



Convenience Advertising

**Evaluation of the Crime Prevention Victoria/
Convenience Advertising
2004 Victorian Drink Spiking Community
Education Campaign**

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EXECUTIVE SUMMARY

This report outlines the findings of evaluation research conducted into the implementation of the *Victorian Drink Spiking Community Education Campaign*. Conducted by Convenience Advertising, with funding provided by the Victorian Law Enforcement Drug Fund (managed by Crime Prevention Victoria), the campaign utilised narrow-casting techniques in disseminating educational/prevention messages on the subject of drink spiking and the law to patrons in a sample of 117 licensed premises across Victoria. The primary medium entailed the installation of fixed A4 advertising messages and take away pamphlet information placed in the bathroom environment of each venue.

The campaign aimed to educate patrons and staff about the risks and harms associated with drink spiking in order to raise awareness within the community. The project also highlighted the criminal nature of drink spiking and the various criminal sanctions available to police in prosecuting suspected cases of drink spiking. More broadly, the project aimed to reduce the prevalence of drink spiking in licensed premises, and associated drug and alcohol facilitated sexual assault, whilst increasing the reporting of suspected cases of drink spiking to venue staff and/or emergency services such as police and sexual assault counselling services in specific local contexts.

With more specific reference to the evaluation component of this campaign, the evaluation sought to assess:

- The efficacy and impact of the piloted information intervention;
- The extent of knowledge of drink spiking and associated criminal victimisation in Victoria;
- The capacity of Victoria stakeholders to effectively respond to drink spiking; and
- Preventative efforts to stop/ reduce drink spiking within licensed settings.

A conventional 'pre and post test' evaluation design was employed in exploring each of these research aims. Comprehensive audit instruments were developed

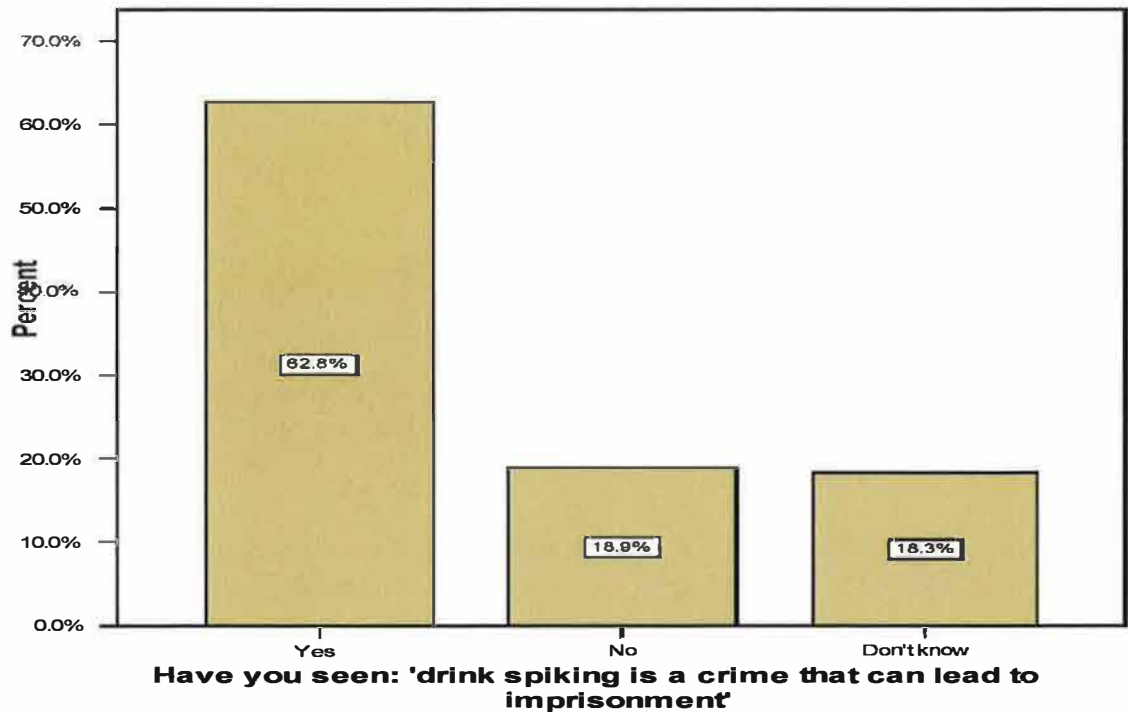
and distributed within participating venues in order to procure this 'pre and post-test' data. Four individual instruments were prepared: one general venue instrument which sought to identify strategies, procedures and/or policies participating venues might already have put in place in response to the risk of drink spiking and drug and alcohol facilitated sexual assault. Three additional audit instruments were also developed: one for venue patrons; one for bar staff and one for security staff working in participating venues. These instruments inquired into general attitudes and experiences in relation to the incidence and prevalence of drink spiking in Victoria

Approximately 385 pre-test audits were completed among a sample of patrons at participating venues; 52 pre-test audits were completed with bar staff and 28 with security staff. Two to three months after the campaign had been implemented in the various venues follow up 'post-test' audits were completed. Two hundred and seventy (n=270) patron audits were completed, whilst a further 31 bar staff audits were collected and 18 security staff audits. Thus 884 individual audit/surveys were completed in total.

Target	Pre-Test Audits (Oct-Nov 2004)	Post-Test Audits (Feb-April 2005)
Patrons	385 completed audits	270 completed audits
Bar Staff	52 completed audits	31 completed audits
Security Staff	28 completed audits	18 completed audits

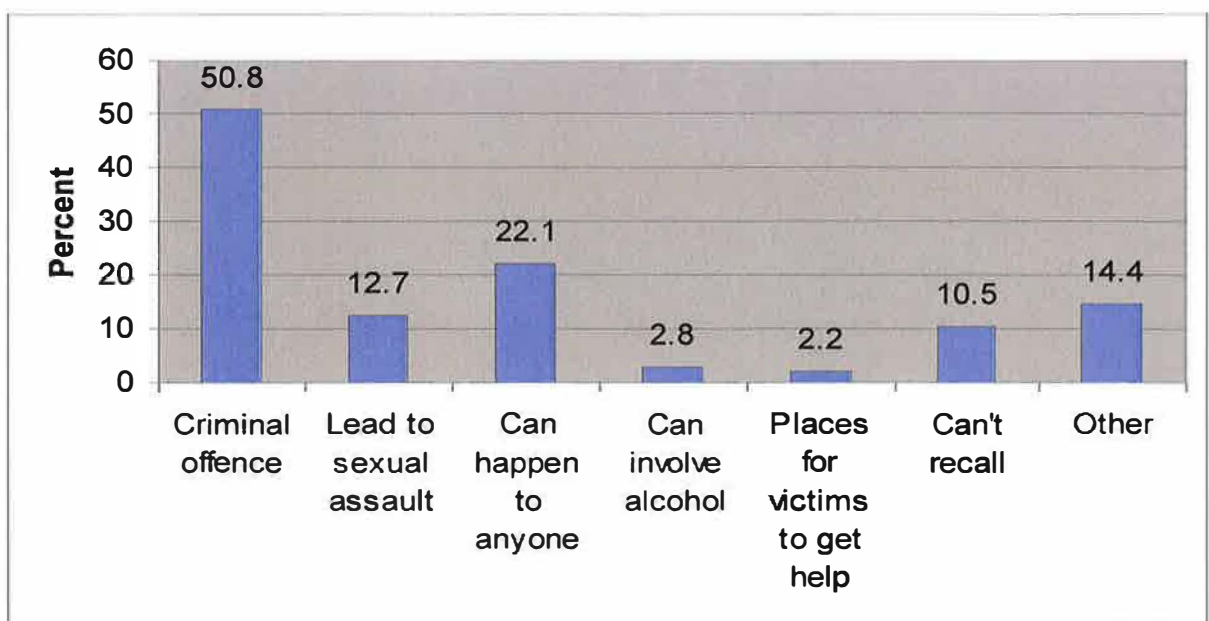
Summary of Completed Evaluation Audits (Pre and Post Test)

Around two thirds of all patrons, bar and security staff reported some recall of drink spiking prevention advertising at the venue, with just over half of all audit participants able to correctly identify the advertising tagline ('Drink spiking is a crime that can lead to imprisonment'). Most participants were therefore able to recall that the key content/message of the advertising concerned the fact that drink spiking is a criminal offence in Victoria. The campaign can therefore be said to have been effective in as much as a key campaign objective has been accomplished.



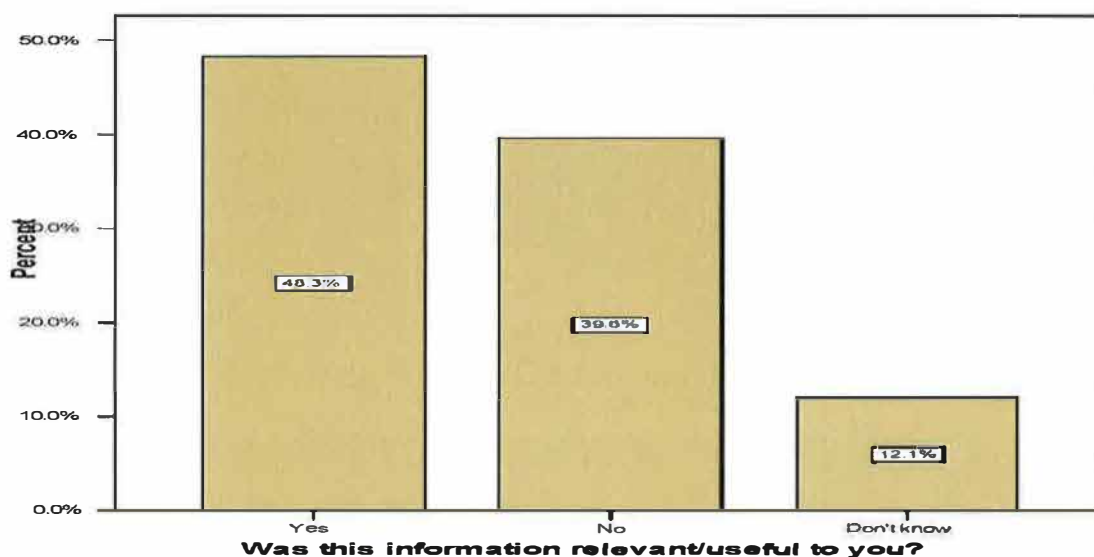
Reported viewing of Campaign Materials

More specifically, the campaign appears to have succeeded in its two central aims, particularly in targeting specific and distinct prevention messages to both males and females. The next figure highlights the take up of key campaign messages with most identifying the criminal nature of drink spiking in Victoria



Respondents' description of advertisement message

Moreover, the evaluation indicates very clearly that the campaign has increased women’s awareness of the potential link between sexual assault subsequent to a drink spiking incident, as well as educating men about the criminal nature of drink spiking and the significant legal ramifications of engaging in such behaviour. More generally, around half of all audit participants reported that they found the information conveyed in the campaign materials relevant and/or useful and that they would discuss the content with friends or colleagues. It is nonetheless important to note that around two thirds of all audit respondents reported that the campaign advertisements provided them with *no new information*. It is likely that following successive waves of drink spiking prevention campaigns in licensed premises, coupled with widespread coverage of the issue in mainstream media, general levels of awareness in the community on the subject of drink spiking are now relatively high.



Participants’ Assessment of Campaign Relevance/Usefulness

Whilst around one-third of audit respondents reported to have gleaned some new information from the campaign, it is recommended that any future communication and social marketing strategies seek to build on existing levels of awareness around drink-spiking in focussing on specific prevention measures.

In summary, this intervention reached a large part of its target audience, the majority of whom were able to understand the message contained therein. Importantly, the majority of participants found the information presented to be useful or relevant to them, and something they would discuss with friends and colleagues. While further studies will therefore be needed to overcome some of the limitations inherent in the existing research design, and to further 'flesh out' some of the key research findings, the present evaluation indicates very strongly that 'in-venue' drink spiking prevention campaigns of the kind evaluated here remain very effective means of raising awareness about drink spiking among bar patrons and staff. Such education and information campaigns are clearly indispensable components of any broader attempt to further reduce the incidence and prevalence of drink spiking in the Victorian community.

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1.0 INTRODUCTION

In 2004, with funding provided by the Victorian Law Enforcement Drug Fund (VLEDF), Crime Prevention Victoria commissioned Convenience Advertising to develop and implement a targeted drink spiking prevention education campaign in select licensed premises throughout Victoria. This current program was conceived and implemented as an expansion of a 2001/02 pilot program (also funded through the VLEDF - 2001 grants) conducted in Greater Melbourne and the City of Greater Bendigo. The success of that program outlined in the subsequent evaluation results (conducted by QQSR Canberra), led to this state-wide expansion of the project.

