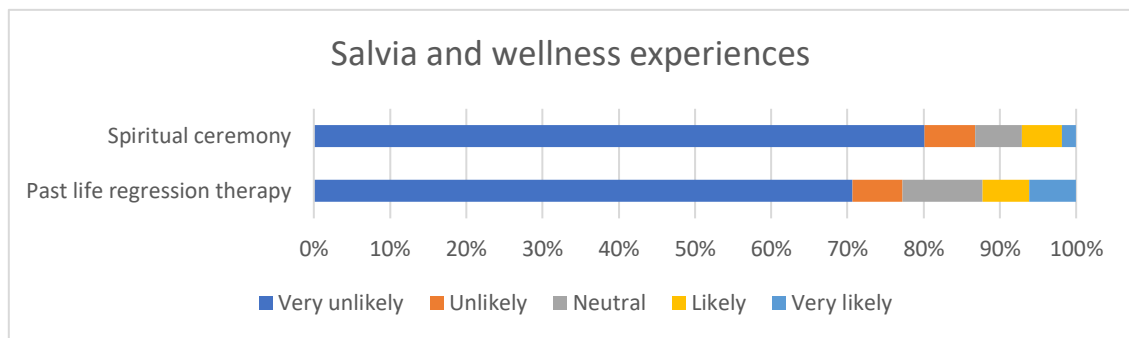


Figure 20. Salvia and wellness experiences, N=211

The last question about combining wellness experiences with organic drugs concerns the drug salvia, which 70% of the respondents are ‘very unlikely’ to try. In the figure above, it shows that past life regression therapy seems more interesting to the respondents than a spiritual ceremony, which is an experience that has not been popular in this research. A cross-tabulation between the religion variable and religious/spiritual ceremonies as experience combined with a psychedelic drug, reveals that non-religious respondents are more likely to participate in these types of experiences than religious respondents. To specify, there were two religious respondents that put ‘likely’ for an ayahuasca ceremony. Besides, one religious respondent put ‘likely’ and one ‘very likely’ to a psilocybin ceremony. For salvia, one religious respondent put ‘likely’. Additionally, a cross-tabulation that looks into the organic drug-use behaviour of religious respondents, 96% never uses drugs for therapeutical purposes and 77% never uses drugs for recreational purposes. These crosstabulations can be found in Appendix C.

In general, the interest in organic drugs combined with wellness experiences matches the preferred effects of organic drugs. Experiences with narcotic drugs seem more appealing to respondents and experiences with mind-altering drugs seem the least appealing to respondents. Even though all these figures presented above show valuable information about the interest of respondents to use organic drugs during wellness experiences, the question arises if respondents are more likely to participate in wellness experiences if organic drugs are involved. Hence, a question to assess this has been asked and the results are in Figure 21 below.

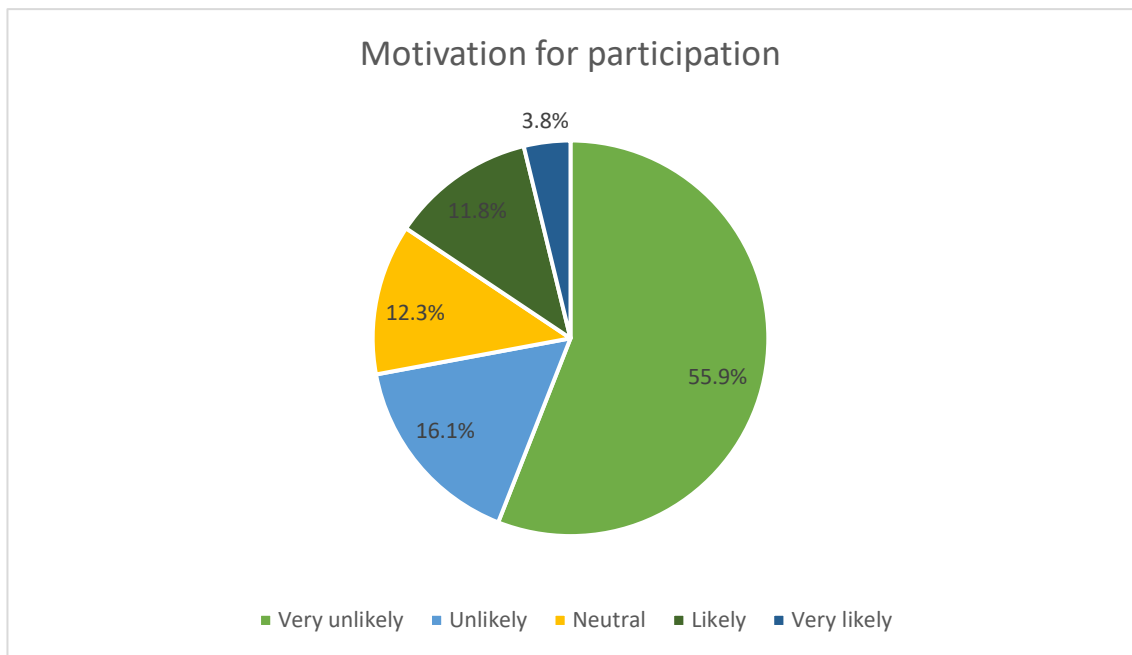


Figure 21. Organic drugs and wellness experiences motivate wellness & wellbeing participation, N=211

As seen in Figure 21 above, 55,9% of the respondents state that they are ‘very unlikely’ to participate more, to which the 16,1% that chose ‘unlikely’ can be added. This amounts to 72% of the respondents. These respondents might already have a substantial level of wellness participation, or might be interested in participating in wellness without organic drugs but have other obstacles. 12,3% are neutral in opinion, and 15,6% answered ‘likely’ or ‘very likely’. This last percentage is significant, since the Netherlands does not have a prominent wellness culture and this new way of wellness could stimulate individuals to participate more. Additionally, respondents were asked if they need something to feel more comfortable with the idea of combining organic drugs with wellness experiences. A list was pre-formulated, but own answers could be provided in addition under ‘other’. These results are present below in Figure 22.