Conceived of as a 'locus of risk' initiative, the present (2004/05) campaign aimed to educate venue patrons and staff about the risks and harms associated with drink spiking in order to raise awareness within the community. The program also addressed the harm reduction objectives of the VLEDF via the signposting of appropriate services for information, referral, support, and treatment. The 2004/05 campaign sought specifically to highlight the criminal nature of drink spiking and the various criminal sanctions available to police in prosecuting suspected cases of drink spiking. More broadly, the project aimed to reduce the prevalence of drink spiking in licensed premises, and associated drug and alcohol facilitated sexual assault, whilst increasing the reporting of suspected cases of drink spiking to venue staff and/or emergency services such as police and sexual assault counselling services in specific local contexts. The project had the additional aim of raising awareness around the incidence of so-called 'prank-spiking' as well as the use of both licit (alcohol) and illicit substances in the commission of drink spiking offences.

The following key project outcomes were identified for the Victorian Drink Spiking Awareness program:

- Design, develop and implement effective, gender specific, educational messages about drink spiking, using the narrowcast methodology, in venues statewide;

- Increase awareness of the risks and harms associated with drink spiking via program maintenance in designated locations;
- Develop a standard resource that can be used to establish practical guidelines for industry and services in relation to management of the drink spiking issue in relation to RSA and staff training/accreditation;
- Increase access, to support, counseling and treatment services.

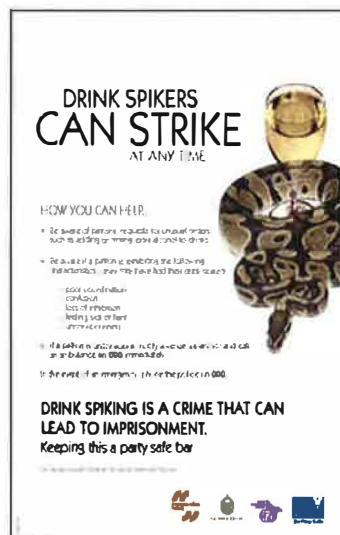
Collaborators include

- Crime Prevention Victoria
- The City of Melbourne
- Victoria Police
- Australian Hotels Association
- Consumers Affairs Victoria
- The Centre Against Sexual Assault
- Victorian Community Council Against Violence
- Convenience Advertising.

Crime Prevention Victoria contracted Convenience Advertising to create and implement a public awareness program, develop concepts and research for a security industry component, and facilitate intergovernmental dissemination of information. This involved the development and focus testing of three specific messages for the target audiences, and installing and maintaining display points in venues across metropolitan Melbourne and regional Victoria.



Female message



Bar staff



Male message

Appropriate locus of risk venues were selected in consultation with metropolitan and regional liquor licensing inspectors. Further venues were included in the program following venue requests. These often followed presentations Convenience Advertising gave at licensees' accord meetings and other community forums. Up to June 30 2005, Convenience Advertising maintains **520 Display Points** in **117 venues** across Victoria including hotels, nightclubs and bars. Display points are featured in venues with an aggregate patronage of approximately 291, 305 patron visits per week.

With more specific reference to the 2004/05 campaign methodology, the campaign employed the narrow-casting method to disseminate educational/prevention messages to venue patrons. This narrow-casting method involves the application of social marketing techniques in a public health context to deliver information to specific populations and audiences. The primary medium entailed the installation of fixed A4 advertising messages and take away pamphlet information placed in the bathroom environment of select venues. The project first involved developing and focus-testing a range of key prevention messages designed to leverage off the earlier 'Keep an Eye Open' campaign. The campaign thus involved message development, implementation, monitoring, maintenance and reporting including comprehensive program evaluation.

The earlier 'Keep an Eye Open' pilot, featuring the placement of 250 display points in 47 key venues in metropolitan Melbourne and the City of Greater Bendigo in 2002-3, produced many positive outcomes. An independent evaluation of the program conducted by the Australian Drug Foundation in 2003 found that 66% of respondents recalled the material without prompting, rising to over 90% recall when prompted. Furthermore 97% thought bathrooms appropriate places for campaign advertising and 67% of respondents said the campaign was relevant to them. The present evaluation utilises many of the same methods and approaches in examining the various impacts of the 2004/05 campaign. Before turning to this analysis however, a brief review of the relevant scientific literature is presented.

2.0 LITERATURE REVIEW

Drink spiking is a broad term used to define an illegal act in which alcoholic or other beverages are infused with illicit or licit substances, including alcohol, without the knowledge of the person who is drinking the beverage (Australian Drug Foundation, 2003). Often, drink spiking has been associated with party and club settings where the act is used as a practical joke on the victim or to liven up a party. However, there is growing evidence that drink spiking is used for the purposes of incapacitating the victim for the purposes of committing a crime (Pope & Shouldice, 2001). Regardless of the intent of the perpetrator, drink spiking leaves the victim vulnerable to potential health and other risks. While drink spiking is not considered a new phenomenon, it has become of growing concern due to the potential negative health effects on the victim, the growing range of undetectable substances used to spike drinks, and the relationship between drink spiking and other crimes such as robbery and sexual assault (Fitzgerald & Riley, 2000).

The literature on drinking spiking to date has provided inconsistent findings and differing viewpoints regarding the offence. This is largely a result of the lack of comprehensive research in the area of drink spiking. Instead, there has been a reliance on focussed, but incomplete, studies that have investigated only certain aspects of drink spiking without creating an integrated representation of drink spiking that may inform future research and campaign initiatives (Fitzgerald & Riley, 2000). Indeed, establishing the exact prevalence rate of drink spiking is difficult and controversial. Nevertheless, the literature has provided a few general insights. A recent report commissioned by the Australian Institute of Criminology (AIC) roughly estimated that between 1 July 2002 and 30 June 2003, between 3000 to 4000 suspected incidents of drink spiking took place in Australia and approximately a third of these incidents involved the victim being sexually assaulted (Taylor et al 2004). A gender bias amongst those that become victims of drink spiking and related crimes has also been identified. Evidence suggests that women are more likely to be the victims of drink spiking. This notion coincides with the over-representation of female victims with regards to drug and alcohol facilitated sexual assault, that is, sexual assaults committed

when the victim is incapacitated by drugs and/or alcohol (Lawson & Crookes, 2003). Approximately 70 percent of drug assisted sexual assaults are committed by acquaintances or friends of the complainant (Sturman, 1999). For this reason, much of the literature refers to drink spiking and drug facilitated sexual assault under the rubric of 'date rape'. Commonly, drink spiking has been associated with club or pub cultures where the consumption of alcohol and casual atmosphere make drink spiking and related crimes difficult to detect (Sturman, 1999). As these locations are most often frequented by young people, this group is considered at high risk of drink spiking and related crimes (Fitzgerald & Riley, 2000). However, in a somewhat contradictory finding, Sturman (1999) found that 42 percent of victims of drug and alcohol facilitated sexual assault were over 30 years of age.

The research literature to date has emphasised the prominence of four types of drugs used for the purpose of drink spiking. These drugs are alcohol, Rohypnol, gamma hydroxybutyrate acid (GHB), and ketamine, with the latter three often being referred to as the 'date-rape drugs'. Prevalence data however, suggest that alcohol is the preferred substance used for the purposes of drink spiking and related crimes (Hindmarch & Brinkmann, 1999). Each of these drugs takes affect by incapacitating the victim and blurring judgement, movement, and memory (Pope & Shouldice, 2001). Difficulty exists in visually detecting each of these substances once they have been added to a beverage as they are usually colourless and dissolve rapidly. Whilst they may carry some unique taste, the substances used are usually odourless and any defining taste is most often masked by the beverage itself, making the substance even more difficult to detect (Pope & Shouldice, 2001).

There have been some initiatives taken to prevent drink spiking based on the detection of these drugs and issues relating to access. For example, a blue dye was added to Rohypnol as an attempt to make the substance more easily detectable when dissolved in a beverage (Hindmarch & Brinkmann, 1999). However, pharmaceutical interventions alone may not provide a comprehensive drink spiking prevention initiative. For example, there is a growing concern over

the introduction of new substances that may be increasingly difficult to detect and may have even greater potential health risks for the victim (Fitzgerald & Riley, 2000). Moreover, access is often impossible to control, especially in the case of alcohol and other licit drugs (Neame, 2003).

The inability to detect and understand the effects of these substances has contributed to difficulties in obtaining prevalence data for drink spiking. The vast majority of attempts at estimating prevalence have been made with regards to the occurrence of drug and alcohol facilitated sexual assault. A summary of the prevalence data from Australia and other countries suggests that 15% to 25% of all reported cases of sexual assault include reported or suspected incapacitation of the victim with drugs or alcohol (Dubin, 2001; Fitzgerald & Riley, 2000; Griffiths, 2001; Meyers-Brittain, 2001; Neame, 2000; Pope & Shouldice, 2001). The majority of large scale forensic studies specific to drink spiking have been conducted in the United States. Slaughter (2000) found that only a low percentage of reported drink spiking cases were positive for GHB and Rohypnol. The vast majority, approximately 63 percent, were found to be under the effects of alcohol. A similar Australian study conducted by the Chemistry Centre in Western Australia and summarised by Neame (2000) found no evidence of the administration of GHB or Rohypnol in 44 cases of reported drink-spiking. High alcohol concentrations were found in 75 percent of the cases, with blood alcohol levels not corresponding to the victims' accounts of their alcohol consumption.

With regards to drink spiking, these figures do not provide a complete account of prevalence as they do not take into consideration other drug-facilitated crimes or instances of drink spiking that were not related to the perpetration of a further crime. There are several reasons for the absence of comprehensive drink spiking prevalence data. First, the relative lack of research on other outcomes aside from drug and alcohol facilitated sexual assault does not allow for an approximation of how frequently drink spiking occurs within the community. Second, the reliance upon drug-facilitated sexual assault data is problematic because sexual assaults are often not reported (Dubin, 2001). Third, a vast majority of the drugs used in drink spiking rapidly reach undetectable levels in

the body. This means that, unless undertaken early, standard toxicology tests often cannot detect the presence of drugs. This problem may, in part, account for the discrepancy between victim accounts of drink spiking and forensic (toxicological) investigations (Pope & Shouldice, 2001). Fourth, it is often difficult to differentiate instances of drink spiking from recreational use of drugs and alcohol that are willingly ingested by a victim, but that may nevertheless leave them vulnerable to crime and other risks (Neame, 2003). Whilst these instances are still considered cases of drug or alcohol facilitated crime, they cannot be considered a case of drink spiking unless the victim is unaware of what he/she is consuming.

The concern over the association between drink spiking and sexual assault has been extended from the drink spiking literature to prevention campaigns that have mainly targeted individuals considered to be most at risk of sexual assault. The focus of drink-spiking prevention campaigns to date has been attempting to manage the personal safety of those most at risk of sexual assault, namely women (Lawson & Crookes, 2003). The objective of the majority of these campaigns has been to inform women about strategies that will help guard them against becoming a victim of drink spiking. These initiatives have included such things as poster and postcard advertisements displayed in bars and clubs. Potential victims, most likely women, are urged to watch over their drinks, be suspicious of strange looking/tasting beverages, and are encouraged to report any suspicions to bar owners or police. Early prevention campaigns have therefore mainly focused on victims, with specific emphasis on their drinking and socialising behaviours (Fyfe & Newell, 2002).

Relatively fewer attempts have been made to challenge the attitudes of potential perpetrators or change the environment in which drink spiking occurs. In cases where the perpetrators are mentioned or pictured, they are more often represented as strangers that potential victims need to be wary of. This is inconsistent with the finding that most drink spiking related crimes especially in the case of drug/alcohol assisted sexual assault are perpetrated by a friend or acquaintance of the victim (Neame, 2000, Sturman, 1999). Generally,

prevention campaigns to date have downplayed the role of alcohol even though prevalence data suggests that it is the substance more often used in cases of drink spiking (Neame, 2000).

Fyfe and Newell (2002) suggest that there is little evidence of a change in reported drink spiking and related crime prevalence, and community perceptions of drink spiking as a result of the prevention campaigns to date. Whilst current campaigns promote important steps in managing personal safety, the literature suggests that they are not enough to curb the suspected growing prevalence of drink spiking. Important additions to the current campaigns involve increasing awareness of the problem and consequences of drink spiking not only amongst victims, but amongst stakeholders and those in the position to make drink spiking a more detectable crime (Moreton, 2003). The Manly "Don't Get Spiked" Awareness campaign conducted in Australia surveyed young people regarding their awareness of drink spiking, the risks involved, and related prevention campaigns. The survey highlights that current campaigns are not entirely effective in educating the community about drink spiking (Meyers-Brittain, 2001). Key findings indicated that current campaigns did not take into account male victims of drink-spiking and the awareness of men regarding their potentiality for becoming a victim. Other consequences for becoming a victim of drink spiking, aside from sexual assault, were often de-emphasised or not mentioned at all. Moreover, the reporting of attacks was consistently low despite the high numbers of people surveyed claiming that they or someone they knew had been a victim of drink spiking. This indicated that the campaign was not providing important information regarding support services and possibilities for victims of drink spiking and related crimes (Meyers-Brittain, 2001).

Moreton (2003) conducted a focus group study regarding young women's perceptions of drink spiking and related risks in Australia. In general, the young women interviewed had not considered the potential risks of drink spiking whilst socialising. Moreover, a large number of the women interviewed had not considered the need for personal safety measures such as not returning to unattended drinks. In general, a perception of risk regarding drink spiking was

lacking, with most young women not relating the possibility of drink spiking to risks to their personal safety. The study by Moreton (2003) suggests that current prevention campaigns are not entirely effective in raising basic awareness of the risks associated with drink-spiking and management of personal safety.

Broader prevention campaigns have been espoused in the drink spiking literature. Such campaigns would focus not only on the individual behaviour of potential victims and other patrons but also on the knowledge and reactions of staff and security at venues, as well as perpetrator indifferences towards the seriousness of drink spiking. Potentially, this would mean the involvement of a broader range of stakeholders and services such as police, managers, and staff at bars/clubs, health services, the alcohol industry and pharmaceutical manufacturers (Moreton, 2003). The effect of such campaigns would be to investigate and impact upon factors in environments commonly associated with drinking spiking that often allow drink spiking to go undetected. By targeting the knowledge and attitudes of staff and patrons, the goal is to affect the club/pub environment in such a way as to make drink spiking a crime that is less easily concealed. Moreover, by including the cooperation of, as well as information regarding, health and other services victims are given greater encouragement and support with regards to reporting attacks.

Once such program initiated in Australia is the Hunter Region "Spiked Drinks" Campaign. This campaign was initiated as a response to community fears regarding the number of reported drug/alcohol facilitated sexual assaults in the Hunter area (Meyers-Brittain, 2001). The program was targeted at a variety of stakeholders in the community including licensed premises, police, and community members. The aim of the project was to educate the community regarding the prevalence and dangers of drink-spiking, as well as involving different agencies in the prevention of drink spiking (and more specifically drug and alcohol facilitated sexual assault). Police were educated about issues involved in drug/alcohol facilitated sexual assault, recording reported and suspected drink spiking incidences, and barriers to the reporting of assaults.

Staff at licensed premises were provided with information regarding different types of drugs used in drink spiking and how they are administered as well as the symptoms of drugging. Whilst the program is still in its early stages, the aim is to educate and inform police, staff at licensed premises, and the community about the seriousness, prevalence, and identification of drink spiking and support in the reporting of attacks (Meyers-Brittain, 2001).

A campaign mounted by the NSW Violence against Women strategy has emphasised the need for structural changes in club/pub environments. The aim is to remove the overwhelming responsibility of drink spiking prevention placed on women and improve awareness of risks and responses involved in drink spiking (Fyfe & Newell, 2002). In a similar vein, the WA Drink Spiking Education Project has incorporated a range of initiatives which not only target potential victims, but also the liquor industry, perpetrators, and the police. The aim of these initiatives is to raise the probability of reporting, detection, and awareness of appropriate responses to drink spiking (Fyfe & Newell, 2002).

The Hunter Region "Spiked Drinks" campaign, the NSW violence against women strategy, and the WA drink spiking education project highlight the direction in which more recent drink spiking prevention campaigns are heading. The emphasis is on involving not only potential victims, who in the past have been identified as young women at pubs/clubs, but also staff at premises, the police, and community agencies that may provide support for victims. Literature suggests that personal safety management forms only one part of the prevention and education process. Instead, studies suggest that campaigns need to raise the basic awareness of a variety of stakeholders and the community (Fitzgerald & Riley, 2000; Moreton, 2003). Increasing basic awareness is an identified key issue that needs to be addressed. Education is needed for police, licensed premises, and the community about the prevalence, and consequences, of drink spiking. Without this basic understanding, prevention campaigns cannot hope to target personal safety management, encourage reporting by victims, or facilitate organised response strategies (Newell, 2001). These strategies are also aided by consultation with major stakeholders in the community, including police

and licensed premises. This collaborative effort removes the responsibility of prevention from potential victims and creates changes to the environments in which drink spiking is manifest. In effect, what is being suggested by recent literature is a holistic approach toward the prevention of drink spiking. The integration of these diverse strategies aims to make drink spiking a crime that is more readily detected.

Summary of Major Drink Spiking Initiatives Implemented in Australia

Project	Major Strategies	Recommendations
Manly "Don't Get Spiked" Awareness Campaign	<ul style="list-style-type: none"> ▪ Major youth survey regarding awareness and prevention 	<ul style="list-style-type: none"> ▪ Need for more focused research initiatives ▪ targeting reporting rates through education about support services ▪ greater targeting of male victims ▪ emphasis on other consequences of drink spiking aside from drug/alcohol facilitated sexual assault
Hunter Region "Spiked Drinks" Campaign	<ul style="list-style-type: none"> ▪ involvement of police, licensed premises, and community members ▪ basic community awareness education ▪ police education ▪ education of staff at licensed premises ▪ involving support agencies to encourage reporting of assault 	<ul style="list-style-type: none"> ▪ increasing basic awareness of the prevalence, effects, and seriousness of drink spiking ▪ involving police, community support agencies, and licensed premises
NSW Violence against Women strategy	<ul style="list-style-type: none"> ▪ environmental changes in club/pub environment through education of a variety of stakeholders 	<ul style="list-style-type: none"> ▪ targeting club/pub environments ▪ improved awareness of risks and responses to drink spiking ▪ reducing responsibility of drink spiking prevention from the victim
WA Drink Spiking Education Project	<ul style="list-style-type: none"> ▪ initiatives to raise the probability of reporting, detection, and awareness of appropriate responses to drink spiking 	<ul style="list-style-type: none"> ▪ prevention campaigns not only targeted at potential victims but also police, licensed premises, and perpetrators

3.0 PRESENT STUDY: EVALUATION AIMS AND OUTCOMES

This evaluation of the *Victorian Drink Spiking Community Education Campaign* aimed to assess:

- The efficacy and impact of the piloted information intervention;
- The extent of knowledge of drink spiking and associated criminal victimisation in Victoria;
- The capacity of Victorian stakeholders to effectively respond to drink spiking; and,
- Preventative efforts to stop or reduce drink spiking within bars, nightclubs and other licensed settings.

3.1 EVALUATION METHODS

3.1.1 Pre and Post Test Audit of Participating Venues

Comprehensive audit instruments were developed and distributed within participating venues in order to procure 'pre and post-test' data on the key evaluation questions. Four individual instruments were prepared: one general venue instrument which sought to identify strategies, procedures and/or policies participating venues might already have put in place in response to the risk of drink spiking and drug and alcohol facilitated sexual assault. Three additional audit instruments were also developed: one for venue patrons; one for bar staff and one for security staff working in participating venues. Specifically, audit instruments included the following general topics/concerns:

- Venue information; client base, number of employees, management structure etc.
- Training arrangements (if any) for bar staff, managers, security staff et. al.
- Existing security and crowd control arrangements
- Existing policies and strategies (if any) pertaining to drink spiking, responsible service of alcohol, designated driver programs etc.
- Incidents of drink spiking, sexual assault etc in recent past and how these incidents have been handled.

3.1.2 Audit Procedure

The audit was conducted as a pre and post test measure; conducted prior to the implementation of the intervention campaign and again after the intervention was completed. This approach permitted an assessment of the immediate impact of the campaign in relation to the implementation of drink-spiking prevention strategies, policies and procedures within participating venues. Audits were completed by trained staff of Convenience Advertising under the supervision of Dr Cameron Duff at the Australian Drug Foundation. All audit instruments including pre and post test tolls are reproduced in the appendices to this report.

This report firstly outlines the findings of the pre-test audits summarising findings for patrons, bar staff and security staff. Secondly, the findings for patrons, bar and security staff will be summarised from the post-test audits. Finally, some comparisons will be made between surveys and recommendations made for future drink spiking prevention campaigns in Victoria.

4.0 FINDINGS OF PATRON AUDIT (ATTITUDES AND BEHAVIOURS)

Audits were completed among a sample of venue patrons in order to secure some baseline measure of attitudes and experiences in relation to drink spiking in Victoria, and within licensed premises more specifically. Three hundred and eighty five (n=385) patrons were randomly sampled and surveyed for the purpose of this study. Audit data presented below are provided mainly in percentages. In some instances totals may not add up to 100% due to the presence of some missing data.

4.1 Gender and Age

A reasonable distribution of patron audits according to gender was achieved. As noted, the number of female respondents was slightly higher than for males. The age range among patrons who took part in the survey varied from 18 to 60, with a mean age of 25.3 years of age.

Gender of Patrons

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	203	52.7	53.1	53.1
	Female	179	46.5	46.9	100.0
	Total	382	99.2	100.0	
Missing	999	3	.8		
Total		385	100.0		

4.2 Frequency of Venue 'Visits'

Audited patrons reported a wide range of venue 'visits'. The majority of respondents reported to visit the venue where the audit was completed 'once a month' or less frequently. Others reported to visit the venue more frequently.

Frequency of visiting this venue

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Once a week	86	22.3	22.5	22.5
	Once a fortnight	57	14.8	14.9	37.4
	Once a month	72	18.7	18.8	56.3
	Less than monthly	167	43.4	43.7	100.0
	Total	382	99.2	100.0	
Missing	999	3	.8		
Total		385	100.0		

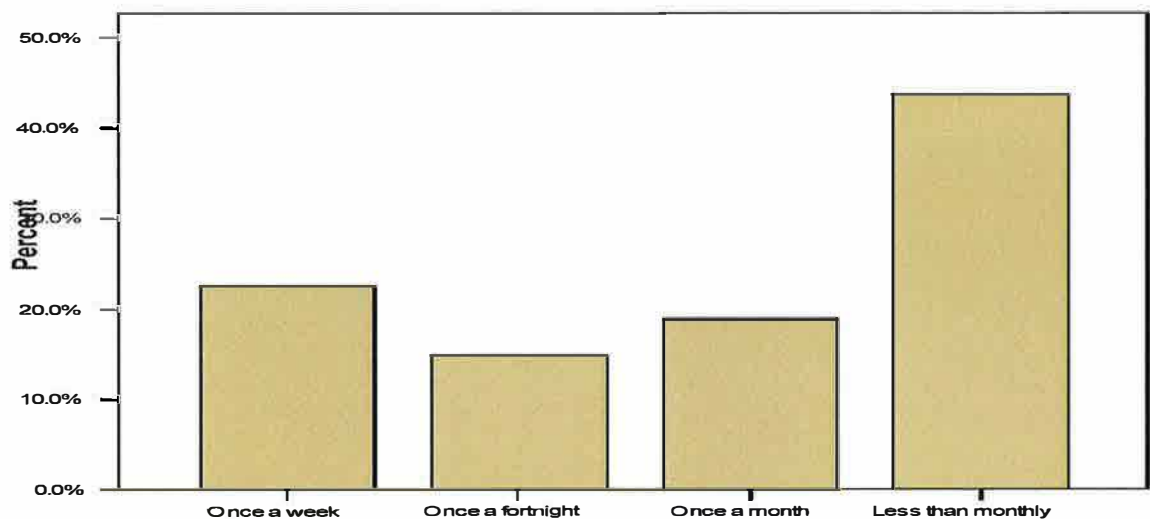


Figure 1: Frequency of Venue 'Visits'

4.3 Patterns of Alcohol Consumption at the Venue

Almost all patrons (92.7%) reported to have consumed alcohol at the venue. When asked to report how much alcohol patrons 'usually' consumed at the venue, 34.3% stated that they typically drink 1-4 standard drinks per visit; 34.8% stated that they drink 5-8 standard drinks with around 20% reported to consume 9 or more standard drinks on each occasion at the venue. Just over one third of patrons surveyed (35.6%) said that they also drink water at the venue, with most (80.3%) drinking 1-4 bottles of water at the venue per visit.