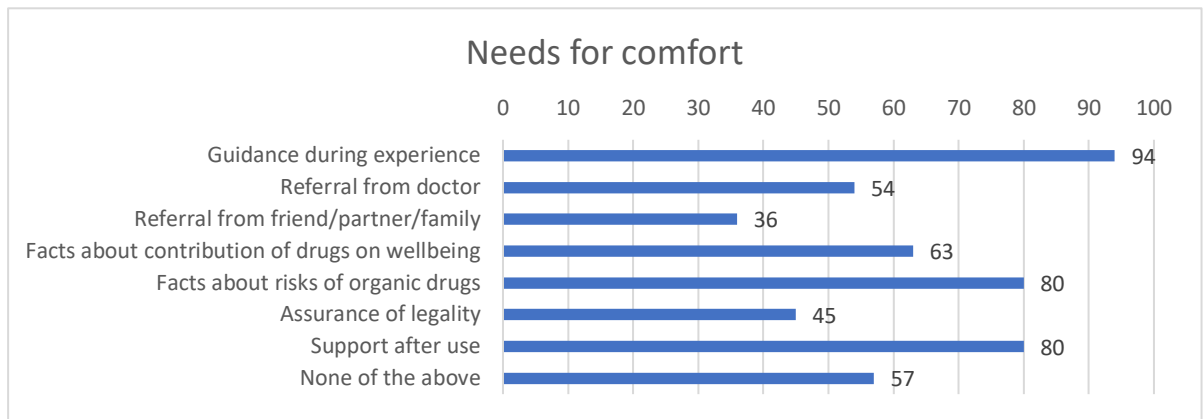


Figure 22. Needs for comfort with regards to using organic drugs during a wellness experience

As can be seen from Figure 22, 94 respondents mentioned that guidance during the experience is of high importance. To add to this, one respondent answered multiple questions under ‘other’: “Do they take into account the condition of a participant? The risk factors of that person? Are people aware of what can go wrong? For example, if a bad trip occurs which could result in a psychosis? Is there professional, licensed guidance, such as psychologist, present?” The introductory notes for the part of wellness experiences combined with organic drugs in the questionnaire mentioned that every experience is conducted with an expert who explains the process and is a ‘trip sitter’ during the experience. Furthermore, in the chapter ‘existing experiences with organic drugs’ in the literature review it was stated that in existing retreats, supervision is always present, a psychologist is present in some cases, and some retreats require a mental and physical health-check to ensure safety. Nevertheless, the elaborate answer of the respondent shows valid concerns about using organic drugs in wellness experiences. An answer of two respondents beneath ‘other’ is to conduct a wellness experience combined with organic drugs together with others. One of these answers specified that they would try such a wellness experience with trustworthy friends around only. Hence, a community setting could aid in assuring comfort during a wellness experience combined with organic drugs for some people. Then, coming back to Figure 22, support after the experience is just as important as during the experience for respondents. Lastly, the risks of taking an organic drug must be very clear for the respondents.

2.3. Discussion and recommendations

This chapter comprises the analysis of the results that were presented in the previous chapter. The findings will be linked to the literature in order to answer the problem statement *‘How can the combination of organic drugs with wellness experiences improve the Netherlands as a wellness destination?’* Furthermore, recommendations for further research will conclude this chapter.

This exploratory research focusses on the motivation, attitude and willingness of inhabitants of the Netherlands between 18 and 77 years to combine organic drugs with wellness experiences. The topic arose from the prevalence of organic drugs in mental health therapy in the field of medicine. Not only for that reason, but also the recent post COVID-19 trend in which travelling to retreats for a spiritual trip with ayahuasca or psilocybin sparked an interest. The gap between using organic drugs in the medicinal field and for recreational purposes of an individual can be filled with wellness, if there is motivation and willingness. This form of wellness takes shape under guidance or supervision of a professional during experiences that might improve wellbeing. However, no assurances for improvement of wellbeing can be provided to participants as it does not fall under the medicinal field. A visualisation of this idea can be found in Figure 23.

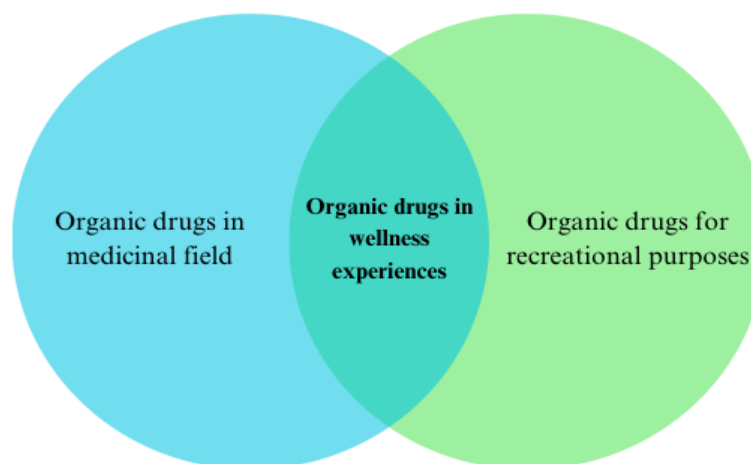


Figure 23. Relation between organic drugs for medicinal, recreational and wellness use.

To add to this, 23,6% of the adults in the Netherlands has tried cannabis at least once in their lives and 4,6% has used psilocybin/truffles at some point (Centraal Bureau voor Statistiek et al., 2022). These two types of organic drugs fall under the toleration policy of the Netherlands. The percentages above show there is a willingness to try drugs in a recreational setting, and overlaps with the findings of this research in which 27,5% of the respondents have tried an organic drug for recreational purposes. Hence, one of the goals of this research was to see if people are willing to add an extra dimension to this recreational drug-use by incorporating wellness experiences. Conversely, active participants of wellness can find a new way of experiencing wellness with organic drugs as well.

Following the results in the previous chapter, an understanding of that willingness and motivation has come to life. Although the willingness to participate in wellness experiences combined with organic drugs ranges between 0–50%, up to 25% of the respondents would be likely or very likely to participate in the proposed experiences. Accordingly, a substantial interest for combining drugs and wellness experiences in the Netherlands exists. This interest concentrates on experiences with drugs that have narcotic effects such as cannabis, kratom or opium. In these narcotic drug experiences, the mind and mindfulness dimension of a wellness experience, which was mentioned in the literature review, stands central. Here, Dilette et al., (2020, p. 804) stated that growth, escape, relaxation and rejuvenation characterize mindfulness in a wellness experience. Relaxation was the third most popular reason for having used organic drugs for the respondents. Hence, relaxation and escape are dimensions of wellness tourism motivation, as mentioned in the literature review, that aligns with the respondents' motivation. Moreover, the spirit dimension of a wellness experience stands more central to experiences with a mind-altering drug such as mescaline, psilocybin or ayahuasca. Dilette, et al., (2020, p. 804) stated that the spirit is closely intertwined with the mind during wellness experiences, but the spirit shifts more towards community and spiritual connection. Wellness experiences in which spirituality stood central, such as a ceremony,

were not very popular among the respondents. The community aspect of experiences was not opposed against and instead was mentioned as a preference for some of the respondents. Other factors that affect wellness experiences can be age or gender, life-stage of an individual, and the cultural background or religious background (Smith, 2019). This emphasizes once more that wellness experiences may be customized, personalized or co-created according to an individuals' needs, values, beliefs and demographics. Customization links back to the needs for comfort of the respondents. It has become clear that guidance during an experience as well as support afterwards is the most important. As mentioned before, this guidance and support is common in retreats that already use organic drugs, but according to the respondents it should be the standard for every wellness experience that includes organic drugs. Furthermore, assurance about the risks of using organic drugs was also deemed as imperative by the respondents. For cannabis, short-term risks include bad trips with increased anxiety, nausea, and dizziness (*Hasj En Wiet: Risico's*, 2023). For psilocybin, short-term risks include a too strong dosage, a bad trip with unexpected hallucinations and increased anxiety, nausea, sense of suspicion about surroundings, and flashbacks to the trip afterwards, including the negative parts (*Paddo's: Risico's*, 2023). Risks of the other mentioned organic drugs are similar but due to the legality, availability and lower interest for those in the Netherlands, the risks are not presented in detail. However, despite the risks, wellness experiences combined with organic drugs could lead to enhanced experiences, if done correctly.