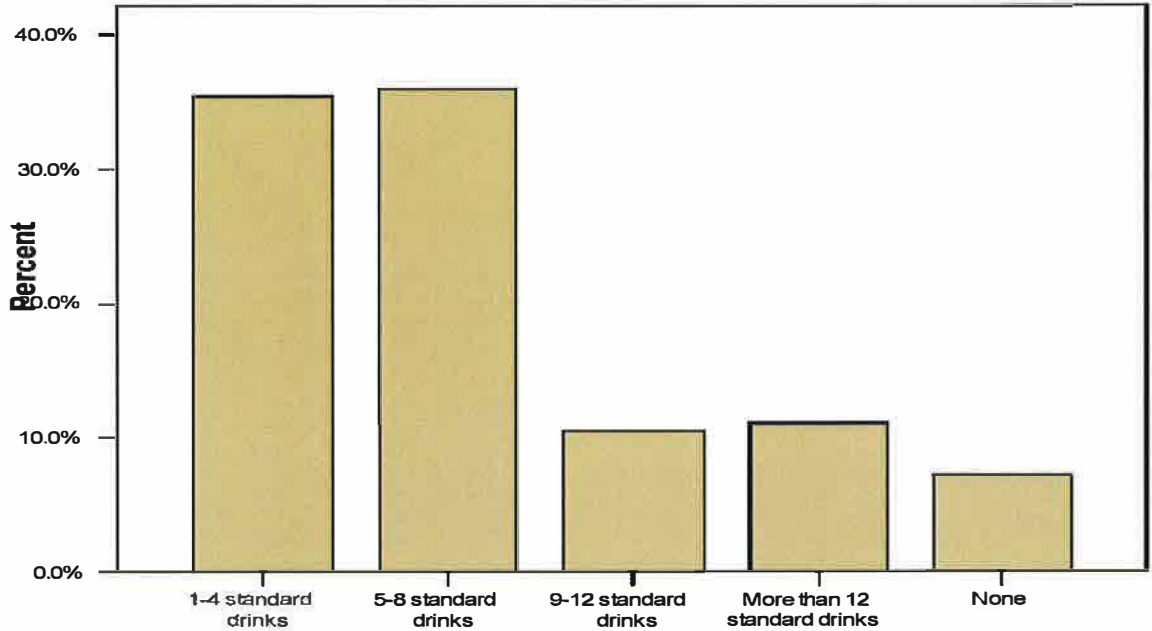


Figure 2: Typical Patterns of Alcohol Consumption at Venue (Patrons)

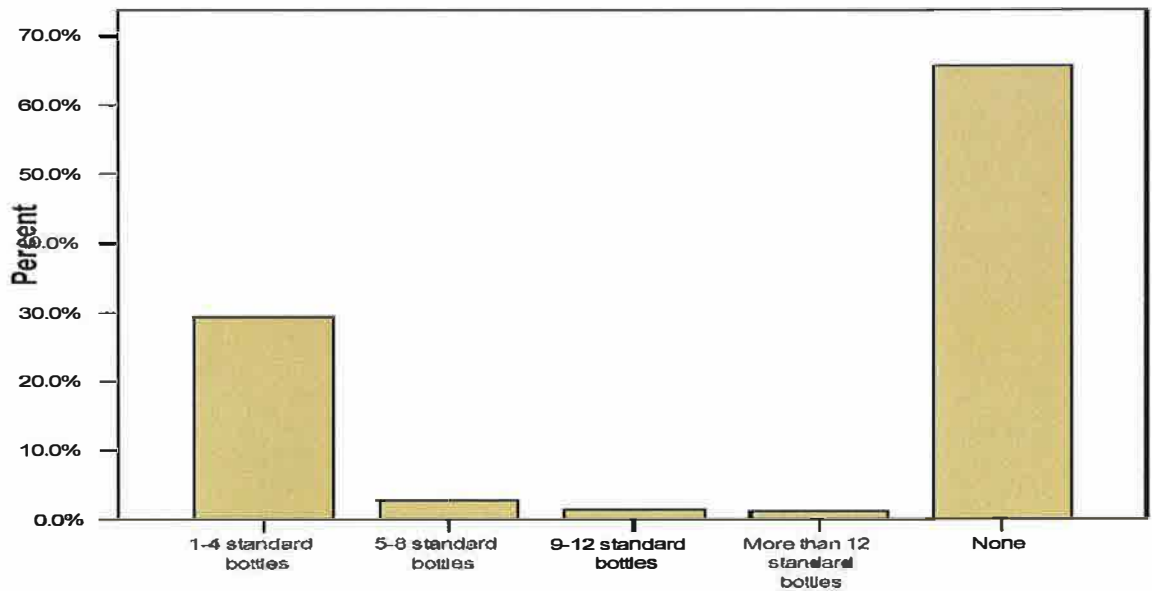


Figure 3: Typical Patterns of Water Consumption at Venue (Patrons)

The majority of audited patrons reported to be unaware of the serving practices and policies at the venue with 78.4% not knowing if there is a limit to the

number of drinks that a patron could buy at the bar; 68.8% not knowing if they could buy 'double' or 'triples' at the bar and 57.1% not knowing if the venue had a 'Happy Hour' or not.

4.4 Knowledge of Drink Spiking

Patrons were asked to describe what drink spiking is. Almost all patrons (96.1%) reported to have 'some knowledge' of what drink spiking is, with many providing multiple responses. Among these patrons, 97.3% indicated drink spiking involves 'slipping an illicit drug into someone's drink without their knowledge'; 43.5% stated that drink spiking involves 'topping up someone's drink with additional alcohol without their knowledge' and 48.65% thought that 'slipping an illicit drug into a friend's drink 'just for fun' (prank spiking)' is drink spiking.

4.5 Attitudes towards Drink Spiking

Patrons were next asked to report their levels of agreement in relation to the statement 'drink spiking is a serious problem in Victoria'. Two thirds reported to agree/strongly agree with this statement, whilst less than 10% disagreed.

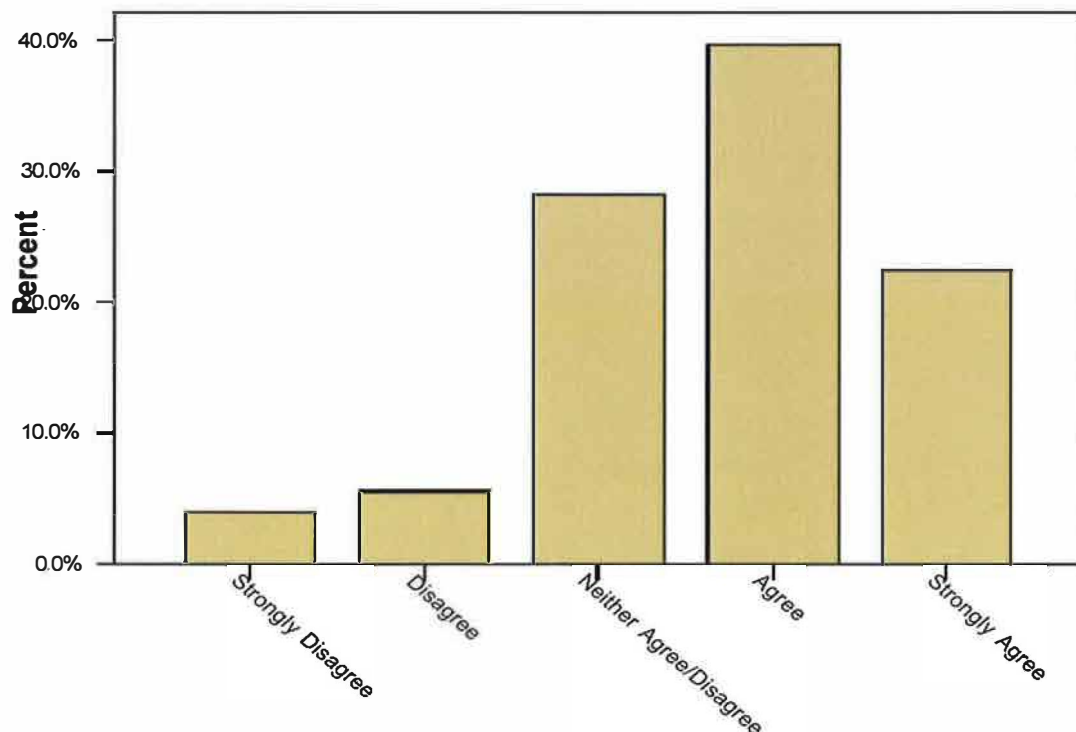


Figure 4: 'Drink Spiking is a Serious Problem in Victoria' - Agreement

4.6 Drink Spiking in the Peer Group

Over half (54.8%) of patrons reported to personally know someone who had been a victim of drink spiking in the last five years. Within this grouping, most (61%) reported that they did not know the substance used in the incident. Among those who were able to identify the substance used in this incident, 31.7% stated that GHB had been used to spike the friend's drink; 24.4% reported that rohypnol had been used; 17.1% reported that ketamine had been used; 13.4% reported that 'additional alcohol' had been used with the same number reporting that ecstasy had been used in this incident.

4.7 Responding to Drink Spiking in the Peer Group

Most respondents provided multiple responses when asked to describe what they would do if a friend had their drink spiked at the venue. Just under two thirds of patrons (63.4%) said that they would 'stay with their friend'; 59.2% said that they would report the incident to bar security; 39.7% stated that they would take their friend to a 'safe place'; 26.9% said they would call the police, with 26.1% saying they would also call an ambulance. Interestingly, only 6% of those surveyed indicated that they would call the sexual assault service/hotline. In addition, some of the male patrons responded that they would find the culprit and deal with them, with one saying that he'll, "Find the guy who did it and teach him a lesson".

4.8 Perceived Trends in Drink Spiking

Audited patrons were next asked to comment on perceived trends in drink spiking over the last 5 years. Just under half of participants thought that there had been an increase in drink spiking in the community in this time.

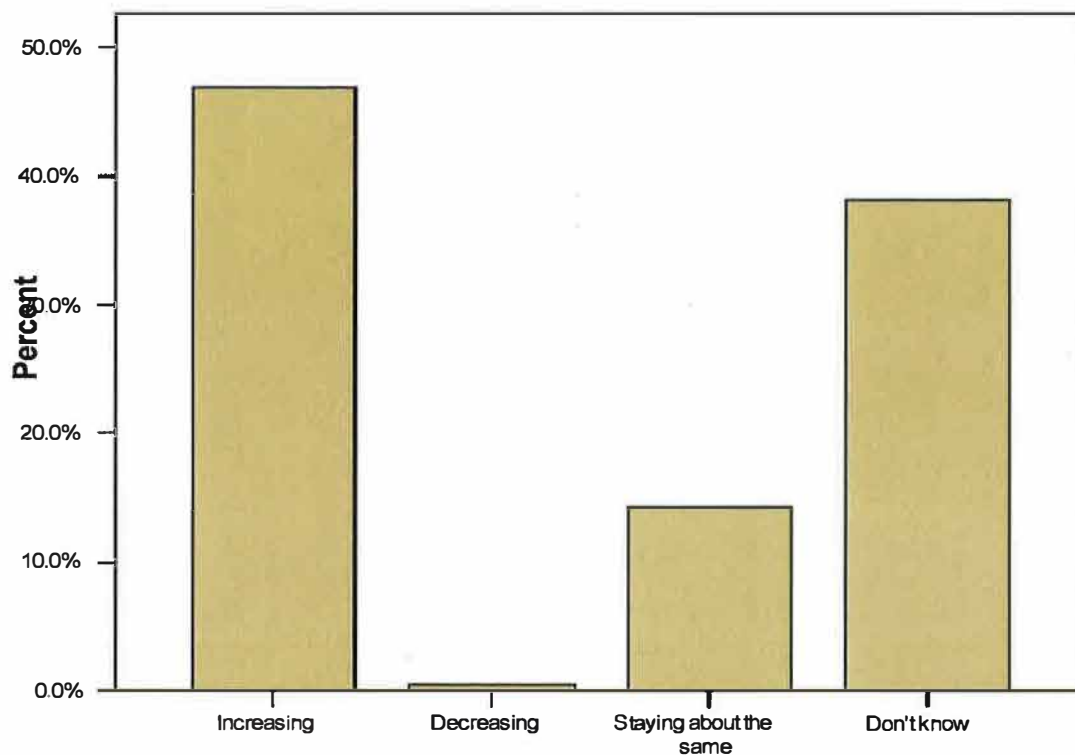


Figure 5: Perceived Trends in Drink Spiking (Patrons)

4.9 Patrons' Further Comments

A small number of patrons (19.7% N=75) provided additional comments at the close of the audit in relation to strategies for the prevention of drink spiking in the community. Whilst comments varied widely some common themes emerged. Many respondents suggested that greater efforts should be made to raise awareness in the broader community around the issue of drink spiking. Other participants suggested watching your own drink; not leaving your drink unattended, as well as increased public awareness of drink spiking inside bars and clubs. One patron indicated that patrons "need a safe place to put their drink when you need to go to the toilet". The issue of increased penalties for offenders also came up, with many patrons supporting harsher penalties for drink spikers. However, one patron felt that the issue of drink spiking is being overplayed in the media.

5.0 FINDINGS OF BAR STAFF AUDIT (ATTITUDES AND BEHAVIOURS)

Fifty-two bar staff were randomly sampled and surveyed during the pre-test phase of this study. Audit data presented below are provided mainly in percentages. In some instances totals may not add up to 100% due to the presence of some missing data.

5.1 Gender and Age (Bar Staff)

The majority of surveyed bar staff were male, with the age of staff ranging from 19 to 44, with the mean age of 24.9 years of age.

Gender of Bar Staff

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	32	61.5	61.5	61.5
	Female	20	38.5	38.5	100.0
	Total	52	100.0	100.0	

5.2 Length of Time Working in Industry

Just under two thirds (65.4%) of audited bar staff reported working in the industry for more than 3 years.

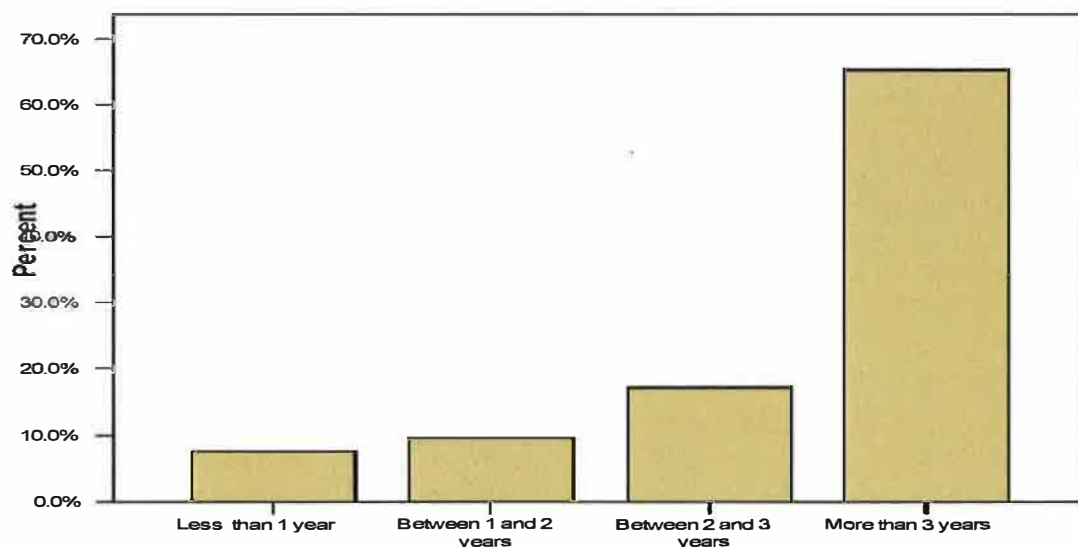


Figure 6: Length of Time Working in Industry

5.3 Nature of Venue (Staff Employed) and completion of RSA training

Forty percent of the bar staff surveyed reported working in a pub/hotel; 38.5% in a nightclub while 11.5% of those surveyed worked in a bar. Seven percent indicated that the venue they work in is a combination of the above. Small numbers (1.9%) stated that they work in a café/bistro. The number of staff employed at those venues was reported to range from 5 to 100, with a mean of 21.2 staff employed. Of the 52 bar staff surveyed, 86.5% of them have completed their Responsible Serving of Alcohol (RSA) training.

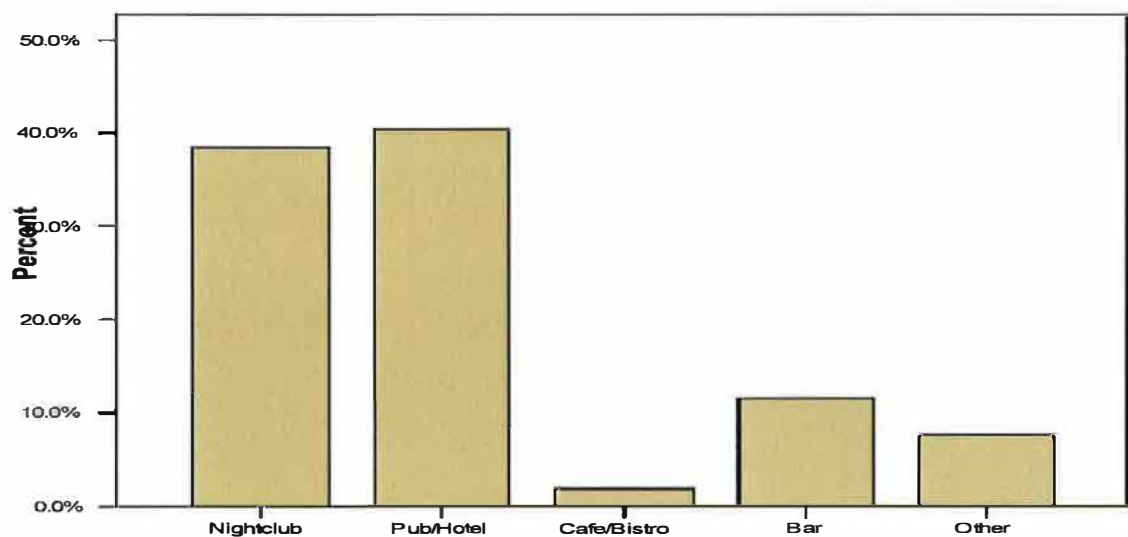


Figure 7: Nature of Venue

5.4 Provision of Drink Spiking Prevention Training and Policies

Just under two thirds of those surveyed (63.5%) stated that their employer did not provide specific drink spiking prevention training. Among those that reported that training was provided, the training was described as cursory; and only one staff member reported that they were told not to let patrons leave their drinks at the bar. Meanwhile over two thirds of staff (69.2%) indicated that their venue did not specify a limit as to the number of drinks that a patron can buy at the bar. On the issue of serving 'doubles' and 'triples', 78.8% of staff said that their venue would serve 'doubles', and 59.6% said they would serve 'triples'.

5.5 Knowledge of Drink Spiking

All of the bar staff surveyed reported to know what drink spiking is with all 52 stating that drink spiking involves 'slipping an illicit drug into someone's drink without their knowledge'; 78.43% said that topping up someone's drink with additional alcohol without their knowledge is drink spiking; and 78.43% thought that slipping an illicit drug into a friend's drink 'just for fun' (prank spiking) is drink spiking.

5.6 Occurrence of Cases of Drink Spiking in Venue

A small number of staff (17.3% N=9) reported that drink spiking had occurred in their venue. When asked to name the substance used to spike the drinks, 6 of the 9 bar staff said that they did not know what substance had been used. In relation to reported cases of drink spiking at the venue, 5 of the 9 bar staff said that the venue called the police; 3 said that an ambulance was called; 4 indicated that the victim's friends/family were contacted and only 1 said that the incident was handled in-house. Interestingly, none contacted the sexual assault service/hotline.

5.7 Perceived Trends in Drink Spiking

Bar staff were next asked if they personally knew anyone who had been a victim of drink spiking in the last 5 years; around two thirds (65.4%) indicated that they did. When asked what they thought about the trend in drink spiking over the last 5 years, the majority perceived the phenomenon to be increasing.

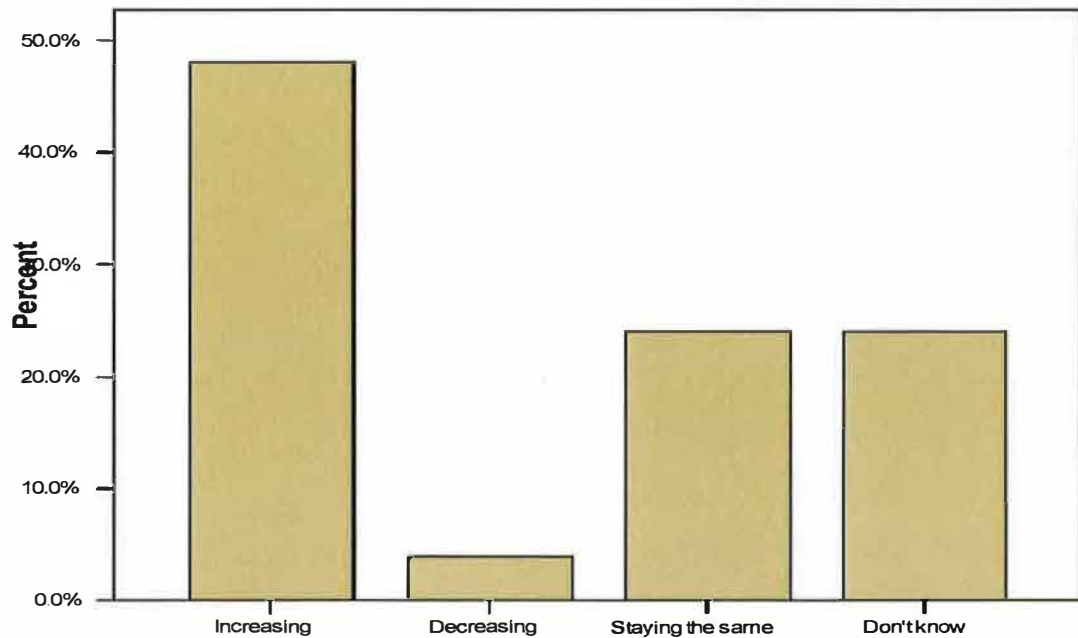


Figure 8: Perceived Trends in Drink Spiking (Bar Staff)

5.8 Further Comments - Bar Staff

Again, small numbers of audited staff provided additional comments on the broad subject of drink spiking prevention efforts (38.4% N=20). Many suggested the need to raise awareness about the problem amongst both bar staff and patrons. Others stressed the importance of not leaving drinks unattended. One survey participant said that 'Drink spiking kits not reliable enough in case of litigation'. Another suggested harsher penalties for spiking drinks.

6.0 FINDINGS OF SECURITY STAFF AUDIT

Twenty eight security staff were randomly sampled and surveyed for the purpose of this study. Audit data presented below are provided mainly in percentages. In some instances totals may not add up to 100% due to the presence of some missing data.

6.1 Gender and Age

An overwhelming majority of audited security staff were male, with reported ages ranging from 20 to 48 years, with the mean age of 29.5 years.

6.2 Length of Time Working in Security Industry

Most of the security staff reported to have been working in the industry for more than 3 years.

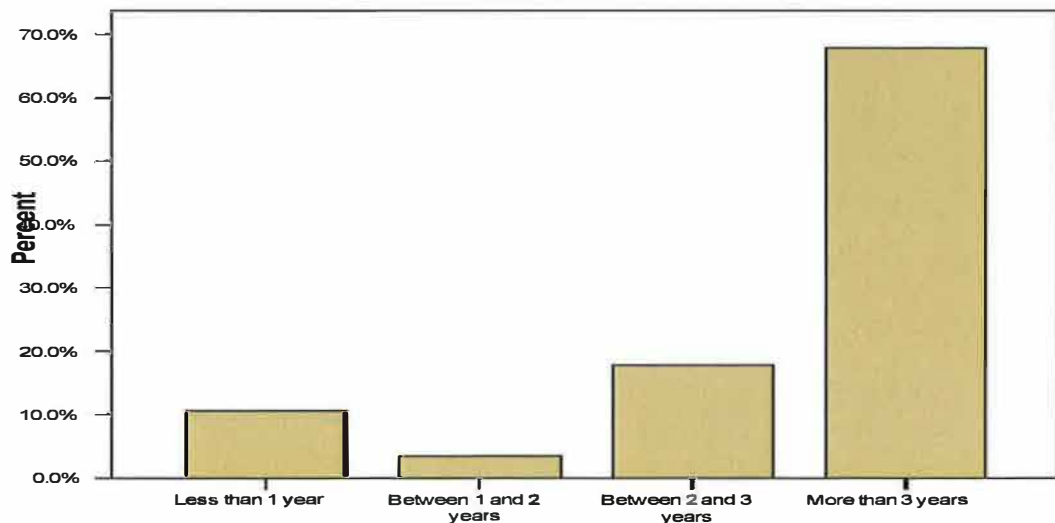


Figure 9: Length of Time Working in Industry

6.3 Nature of venue (Staff Employed) and the Provision of Security

When asked to describe the nature of the venue currently worked in, 25% reported to work in pub/hotel; 21.4% said that they worked in a nightclub; 10.7% worked in a bar and 39.3% said that the venue that they worked in is a combination of the above. The number of staff reported to be employed at each venue ranged from 2 to 30, with a mean of 10.4 staff employed in each venue.

When asked about the provision of security service, 25 of the 28 security staff said that they provided security both inside and outside the venue.