Consequently, when designing a wellness experience that is combined with organic drugs, it is important to keep in mind that the participant is always an active one, leading to educational or escapist experiences (Pine & Gilmore, 1998, p. 102), based on the type of drugs taken. The four dimensions mind, body, spirit and environment of a wellness experience must stand central and customization is necessary to minimize risks. Meant by this is a mental and physical pre-screening of the individual wanting to participate by a licensed medical professional. Furthermore, a skilled guide must carry out the role of trip-sitter during the experience. Last of all, a check-up session with the participants takes care of the support after the wellness experience, which respondents stated as important.

Last of all, the benefits and risks of the experience combined with organic drugs must always be transparent for the individual wanting to participate, but no guarantees about benefits can be given due to the legal reasons.

Not to forget, there are three factors that influence the effect of a drug: the drug itself, the set, and the surroundings. The set is concerned with how a person is feeling or what a person their characteristics are, as these can change the effect of the drug. By pre-screening and guidance, risks in this area are minimalized. The surroundings include factors such as temperature, quiet or busy, music, and the people present. By organizing wellness experiences combined with drugs, the surroundings should be closely monitored where possible to ensure maximum comfort. Nevertheless, in the high-interest experience 'smoke and hike' for example, the weather and other surroundings cannot be controlled. Hence, a participant must be made aware when an experience is conducted outside of a 'safe space'. In addition, a participant must always be made aware of the people present during an experience. Last of all, the drug itself is key and a risk of using unclean drugs exists. A government-conducted cannabis experiment in the Netherlands is confirming if regulated production, distribution and sales lead to reduced risks and higher quality cannabis (Ministerie van Algemene Zaken, 2022). Percentages of THC and CBD, for example, differ between cannabis plants. Hence, any drug used for wellness experiences must be tested for contamination and other specifics. Not to forget, production of drugs is illegal in the Netherlands and does not fall under the toleration policy. This makes the quality of the drug and the legality of the drug the biggest obstacles.

Nevertheless, as mentioned before, Synthesis is a legal psychedelic retreat in the Netherlands, showing it is possible to create and host wellness experiences combined with organic drugs. The willingness of inhabitants of the Netherlands is existing as well, with specifics of that interest and willingness defined in this research. Even though multiple-day retreats gained interest from the respondents, one-day experiences gained higher willingness percentages. Financial means could be an obstacle for willing participants, since a multiple-day retreat in Synthesis is \$6000. From the demographics of this

research, it is clear that such an amount of money is not available for everyone. Affordability is therefore key. Moreover, in the distant future, wellness experiences combined with organic drugs could become the wellness destination image of the Netherlands. The wellness amenities of the Netherlands, as described in the literature review, are existing and can be further developed. The toleration policy towards organic drugs of the Netherlands is unique in Europe and the Dutch government is actively looking into growing certain organic drugs in a safe and controlled way.

Hence, the result of this master's thesis has taken the shape of proposals on how to design experiences combined with the use of organic drugs based on motivation and interest of the inhabitants of the Netherlands in a legal, safe, ethical and accessible way. However, for becoming a wellness destination known for combining wellness and organic drugs, further research is needed. These recommendations for further research can be found below.

2.3.1 Recommendations for further research

Building upon the results of this research, recommendations for future research can now be provided. It is important to note once more that this thesis topic is complex and evolving with various legal, ethical and health considerations. Thus, research about quality and control for organic drugs in wellness experiences is needed to formulate guidelines and regulations for safety and quality is important. This could include investigating methods for quality control, testing for contaminants, and establishing standards for production and distribution. Furthermore, the wellness experiences in combination with organic drugs must undergo clinical trials and evidence-based practice to gather information and evidence about the effects on health and wellness outcomes. It must extend beyond research for medical purposes only and incorporate wellness in the trials. As discovered with this research, willingness and interest in these specific wellness experiences is existing in the Netherlands. In what way these experiences should take shape in detail is not yet well-defined and therefore a topic for further research.

Qualitative and quantitative research must gather consumer-perceptions in greater detail. Last of all, the consumer-perceptions and willingness of individuals from other countries is another topic for further research to explore wellness tourism opportunities for the Netherlands. This could include researching potential markets and cultural considerations. Overall, these recommendations highlight the need for further research on this new and upcoming topic.

CONCLUSION

This exploratory research investigated how the combination of organic drugs with wellness experiences can improve the Netherlands as a wellness destination. The study adopted a quantitative approach to discover the willingness, attitude and motivation of inhabitants of the Netherlands between 18 and 77 years to combine wellness experiences with organic drugs. The aim was to explore if there is a foundation to transform the Netherlands into a wellness destination with these unique experiences as core of the destination image. The Netherlands is not a prevalent wellness destination and has a subdued wellness economy, but the legality of organic drugs in the Netherlands is more supple than in other countries in Europe. Connecting these two ratiocinations creates an opportunity for destination development in the Netherlands to stimulate higher wellness participation.

The goal of this master's thesis was to explore to what extent organic drugs can be included in wellness experiences and to present proposals on how to design wellness experiences with organic drugs for citizens of the Netherlands. The willingness of citizens of the Netherlands to combine organic drugs with wellness experiences is existing, with an interest that concentrates on one-day narcotic drug experiences. Customisation and personalisation stand central in designing these specific wellness experiences as a result of the needs, values, beliefs and demographics of an individual, but also to eliminate risks. The four dimensions mind, body, spirit and environment of a wellness experience must stand central when designing a wellness experience combined with organic drugs. A mental and physical pre-screening of the individual wanting to participate by a licensed medical professional is needed and a competent guide must carry out the role of trip-sitter during the experience. A check-up session with the participant takes care of the support

after the wellness experience. The benefits and risks of the experience combined with organic drugs must always be transparent for the individual wanting to participate, but no guarantees about benefits can be given due to the legal reasons. A participant must be made aware when an experience is conducted outside of a 'safe space', for example an out-door setting. A participant must always be made aware of the other people present during an experience. Lastly, any organic drug used for wellness experiences must be tested for contamination and other specifics and the results must be communicated to the individual wanting to participate. If wellness experiences combined with organic drugs can be designed in the way that was described above, they can form a solid foundation for becoming the wellness destination image of the Netherlands.

The literature that was reviewed for this research included the topics wellness, wellness experiences, wellness motivation, wellness in the Netherlands and organic drugs in order to define what wellness is, how it takes shape in the Netherlands in 2023, what organic drugs are and how they are used in wellness around the world. A questionnaire was designed to explore the willingness of 18 to 77 year-old inhabitants of the Netherlands to participate in wellness experiences combined with organic drugs. Respondents' current participation in wellness and their demographic information was also examined. The primary research was done digitally and gathered 211 responses. The results show that there is an interest among inhabitants of the Netherlands to combine organic drugs and wellness experiences. Respondents were pre-dominantly female and Generation Z due to the distribution of the questionnaire online through snowball and volunteer sampling. In the respondents' current wellness participation, physical activity and visiting spa facilities stood central. Mindfulness, alternative medicine use and meditation were much less important parts of wellness for the respondents. Furthermore, 27,5% of the respondents have used organic drugs for recreational use, and 4,3% for therapeutical purposes. Men are more likely to use organic drugs recreationally and women more likely to use therapeutically. Cannabis and psilocybin are the most commonly tried drugs, which connects to the toleration policy of these two drugs in the Netherlands. Main motivations for earlier use of organic drugs were fun, relaxation and curiosity. Preferred effects of

organic drugs are firstly narcotic, secondly uplifting and in third place is mind-altering. Based on respondents answers on combining organic drugs with wellness experiences, it was found that the highest interest lays in experiences with narcotic drugs. Experiences with cannabis showed the highest willingness, which correlates with the drugs that respondents already tried before. Respondents were the least likely to conduct an experience that was focused on spirituality or religion, which corresponds with the low number of religious respondents for this research. Besides, 15,6% of the respondents said they are more likely to participate in wellness experiences if organic drugs are incorporated, which is a sizeable number. Hence, this new way of experiencing wellness stimulates people to participate in wellness in a country with a limited wellness economy and improve their wellbeing in a new way.

A variety of further research into this topic is needed, including quality and control of organic drugs, clinical trials and evidence based practices about effects on health, consumer-perceptions about wellness experiences combined with organic drugs in more detail, and research into other potential markets.

Nevertheless, this master's thesis is of use to any wellness enthusiast or professional who is interested in the recent trend of using organic drugs in wellness experiences, or to those who are researchers with an interest to carry out further research about this topic. This thesis is also of use for destination management- and development organizations, or entrepreneurs who can use the proposals for experience design and make them reality. Last of all, this thesis could be relevant for the government of the Netherlands and their research into organic drugs.

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APPENDICES

Appendix A. Questionnaire English version

Dear sir/madam, I am conducting a questionnaire on organic drugs and wellness experiences among the inhabitants of the Netherlands for my Master thesis in Spa & Wellness management. The goal of this research is to gain insights into the motivation and willingness for the usage of organic drugs in combination with wellness experiences in the Netherlands. Participants must be 18 years of age minimum and 77 years of age maximum.

The questionnaire is anonymous and will take approximately 15 minutes to complete. Please answer all questions honestly and to the best of your ability. There are no right or wrong answers, and your response will be kept confidential. There is no previous experience of knowledge needed to participate in this research.

1. What is your gender?
 - Male
 - Female
 - Other
 - Prefer not to say

2. What is your age?
 - Generation Z (18-25)
 - Generation Y (26-42)
 - Generation X (43-58)
 - Baby boomer (59-77)

3. What is your educational level?
 - Secondary general education
 - Post-secondary vocational education
 - Bachelor degree
 - Master degree
 - Doctoral degree
 - Other (please specify) _____

4. What is your occupation?
 - Student
 - Full-time employment
 - Part-time employment
 - Unemployed
 - Unpaid work (volunteer, informal caregiver)
 - Freelance
 - Retired
 - Other (please specify)_____

5. What is your average monthly net income?
 - < €1500
 - €1500 - €2000
 - €2000 - €2500
 - €2500 - €3000
 - €3000 - €3500
 - €3500 - €4000
 - €4000 +

6. Do you practice a religion?
 - Yes
 - No

7. If the answer on question 6 is yes, which religion? (non-mandatory)

8. How often do you use organic drugs (Drugs from natural sources e.g. magic mushrooms, ayahuasca, cannabis, etc.) for recreational purposes?
 - Never
 - Very rarely (twice a year)
 - Sometimes
 - Often (every month)
 - Very often

9. How often do you use organic drugs (Drugs from natural sources e.g. magic mushrooms, ayahuasca, cannabis, etc.) for therapeutic purposes e.g. on prescription or self-medicated?
 - Never
 - Very rarely (twice a year)
 - Sometimes
 - Often (every month)
 - Very often

10. If you answered anything else than 'never' on question 9, and if you feel comfortable, please state for which medical condition you used organic drugs (Non-mandatory)

11. If you used organic drugs before (Drugs from natural sources) please indicate which of the following organic drugs you have used (Multiple options possible) (non-mandatory)

- Cannabis
- Peyote cactus/mescaline
- Opium
- Khat
- Kratom
- Ayahuasca
- Psilocybin/magic mushrooms
- Salvia
- Other, please specify _____

12. What were your reasons for using organic drugs? (Multiple options possible) (non-mandatory)

- Curiosity
- Relaxation
- Fun
- Pain-relief
- Spiritual reasons
- Increasing energy
- Increasing focus
- For better sleep
- Stress/anxiety relief
- Subdue withdrawal symptoms of other (non)organic drugs
- Other _____

13. Please rank the following effects of organic drugs that you would prefer for therapeutic purposes (1= most preferred, 3= least preferred):

- ___ Uplifting (energy, alertness, euphoria)
- ___ Narcotic (sedative, calming, pain-relief, anxiety-reducing)
- ___ Mind-altering (perceptual changes, hallucinations, distinctive emotions)

The following questions present existing wellness practices and experiences, and will ask for an estimation on how often you partake in each experience. The questions mention 'health and wellbeing purposes'. This refers to your physical, mental and

social wellbeing, also understood as ‘feeling good’. The scale for these questions is as follows: 1= never, 5=often (every day)

14. How often do you partake in physical activities and sports such as hiking, cycling, dancing, etc. for health and wellbeing purposes? 1= never, 5=often (every day)

1	2	3	4	5
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15. How often do you partake in mindful exercise such as yoga, tai chi, qigong etc. for health and wellbeing purposes? 1= never, 5=often (every day)

1	2	3	4	5
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16. How often do you partake in sauna (hot/cold/steam) for health and wellbeing purposes? 1= never, 5=often (every day)

1	2	3	4	5
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17. How often do you partake in spa treatments such as massages, baths, facials, body wraps, etc. for health and wellbeing purposes? 1= never, 5=often (every day)

1	2	3	4	5
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18. How often do you partake in alternative treatments such as acupuncture, reiki, ayurveda, sound healing, reflexology etc. for health and wellbeing purposes? 1= never, 5=often (every day)

1	2	3	4	5
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19. How often do you partake in (guided) meditation and breathwork sessions for health and wellbeing purposes? 1= never, 5=often (every day)

1	2	3	4	5
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20. How often do you partake in wellbeing workshops such as healthy cooking classes, self-care workshops, stress management workshops, etc. for health and wellbeing purposes? 1= never, 5=often (every day)

1	2	3	4	5
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For the following scale questions, 1 stands for very unlikely and 5 stands for very likely. In these questions, an organic drug and its effects will be briefly described, but keep in mind that effects can always differ based on the person taking them, the dosage of the drug and the environment that the drugs are taken in. Every experience mentioned would be guided by an expert who will explain the process and function as ‘trip sitter’ during the experience. At the end of the questionnaire there will be space for indicating if you need any other aspects to participate.