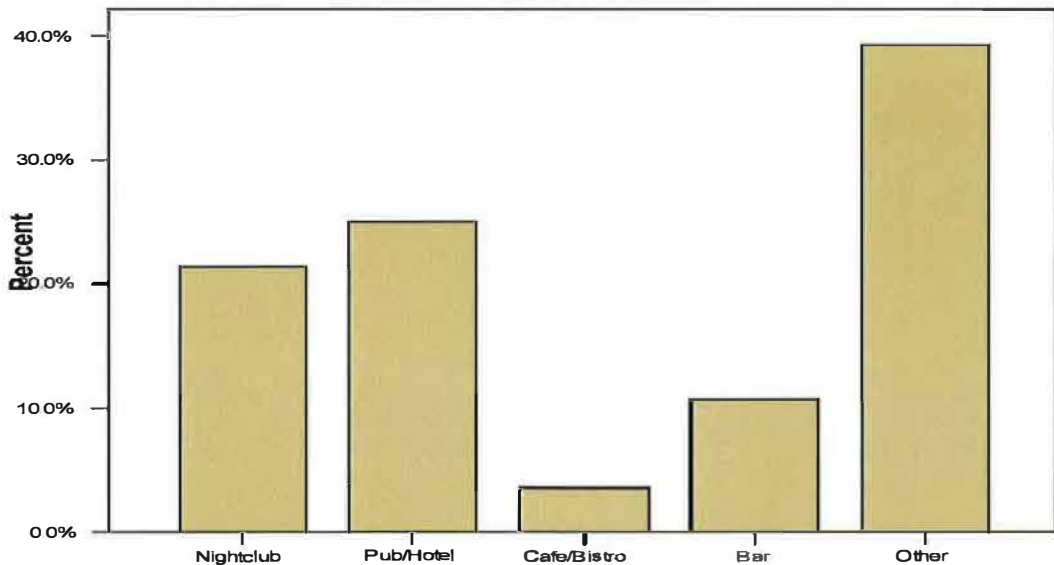


Figure 10: Nature of Venue

6.4 Venue Policies

More than a third of security staff (39.3%) reported that the venue that they worked in did not provide any training to respond to drink spiking cases; 21.4% responded that they did not know if the venue provided any training. Where training was provided this was described by the security staff as involving 'the use of common sense' and calling an ambulance if necessary. However, one security staff member indicated that the venue had a workplace agreement with the police and if there was a suspected drink spiking incident, the security staff were to call the police, ambulance and take down the IDs of the victims friends as well as the taxi number. Meanwhile, 82.1% of the security staff surveyed said that their venue has a policy for assisting intoxicated patrons to leave the premises, with the policy usually involving staff escorting the patron outside of the venue and calling a taxi for them.

6.5 Knowledge of Drink Spiking

All but two of the security staff surveyed indicated that they know what drink spiking is. Of the 26 security staff who reported to know what drink spiking is,

92.9% stated that drink spiking involves 'slipping an illicit drug into someone's drink without their knowledge'; 53.85% said that topping up someone's drink with additional alcohol without their knowledge is drink spiking; and 61.54% thought that slipping an illicit drug into a friend's drink 'just for fun' (prank spiking) is considered drink spiking.

6.6 Occurrence of Drink Spiking Cases in Venue

Twelve (42.9%) of the security staff reported that drink spiking had occurred in their venue, with the number of cases ranging from 1 to 3. Four of the 12 security staff did not indicate how many cases had occurred in the venue. When asked to name the substance used to spike the drinks, seven of the 12 bar staff said that they did not know what substance was used. Others reported substances including GHB, ketamine and rohypnol. Seven of the 12 security staff said that their venue had responded to this incident 'in-house'. Ten reported that their venue had called an ambulance and one reported that their venue had called the police.

6.7 Perceived Drink Spiking Trends

Security staff were also asked if they personally knew anyone who had been a victim of drink spiking in the last 5 years. Most (71.4%) reported that they did not personally know a victim of spiking. When asked to comment on perceived trends in drink spiking 42.9% of security staff thought that there has been an increase in drink spiking; half (50.0%) thought spiking was staying about the same, none perceived the trend to be decreasing and 7.1% said that they do not know.

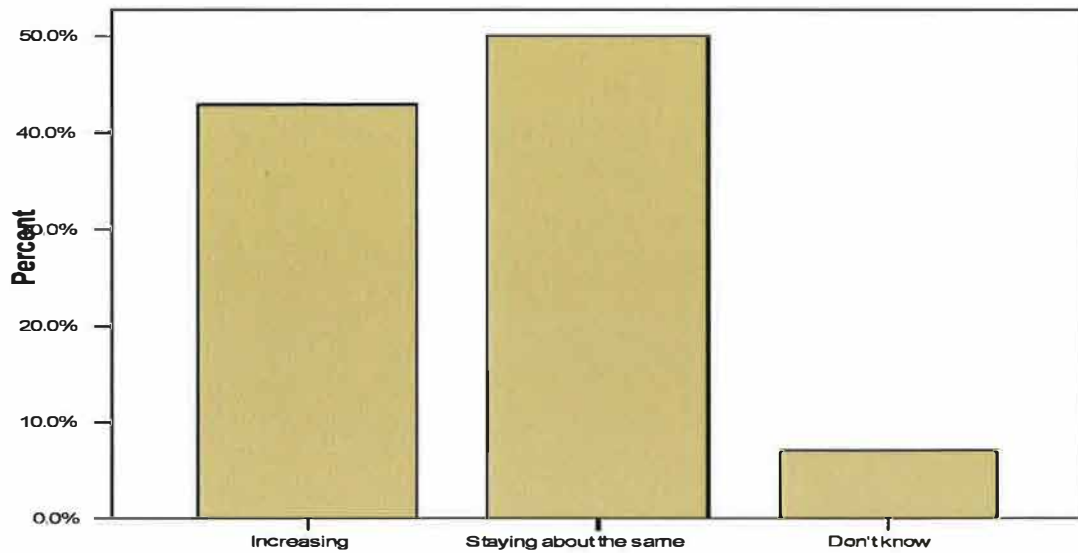


Figure 11: Perceived Trends in Drink Spiking (Security Staff)

6.8 Further Comments - Security Staff

Very few staff made additional comments on the subject of drink spiking prevention strategies, with those that did focusing on the need to increase public awareness, and improve “consumer awareness” inside venues.

7.0 POST-TEST FINDINGS OF PATRON AUDIT

Post test Audits were also completed among a sample of venue patrons in order to secure more specific data on the perceived impact of the Drink-Spiking Prevention Campaign. Two hundred and seventy (n=270) patrons were randomly sampled and surveyed for the purpose of this study. Audit data presented below are provided mainly in percentages. In some instances totals may not add up to 100% due to the presence of some missing data.

7.1 Gender and Age

Slightly more males (52.1%) than females (47.9%) responded to this survey, whilst the age distribution of participants was 17 to 49 years with an average age of 24.7 years.

7.2 Frequency of Venue Visits

Patrons were asked to indicate the frequency with which they visited the venue. Just over one-quarter of participants reported visiting the venue once a week (25.2%), while almost half of participants reported visiting the venue less than monthly (45.3%). Smaller numbers reported frequenting the venue once a fortnight (8.9%) and once a month (20.5%).

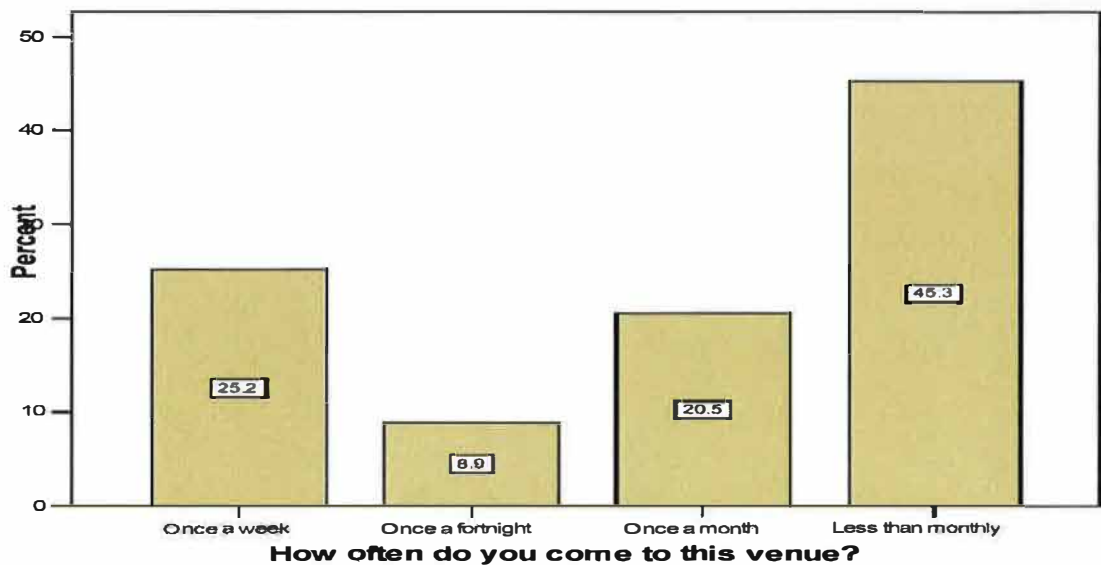


Figure 12. Frequency of Venue 'Visits'

Patrons were asked if they had visited the toilets at the venue on this or a previous occasion. If patrons reported they had not visited the toilets at the venue, the interview was terminated. Interviews with 13.8% of patrons were terminated at this point, leaving 233 patrons in the sample. Patrons were then asked if they had seen any advertising within the bathroom or toilets at the venue. For those patrons who reported not having seen any advertising in these locations, interviews were terminated. Interviews with 20.8% of the remaining sample were terminated. This provided a total, final sample of 183 patrons.

7.3 Venue Advertising

Those participants who were eligible to continue with the audit were asked to identify the topic of the advertising they had seen at the venue. Participants were able to report multiple types of advertising. Nearly half of respondents (48.6%) reported they could not recall the topic of the advertising they had seen. Drink spiking advertising was identified by 31.5% of respondents, sexual assault by 7.2% and crime by 3.3% of respondents. A small number of participants (17.1%) also reported seeing other advertising including safe sex, drug related, venue or music promotion and fire exit locations.

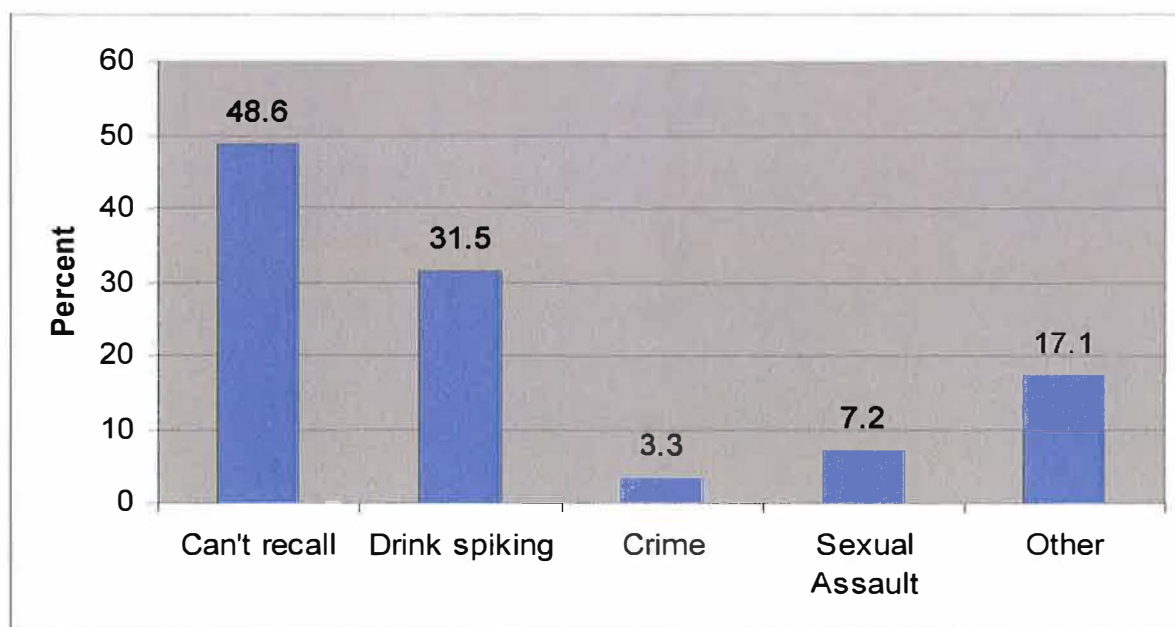


Figure 13. Reported Content of Advertising at Venue

Without any prompting, over half of respondents indicated they had seen advertising at the venue with the tagline 'Drink spiking is a crime that can lead to imprisonment' (62.4%). Those respondents who were unsure or reported they had not seen this advertisement were shown the advertisement before being asked if they 'had seen this advertisement within the bathrooms/toilets at this venue'. The advertisement was shown to 37.6% of respondents with the following results: 45.7% of this sub-sample reported having seen the advertisement, 37.2% had not seen the advertisement, and 17% were unsure. Audits with respondents who were certain that they had not seen this advertising were terminated at this point.