21. Cannabis is a psychoactive drug that changes the way the brain works as well as changes in mood, feelings and behaviour. Common effects are relaxation, increased appetite, pain-relief and bursts of giggles. It is either smoked or ingested and lasts for 2-4 hours. How interested would you be in participating in the following wellness experiences under the influence of cannabis? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
High yoga or dance class					
Guided meditation/breathwork session while high					
A guided hike and smoke session in nature					
A high arts or crafts class					
Playing (creative) games in a community setting					
Musical journey to try out instruments or a jam session					
Partake in a spa treatment e.g. massage or bath					
Go to a sauna facility (hot/warm/steam)					
Partake in an alternative treatment e.g. reiki or sound healing					

22. Mescaline is a psychedelic that distorts time and space, gives a sense of euphoria and creates intense perceptual distortions such as hallucinations or a different view on the world. It is commonly ingested through tea or traditionally by chewing and the effects last roughly 8-12 hours. How interested would you be in the following wellness experiences under the influence of peyote cactus /mescaline? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
A multiple day retreat with 1-3 guided mescaline trips for a spiritual, mind-opening journey (including accommodation, meals, workshops, guidance, community setting)					
Psychedelic therapy in a natural environment, e.g. forest for a stronger connection to nature as well as help with psychiatric conditions					

A spiritual or religious ritualistic day-trip with a shaman					
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23. Opium is a narcotic that creates a sense of euphoria, relaxation and pain-relief. It slows down the heart beat and enhances sleep. It is smoked or taken in pill-form and lasts for 4 to 6 hours. How interested would you be in participating in the following wellness experiences under the influence of opium? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
Sleep therapy to improve sleep quality, help with sleep disorders such as insomnia, or mental health conditions					
A guided meditation/breathwork session					
A spa treatment e.g. massage or facial					

24. Khat is a stimulant drug that boosts alertness, energy, and willingness to talk and be social. It is commonly taken in community settings or for focus. It is brewed into a tea or added to food and the effect is similar to a very strong coffee. Effects last for 90 minutes up to 3 hours. How interested would you be in participating in the following wellness experiences under the influence of with Khat? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
A form of group therapy, e.g support, hobby or trauma					
A physical activity in a group, e.g. dance or hike					
An arts or crafts class					

25. Kratom is a combination of a stimulant and narcotic drug, depending on the dose. It gives energy, increases focus, gives a sense of relaxation, and reduces fear and stress. It is taken as powder form mixed into a drink or in capsule form and lasts 2 to 5 hours. How interested would you be in participating in the following wellness experiences under the influence of Kratom? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
Yoga or dance class (stimulant or narcotic effects)					
Guided meditation/breathwork session (narcotic effects)					
A high arts or crafts class (stimulant or narcotic effects)					

Playing (creative) games in a community setting (stimulant or narcotic effects)					
Musical journey to try out instruments or a jam session (stimulant or narcotic effects)					
Partake in a spa treatment e.g. massage or bath (narcotic effects)					
Partake in an alternative treatment e.g. reiki or sound healing (narcotic effects)					

26. Ayahuasca is a psychedelic that creates a 4-6 hour trip with perceptual distortions, hallucinations and altered emotions. It is common to take this drug in a retreat or ceremony with a shaman in the form of a tea. How interested would you be in participating in the following wellness experiences under the influence of Ayahuasca? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
A multiple day retreat with 1-3 guided ayahuasca trips for a spiritual journey					
Psychedelic therapy in a natural environment, e.g. forest for a stronger connection to nature as well as help with psychiatric conditions					
A spiritual or religious ritualistic day-trip with a shaman					

27. Psilocybin is a psychedelic drug that creates a trip with perceptual distortions, a sense of euphoria and altered emotions. It is commonly used for a (non)guided day-trip or in a retreat, but also as micro-dose treatment. It is chewed, brewed into a tea or added to food and a trip lasts 5 hours with a normal dose. How interested would you be in participating in the following wellness experiences under the influence of Psilocybin? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
A multiple day retreat with 1-3 guided psilocybin trips for a spiritual journey					
Psychedelic therapy in a natural environment, e.g. forest for a stronger connection to nature as well as help with psychiatric conditions					
A spiritual or religious ritualistic day-trip with a shaman					
A trance dance session					
Micro-dose treatment for increased creativity and reduced anxiety, spanning multiple weeks					

28. Salvia is an intense psychedelic that creates out-of-body experiences, altered perception of time, flashbacks to childhood memories and feelings of being unreal. Fresh leaves are put under the tongue, dried leaves are brewed into a tea (2 hour trip) or smoked (20-minute trip). How interested would you be in participating in the following wellness experiences under the influence of with Salvia? 1 stands for very unlikely and 5 stands for very likely

Experience	1	2	3	4	5
Past-life regression therapy to visit a previous life					
A spiritual ceremony with a shaman					

29. To what extent do you think that using organic drugs in wellness experiences makes you more attracted to participate in wellness and improve your wellbeing in a different way? 1 stands for very unlikely and 5 stands for very likely.

1	2	3	4	5
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30. Is there any specific wellness experience that has not been mentioned previously in this survey that you would like to try in combination with any of the mentioned organic drugs? Please leave your suggestion below. (non-obligatory)

31. Is there any of the following you would require to feel more comfortable with the idea of organic drugs combined with wellness experiences and minimize the stigma around the topic? (Multiple answers possible)

- Guidance before, during and after an experience with organic drugs
- Referral from a doctor
- Referral from a friend/partner/family
- Concrete facts of an organic drugs' contribution to wellbeing
- Concrete facts about the risks of using an organic drug
- The assurance of the legality of the organic drug
- Support after using the drug (e.g. Come-down, aftercare, check-up session)
- None of the above
- Other _____

Thank you for taking the time to complete this survey. Your response and contribution is greatly appreciated. If you have any concerns or questions, please feel free to contact me through mail: joriekeotter@gmail.com

Appendix B. Questionnaire Dutch version

Geachte meneer/mevrouw, voor mijn afstuderen van mijn Master in Spa & Wellness management doe ik een onderzoek over natuurlijke drugs en wellness ervaringen onder de inwoners van Nederland. Het doel van dit onderzoek is om inzicht te krijgen in de motivatie en bereidheid om natuurlijke drugs te gebruiken in combinatie met wellness-ervaringen in Nederland. U moet minimaal 18 jaar en maximaal 77 jaar oud zijn om mee te kunnen doen. De enquête is anoniem en duurt ongeveer 15 minuten om in te vullen. Beantwoord alstublieft alle vragen zo goed en eerlijk mogelijk. Er zijn geen foute of goede antwoorden en uw antwoorden worden vertrouwelijk behandeld. Er is ook geen ervaring of kennis nodig om mee te doen aan dit onderzoek.

1. Wat is uw geslacht?
 - Man
 - Vrouw
 - Anders
 - Zeg ik liever niet

2. Wat is uw leeftijd?
 - Generatie Z (18-25)
 - Generatie Y (26-42)
 - Generatie X (43-58)
 - Baby boomer (59-77)

3. Wat is uw opleidingsniveau?
 - Voortgezet onderwijs
 - MBO diploma
 - Bachelor diploma
 - Master diploma
 - Doctoraal diploma
 - Anders (Specificeer uw antwoord) _____

4. Wat is uw beroep?
 - Student
 - Fulltime baan
 - Parttime baan
 - ZZP
 - Onbetaald werk (vrijwilliger, mantelzorg, etc)
 - Werkloos
 - Gepensioneerd
 - Anders (Specificeer uw antwoord) _____

5. Wat uw gemiddelde netto maandinkomen ?
 - < €1500

- €1500 - €2000
 - €2000 - €2500
 - €2500 - €3000
 - €3000 - €3500
 - €3500 - €4000
 - €4000 +
6. Beoefent u een geloof?
- Ja
 - Nee
7. Als het antwoord op vraag 6 'ja' is, geef alstublieft aan welk geloof (Geen verplichte vraag)
- _____
8. Hoe vaak heeft u organische drugs gebruikt (Drugs van natuurlijke afkomst zoals ayahuasca, cannabis, truffels, etc) voor recreatieve doeleinden?
- Nooit
 - Bijna nooit (2 keer per jaar)
 - Soms
 - Regelmatig (elke maand)
 - Vaak
9. Hoe vaak heeft u organische drugs (Drugs van natuurlijke afkomst zoals ayahuasca, cannabis, truffels, etc) voor therapeutische doeleinden, bijvoorbeeld op recept of voor zelfmedicatie?
- Nooit
 - Bijna nooit (2 keer per jaar)
 - Soms
 - Regelmatig (elke maand)
 - Vaak
10. Als u iets anders heeft geantwoord dan 'nooit' op de vorige vraag (vraag 9), en als u zich comfortabel voelt, kunt u aangeven voor welke medische conditie u organische drugs heeft gebruikt? (Geen verplichte vraag)
- _____
11. Als u ooit natuurlijke drugs (Drugs van natuurlijke afkomst) heeft gebruikt, geef dan alstublieft aan welke van de volgende u gebruikt heeft (meerdere keuzes mogelijk) (Geen verplichte vraag)
- Cannabis
 - Peyote cactus/mescaline
 - Opium

- Khat
- Kratom
- Ayahuasca
- Psilocybin/truffels
- Salvia
- Anders, namelijk _____

12. Wat waren uw redenen om organische drugs te gebruiken? (Meerdere keuzes mogelijk) (Geen verplichte vraag)

- Nieuwsgierigheid
- Ontspanning
- Plezier
- Pijnverlichting
- Spirituele redenen
- Verhogen van energie
- Verbeteren van focus
- Voor een betere nachtrust
- Stress/angstverlichting
- Onderdrukken van ontwenningverschijnselen van andere (niet)organische drugs
- Anders, _____

13. Welke van de volgende effecten van organische drugs zou u verkiezen voor therapeutische doeleinden? Nummer ze van 1 tot 3 (1= meeste voorkeur, 3=minste voorkeur)

- ___ Opbeurend (verhoogde energie, alertheid, euforie)
- ___ Verdovend (Kalmerend, pijn verlichtend, stress verminderend)
- ___ Bewustzijnsveranderend (Veranderde waarnemingen, hallucinaties, verschillende emoties)

De volgende vragen gaan over bestaande wellness activiteiten en ervaringen, en zullen vragen om een inschatting van hoe vaak u aan een ervaring deelneemt. Er wordt gevraagd naar gezondheids- en welzijnsdoeleinden. Dit refereert naar uw fysieke, mentale & sociale welbevinden, ook wel 'goed in uw vel zitten'. De schaal voor deze vragen is als volgt: 1=nooit, 5=vaak (elke dag)

14. Hoe vaak neemt u deel aan lichamelijke activiteiten en sporten zoals wandelen, fietsen, dansen, etc. Voor gezondheids- en welzijnsdoeleinden? 1= nooit, 5=vaak (elke dag)

1	2	3	4	5
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15. Hoe vaak neemt u deel aan mindful bewegingsactiviteiten zoals yoga, tai chi, qigong, etc. Voor gezondheids- en welzijnsdoeleinden? 1= nooit, 5=vaak (elke dag)

1	2	3	4	5
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16. Hoe vaak gaat u naar een sauna faciliteit (warm/koud/stoombad) voor gezondheids- en welzijnsdoeleinden? 1= nooit, 5=vaak (elke dag)

1	2	3	4	5
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17. Hoe vaak neemt u deel aan spa-behandeling zoals massages, gezichtsbehandelingen, lichaamspakkingen, etc. voor gezondheids- en welzijnsdoeleinden? 1= nooit, 5=vaak (elke dag)

1	2	3	4	5
---	---	---	---	---

18. Hoe vaak neemt u deel aan alternatieve behandelingen zoals acupunctuur, reiki, ayurveda, muziek therapie, reflexologie, etc. voor gezondheids- en welzijnsdoeleinden? 1= nooit, 5=vaak (elke dag)

1	2	3	4	5
---	---	---	---	---

19. Hoe vaak neemt u deel aan (begeleide) meditatie-en ademhalingsessies voor gezondheids- en welzijnsdoeleinden? 1= nooit, 5=vaak (elke dag)

1	2	3	4	5
---	---	---	---	---

20. Hoe vaak neemt u deel aan welzijn workshops zoals gezonde kooklessen, zelfverzorging workshops, stressmanagement workshops, etc voor gezondheids- en welzijnsdoeleinden? 1= nooit, 5=vaak (elke dag)

1	2	3	4	5
---	---	---	---	---

Voor de volgende schaalvragen staat 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk. In deze vragen zal een natuurlijke drug en de effecten ervan kort beschreven worden, maar houd er rekening mee dat effecten altijd kunnen verschillen op basis van de persoon die de drugs gebruikt, de dosering van de drugs en de omgeving waarin de drugs wordt ingenomen. Elke ervaring zou begeleid worden door

een deskundige die uitleg over het proces geeft maar ook de rol van ‘tripsitter’ op zich neemt tijdens de ervaring.