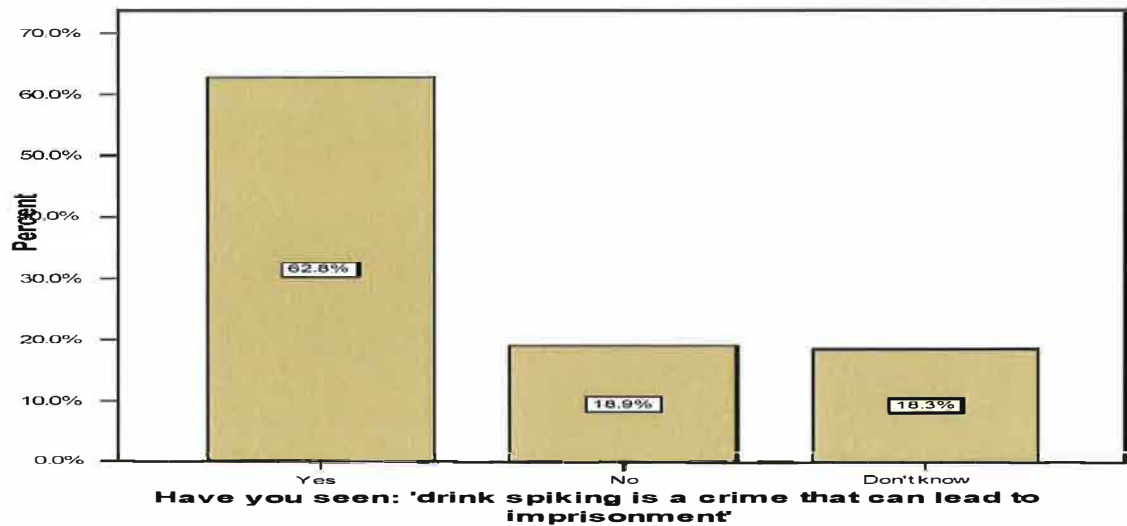


Figure 14. Reported viewing of advertisement: 'Drink spiking is a crime and can lead to imprisonment'

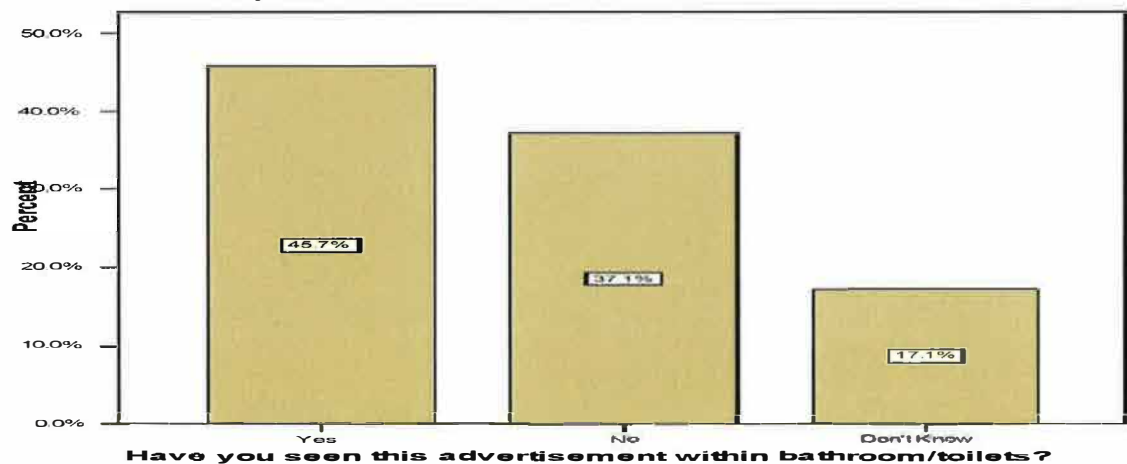


Figure 15. Reported viewing of advertisement: 'Drink spiking is a crime and can lead to imprisonment', when prompted by visual aid

7.4 Drink Spiking Advertisement

Participants who reported some memory of the drink spiking campaign materials were asked to describe the content (message) of the drink spiking advertisement. More than one response could be provided. Half of all participants correctly reported that the advertisement promoted the message that drink spiking is a criminal offence (50.8%). Almost one-quarter of respondents indicated that the advertisement was promoting the message that drink spiking could happen to anyone (22.1%). Smaller numbers of participants reported others content messages including: drink spiking could lead to sexual assault (12.7%); drink spiking can involve alcohol as well as illegal drugs (2.8%) or provided information about the places one can go to get help if one is a victim of drink spiking (2.2%). Some participants stated that they could not recall the message of the advertisement (10.5%) and some reported that the advertisement conveyed other messages including to be careful, not to participate in drink spiking and 'Is he really your mate?' (14.4%).

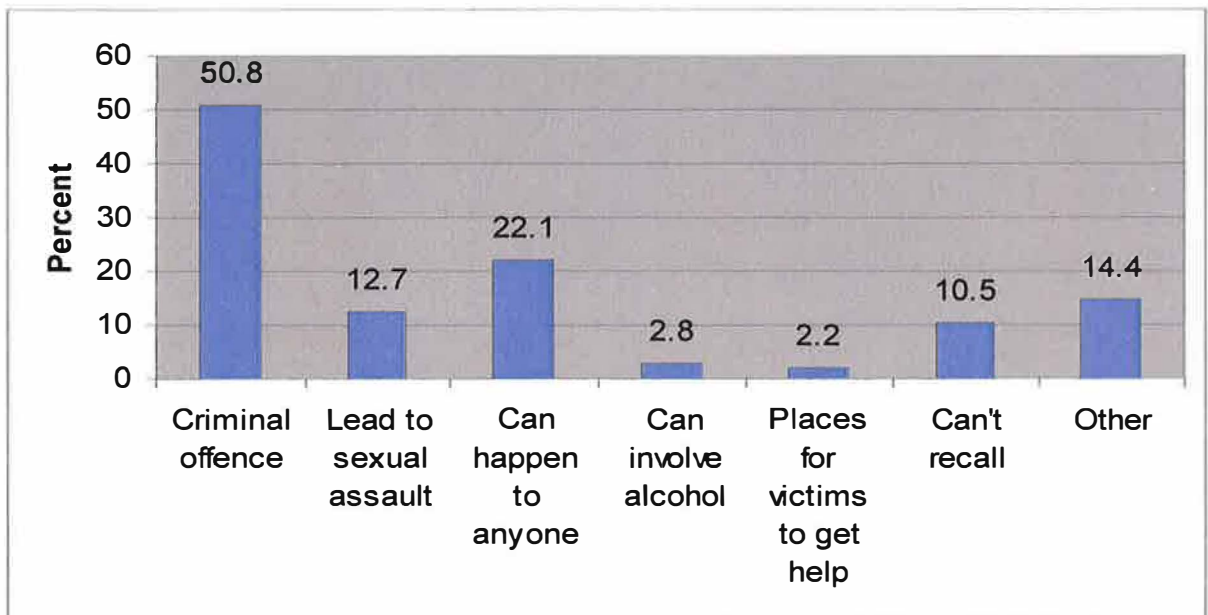


Figure 16. Respondents' description of advertisement message

Respondents were asked to indicate who they thought the advertisement targeted. Again, respondents could provide more than one response. Just over one-third of respondents (34.8%) indicated the advertisement was aimed at people who drank in pubs/bars/clubs. A third of participants thought the

advertisement was targeted at all women (33.7%), and 22.7% of participants suggested the advertisement targeted all men. Small numbers of participants reported the advertisement targeted potential male drink spikers (6.1%), women who had been a victim of drink spiking (5.5%) or 'someone like me' (5.0%). Other responses provided included young people in general and potential victims of drink spiking, while 1.1% said they could not recall who the advertisement was targeted at.

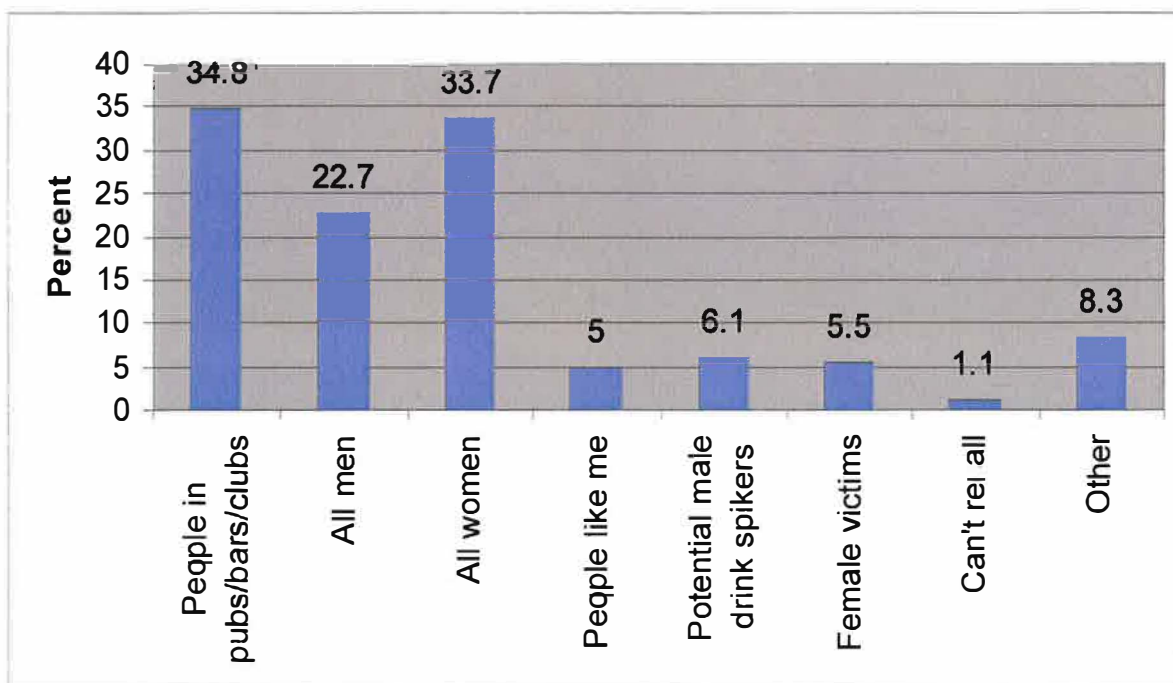


Figure 17. Respondents' perception of advertisement target group

Next, respondents were asked if the advertisement had provided them with any new information. The majority of participants reported the advertisement had not provided them with any new information (71.3%), while 24.5% reported they had learnt something new and 4.5% were unsure. Of those who reported to have learned something new, 40% learnt that drinking spiking is a criminal offence, 30% learnt that drink spiking could involve alcohol as well as illegal drugs, 20% reported learning who to contact in an emergency, 20% learnt that drink spikers can target lovers/sisters/partners or friends, and 20% reported other new information topics. Others reported to have learned that convicted

drink spikers could be imprisoned, and/or that the advertisement had heightened their awareness of drink spiking.

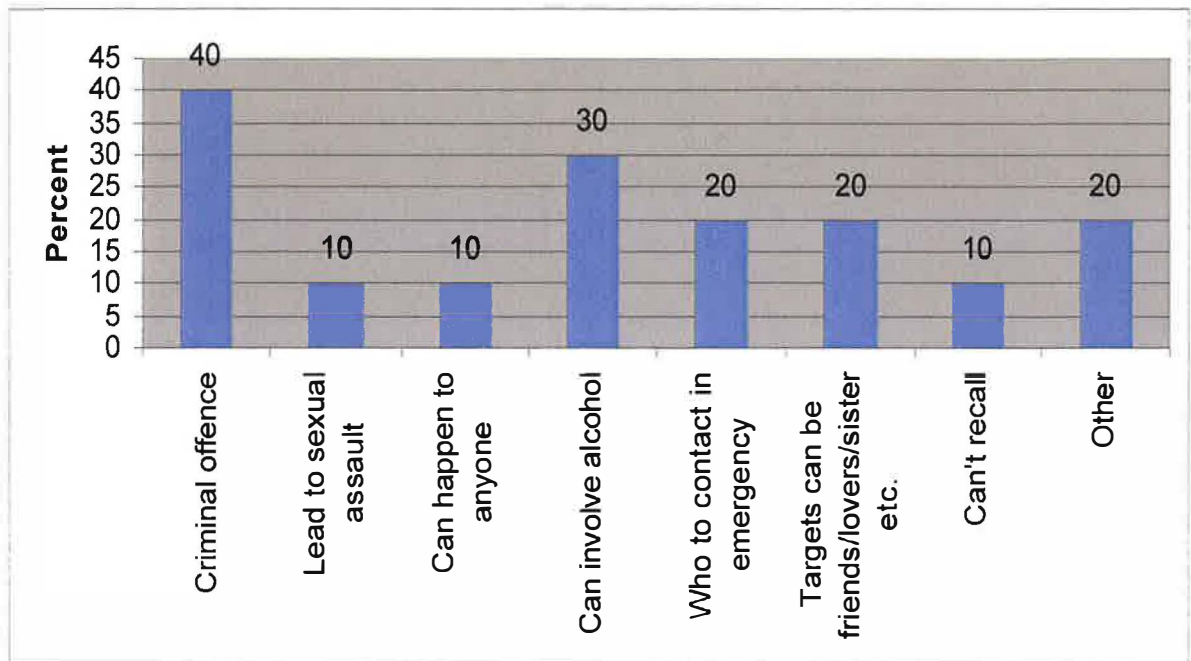


Figure 18. New information learnt from advertisement

Participants were asked if the information provided in the campaign had been relevant or useful to them. Just under half of participants indicated the material had been useful to them (48.3%), while 39.6% reported it was not, and 12.1% did not know.