21. Cannabis is een psychoactieve drug die de manier waarop de hersenen werken verandert, evenals veranderingen in stemmingen, gevoelens en gedrag. Veelvoorkomende effecten zijn ontspanning, verhoogde eetlust, pijnverlichting en lachbuien. Het wordt zowel gerookt als geconsumeerd en effecten duren 2-4 uur. Hoe geïnteresseerd zou u zijn om mee te doen in de volgende wellness ervaringen gecombineerd met de invloed van cannabis? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
High yoga of dans les					
Een geleide meditatie/ademhaling sessie onder invloed					
Een geleide wandeling en rooksessie in de natuur					
Een kunst- of handvaardigheid sessie onder invloed					
Het spelen van (creatieve) spellen in een gemeenschapsomgeving					
Muzikale reis om instrumenten uit te proberen of een jamsessie					
Deelnemen aan een spa-behandelingen, bijv. Een massage of gezichtsbehandeling					
Naar een sauna faciliteit gaan (warm/koud/stoom)					
Deelnemen aan een alternatieve behandeling, bijv. Reiki of reflexologie					

22. Mescaline is psychedelische drug die de perceptie van tijd en ruimte verandert, een gevoel van euforie geeft en perceptuele waarnemingen veroorzaakt, zoals hallucinaties of een andere gewaarwording van de wereld. Het wordt ingenomen via traditionele thee of via het kauwen op het product en de effecten duren 8-12 uur. Hoe geïnteresseerd zou u zijn om mee te doen in de volgende wellness ervaringen onder invloed van cannabis? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
Een meerdaagse retreat met 1-3 begeleide mescaline trips voor een spirituele, geestverruimende reis (inclusief accommodatie, maaltijden, workshops, begeleiding, gemeenschappelijke setting)					

Psychedelische therapie in een natuurlijke omgeving, bijv. In een bos voor een sterkere connectie met de natuur en om te helpen bij psychiatrische aandoeningen.					
Een spirituele of religieuze ritueel/ceremonie voor een dag met een shamaan					

23. Opium is een verdovend middel dat een gevoel van euforie, ontspanning en pijnverlichting geeft. Het vertraagt de hartslag en geeft een gevoel van slaperigheid. Het wordt gerookt of ingenomen via een pil en de effecten duren 4 tot 6 uur. Hoe geïnteresseerd zou u zijn om de volgende wellness ervaringen te combineren met opium? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
Slaap therapie om de slaapkwaliteit te bevorderen, te helpen bij slaapstoornissen zoals slapeloosheid, of te helpen bij mentale gezondheidsproblemen					
Een geleide meditatie/ademhaling sessie onder invloed					
Deelnemen aan een spa-behandelingen, bijv. Een massage of gezichtsbehandeling					

24. Khat is een stimulerende drug die alertheid, energie en de bereidheid om te praten stimuleert. Het wordt regelmatig ingenomen in een gemeenschappelijke setting of om focus te verhogen, via een thee of toegevoegd aan eten. Het effect staat gelijk aan een hele sterke koffie en duurt 90 minuten tot 3 uur. Hoe geïnteresseerd zou u zijn om de volgende wellness ervaringen te combineren met Khat? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
Een vorm van groepstherapie, zoals support, hobby of trauma					
Een fysieke activiteit in een groep zoals dansen of wandelen					
Een kunst of handvaardigheid sessie onder invloed					

25. Kratom is een combinatie van een stimulerende drug en een verdovende drug, afhankelijk van de genomen dosis. Het verhoogt de energie en focus bij een lage dosis, of het geeft een gevoel van ontspanning en vermindert angst en stress bij een hogere dosis. Het wordt ingenomen in de vorm van een poeder dat toegevoegd

kan worden aan een drankje, of via een capsule en duurt 2 tot 5 uur. Hoe geïnteresseerd zou u zijn om de volgende wellness ervaringen te combineren met Kratom? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
High yoga of dans les (stimulerende of verdovende effecten)					
Een geleide meditatie/ademhaling sessie onder invloed (verdovende effecten)					
Een kunst- of handvaardigheid sessie onder invloed (stimulerende of verdovende effecten)					
Het spelen van (creatieve) spellen in een gemeenschapsomgeving (stimulerende of verdovende effecten)					
Muzikale reis om instrumenten uit te proberen of een jamsessie (stimulerende of verdovende effecten)					
Deelnemen aan een spa-behandelingen, bijv. Een massage of gezichtsbehandeling (verdovende effecten)					
Deelnemen aan een alternatieve behandeling, bijv. Reiki of reflexologie (verdovende effecten)					

26. Ayahuasca is een psychedelische drug die een 4 tot 6-uur durende trip creëert met perceptuele vervormingen, hallucinaties en verschillende emoties. Het wordt regelmatig in een retreat genomen via een thee, onder begeleiding van een sjamaan. Hoe geïnteresseerd zou u zijn om de volgende wellness ervaringen te combineren met Ayahuasca? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
Een meerdaagse retreat met 1-3 begeleide ayahuasca trips voor een spirituele, geestverruimende reis (inclusief accommodatie, maaltijden, workshops, begeleiding, gemeenschappelijke setting)					
Psychedelische therapie in een natuurlijke omgeving, bijv. In een bos voor een sterkere connectie met de natuur en om te helpen bij psychiatrische aandoeningen.					
Een spirituele of religieuze ritueel/ceremonie voor een dag met een sjamaan					

27. Psilocybin/truffels is een psychedelische drug die perceptuele vervormingen veroorzaakt dat gepaard gaat met een gevoel van euforie en verschillende emoties. Het wordt regelmatige gebruikt voor een (niet)begeleide dagtrip of in een retreat, maar ook als microdosering behandeling. Het wordt gekauwd, gebrouwen als een thee of aan eten toegevoegd. Hoe geïnteresseerd zou u zijn om de volgende wellness ervaringen te combineren met Psilocybin/truffels? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
Een meerdaagse retreat met 1-3 begeleide psilocybin/truffels trips voor een spirituele, geestverruimende reis (inclusief accommodatie, maaltijden, workshops, begeleiding, gemeenschappelijke setting)					
Psychedelische therapie in een natuurlijke omgeving, bijv. In een bos voor een sterkere connectie met de natuur en om te helpen bij psychiatrische aandoeningen.					
Een spirituele of religieuze ritueel/ceremonie voor een dag met een sjamaan					
Een trance dans workshop volgen					
Een microdosering traject volgen gedurende meerdere weken, voor verhoogde creativiteit en verminderde angst.					

28. Salvia is een intense psychedelische drug die out-of-body ervaringen creëert, perceptuele vervormingen veroorzaakt, flashbacks naar kinderherinneringen geeft, en gevoelens van onwerkelijkheid creëert. Verse bladeren worden onder de tong gelegd (2 uur durende trip) en gedroogde bladeren worden gebrouwen in thee of gerookt (20 minuten durende trip). Hoe geïnteresseerd zou u zijn om de volgende wellness ervaringen te combineren met Salvia? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

Ervaring	1	2	3	4	5
(past life regression) Therapie om terug te gaan naar het vorige leven					
Een spirituele ceremonie met een sjamaan					

29. In welke mate denkt u dat het gebruik van organische drug in wellness ervaringen u meer aangetrokken laat voelen om deel te nemen aan wellness en uw welzijn op een andere manier te verbeteren? 1 voor zeer onwaarschijnlijk en 5 voor zeer waarschijnlijk

1	2	3	4	5
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30. Is er een specifieke wellness ervaring die niet in deze enquête benoemd is maar die u wel zou willen proberen in combinatie met een van de eerder benoemde organische drugs? Laat alstublieft uw suggestie hier achter. (Niet-verplichte vraag)

31. Heeft u 1of meerdere van de volgende dingen nodig om u comfortabeler te laten voelen bij het idee van organische drugs en wellness ervaringen om het stigma rondom het onderwerp te verminderen? (Meerdere antwoorden mogelijk)
- Begeleiding vooraf, tijdens en na de wellness ervaring met drugs
 - Verwijzing van de dokter
 - Verwijzing van een friend/familie/partner
 - Concrete feiten van de bijdrage aan persoonlijk welzijn
 - Concrete feiten over de risico's van het gebruik van organische drugs
 - De zekerheid van de legaliteit rondom de drug
 - De support na het gebruik van een drug (bijvoorbeeld terug komen in de realiteit, na-zorg, een check-up sessie)
 - Geen van bovenstaande
 - Iets anders, namelijk _____

Dankuwel voor het invullen van de enquête. Uw bijdrage en reactie worden zeer gewaardeerd. Als u nog vragen of zorgen heeft, neem dan gerust contact met mij op via mail: joriekeotter@gmail.com

Appendix C. Crosstabulations

Income * Occupation Crosstabulation

Count

Income		Occupation						Total	
		Fulltime job	Retired	Other	Parttime job	Student	Unemployed		Freelancer
< €1500		2	1	3	15	75	3	0	99
€1500 - €2000		4	3	1	15	4	1	1	29
€2000 - €2500		17	1	1	13	1	1	1	35
€2500 - €3000		14	1	0	8	2	1	0	26
€3000 - €3500		5	3	0	0	0	0	2	10
€3500 - €4000		6	0	0	0	0	0	1	7
€4000 +		0	0	0	0	0	0	5	5

Religious * Mescaline ceremony Crosstabulation

Count

Religious		Mescaline ceremony					Total
		1	2	3	4	5	
Yes		21	3	2	0	0	26
No		142	12	16	9	6	185
Total		163	15	18	9	6	211

Religious * Psylocybin ceremony Crosstabulation

Count

Religious		Psylocybin ceremony					Total
		1	2	3	4	5	
Yes		21	3	0	1	1	26
No		140	19	10	9	7	185
Total		161	22	10	10	8	211

Religious * Ayahuasca ceremony Crosstabulation

Count

Religious		Ayahuasca ceremony					Total
		1	2	3	4	5	
Yes		22	1	1	2	0	26
No		134	13	17	7	14	185
Total		156	14	18	9	14	211

Religious * Salvia ceremony Crosstabulation

Count

		Salvia ceremony					Total
		1	2	3	4	5	
Religious	Yes	23	2	0	1	0	26
	No	146	12	13	10	4	185
Total		169	14	13	11	4	211

Religious * Drug-use recreational Crosstabulation

Count

		Drug-use recreational					Total
		Very rarely	Never	Often	Sometimes	Very often	
Religious	Yes	5	20	0	1	0	26
	No	22	133	9	15	6	185
Total		27	153	9	16	6	211

Religious * Drug-use therapeutical Crosstabulation

Count

		Drug-use therapeutical					Total
		Very rarely	Never	Often	Sometimes	Very often	
Religious	Yes	0	25	0	1	0	26
	No	2	177	1	3	2	185
Total		2	202	1	4	2	211

RESÜMEE

ORGAANILISED RAVIMID JA HEAOLUTSEANSID; HOLLANDI JUHTUMIUURING

Jorieke Otter

Käesolevas töös analüüsitakse, kuidas heaolu sihtkohtade külastamise huvi saaks suurendada heaolu ja orgaaniliste uimastite ühendamise, kasutades juhtumiuuringu sihtkohana Hollandit. Seetõttu koostati toetavad uurimisküsimused aitamaks välja selgitada, millisel määral saaks Hollandis tervisekogemustesse kaasata orgaanilisi uimasteid, ning kuidas oleks võimalik suurendada huvi tervise ja orgaaniliste uimastite ühendamise Hollandi, kui heaolu sihtkoha külastamise vastu. Selle Magistritöö asjakohesus tuleneb hetkeolukorrast, kus tervisekülastuste nagu: ayahuasca ja psilotsübiini retreotidele psühhedeelsete kogemuste saamiseks on üha populaarsemad ning vajadusest selgitada tähtsust rekreatiivse ja meditsiiniliste orgaaniliste ravimite kasutamise ning tervisekogemuste vahel, kasutades orgaanilisi uimasteid. Kvantitatiivne uuring koostati Hollandi elanikele vanuses 18 kuni 77 aastat, uuringu käigus uuriti suhtumist ja valmidust orgaaniliste uimastite kasutamiseks tervisekogemuse eesmärgil, kasutades küsimustikupõhist küsitlust, mida levitati lumepalli meetodil ja vabatahtliku valimi alusel. Selleks viidi läbi kirjanduslik ülevaade, mis määratles järgnevaid tervise ja tervisekuurortide mõisteid: tervisekogemused, tervislik motivatsioon, tervislik seisund Hollandis, Hollandi heaolusihtkoha külastajad, orgaanilised ravimid ja nende seaduslik kasutamine Hollandis ning olemasolevaid kogemusi orgaaniliste ravimite kasutamisest, et luua selle kvantitatiivse töö teoreetiline alus. Uuringu tulemused võimaldavad teha

ettepanekuid selle kohta, kuidas orgaanilisi uimasteid kasutavad heaolusihtkohad võiksid välja näha, lähtudes Hollandi elanike motivatsioonist ja huvist, kuidas neid saaks pakkuda seaduslikul, ohutul, eetilisel ja kättesaadaval viisil, ning kuidas Holland saaks neid spetsiifilisi terviseteadmisi kasutades heaolusihtkohana Euroopas esile tõusta, tänu oma ainulaadsele tolerantsipoliitikale orgaaniliste uimastite suhtes. Siiski, selleks, et saavutada vastav heaolu sihtkoht, on väga oluline, et selle teema kohta viidaks läbi edasine põhjalik uuring, ehk orgaaniliste ravimite kvaliteet ja kontroll, katsetamine ja tõendus põhised tavad kasu ja riskide osas, ning rohkem teavet tarbijate kogemuste kohta selle teema kohaselt ka teistest riikidest. Uuringust leiti, et 15,6% Hollandi elanikest oleks huvitatud töös väljatoodud heaolu teenuste külastamisest, kui sinna oleks kaasatud orgaanilised uimastid, see peegeldab selget valmisolekut proovimaks väljatoodud teenust. Sellest saab järeldada, et hetkel on Holland, heaolu sihtkohana siseriikliku turismi külastajate arvu poolest tõusutrendis, ühendades omavahel heaolu ja orgaaniliste uimastite kasutamise, suurendades madalat heaolus viibimist Hollandi kodanike seas ning pakkudes külastajatele uut meetodit oma heaolu parandamiseks.

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