Figure 19. Participants' report of Advertisement relevance

Finally, participants were asked whether they would pass drink spiking information on to a friend. Just under half of participants indicated they would pass this information on to friends (47%), while 36.9% of participants indicated they would not and 16.1% did not know.

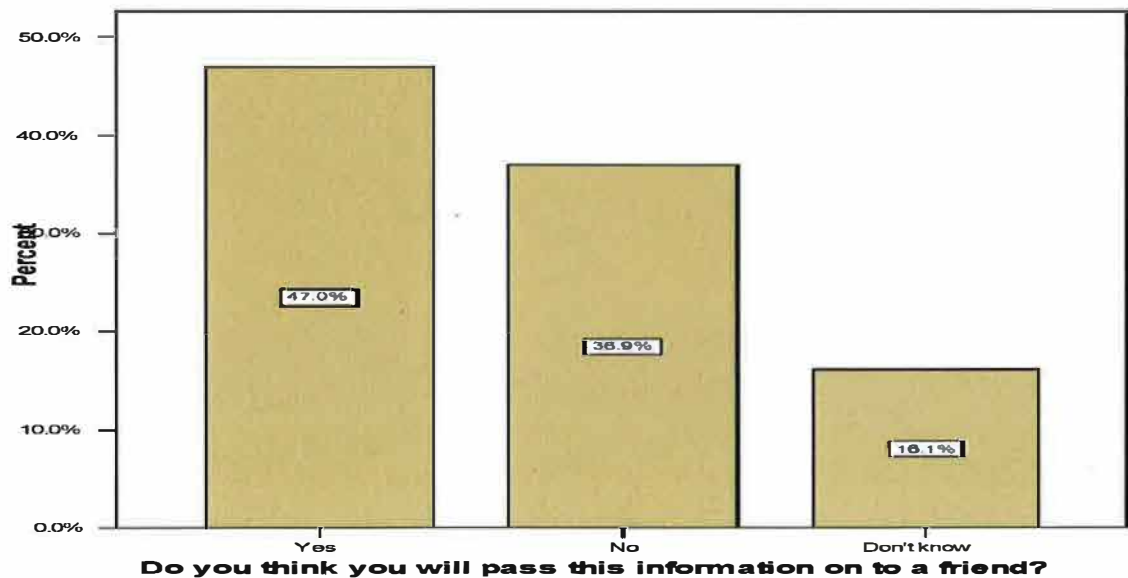


Figure 20. Would You Pass the information on to a friend?

7.5 Drink Spiking Awareness

Participants were asked what they would do if a person in attendance with them at the venue had their drink spiked. More than one response could be provided. The majority of participants indicated they would stay with the person (45.3%), with a similar number of respondents indicating they would take them to a safe place (41.4%). Just over one-third of respondents indicated they would report the incident to bar staff or security (34.8%), 18.2% would take the victim directly to hospital, 17.1% reported they would call an ambulance and another 17.1% reported other actions including a large number of responses suggesting participants would find the person who spiked the drink, or that their reaction would depend on the circumstances of the incident.

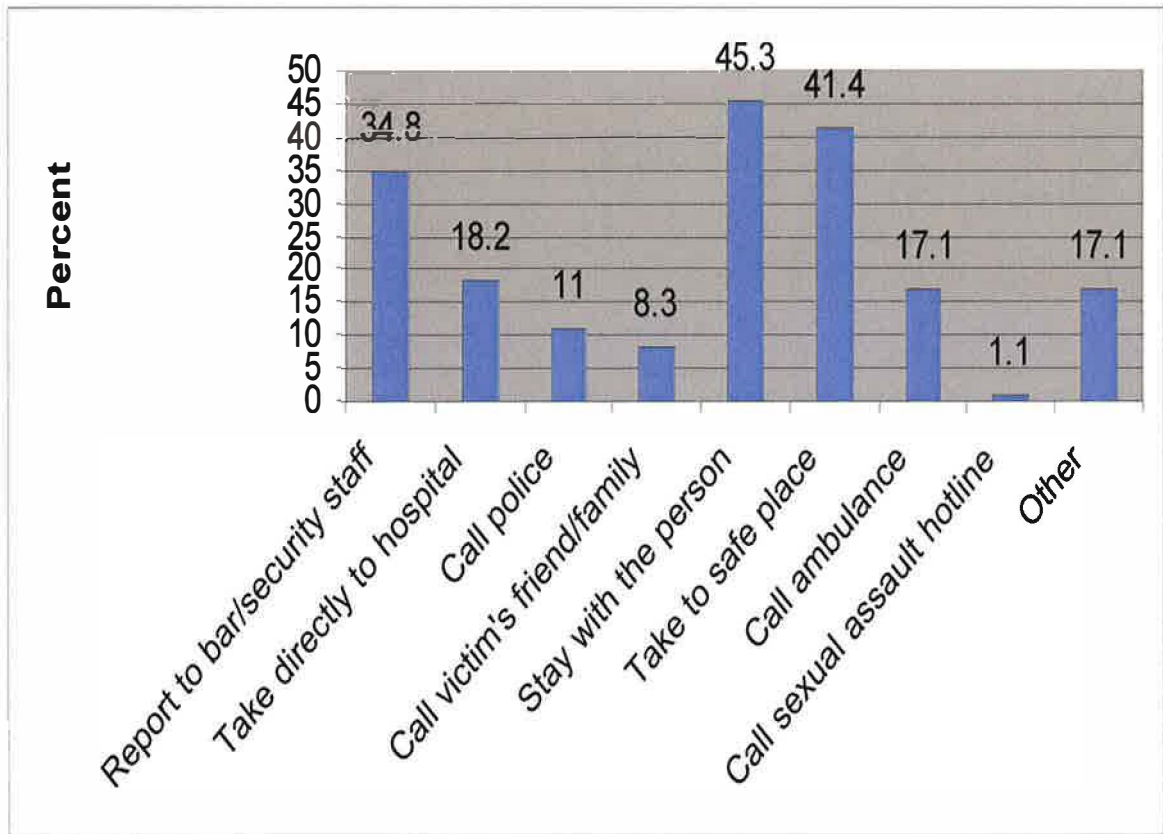


Figure 21. Respondents' actions toward a drink spiking incident

Next, respondents were asked what they thought they could do to prevent a drink spiking incident. The majority of participants reported they would look out for friends/partner when out in bars or clubs (41.4%), followed by encourage friends/partner to watch their drinks when out in bars/clubs (32.6%); holding onto their own drinks; not accepting drinks from strangers and buying their own drinks (28.2%). Smaller numbers of participants reported helping their friends/partner if they experienced drink spiking (19.9%), talking to friends/partner to warn them of the dangers of drink spiking (16.6%) and telling their mates not to spike other people's drinks (5.5%). A small number of participants did not know what they could do to prevent drink spiking (2.8%).

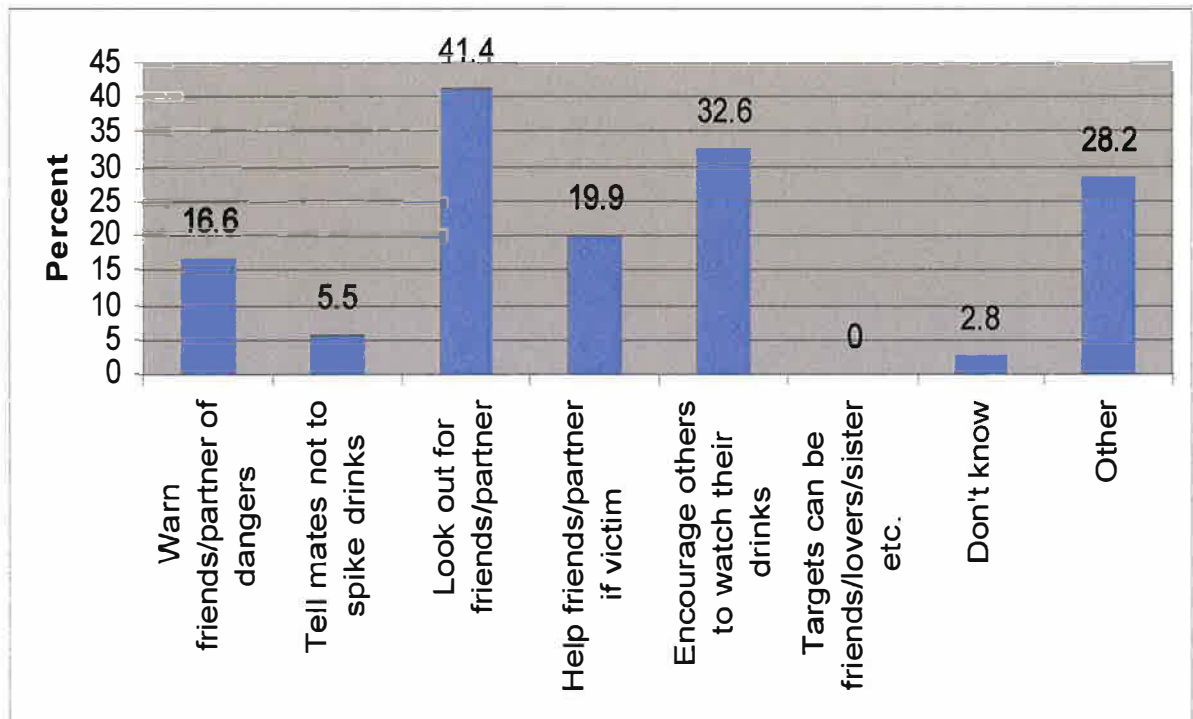


Figure 22. Respondents' perception of actions to prevent drink spiking

Participants were also asked if the message portrayed in the advertisement had affected how safe they felt out in bars and clubs. Almost half of all respondents indicated this had not affected their perception of safety (49.2%), whilst 27.6% felt it had affected their perception of safety and 5.0% did not know its effect. When comparisons were made within genders, 18.5% of males reported this message had affected their feeling of safety in bars and clubs, while this number increased to 37.5% in females.

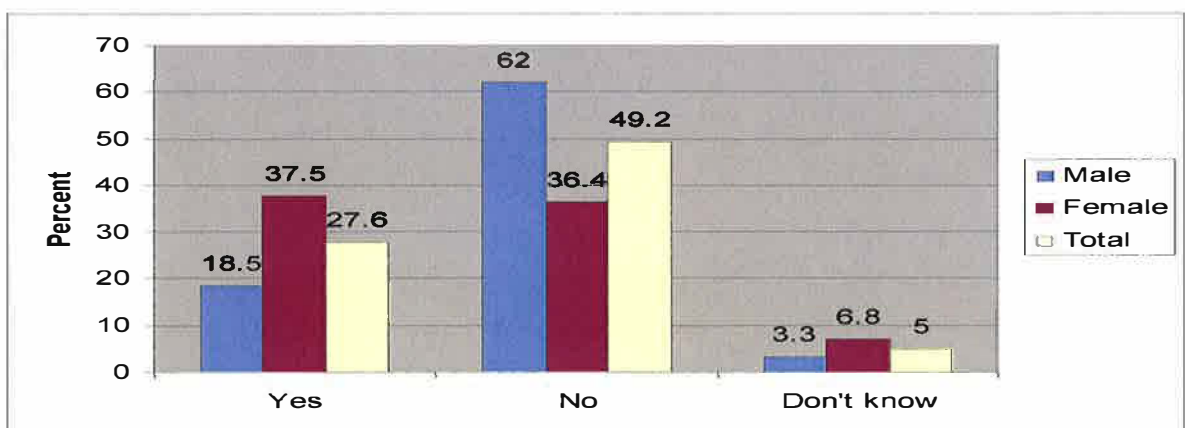


Figure 23. Message's effect on Perception of Safety

Participants were asked if they had seen or heard anything about drink spiking prior to seeing advertising at this venue. The vast majority of participants reported having been exposed to drink spiking information prior to viewing the advertising at the venue (77.3%), while 3.9% said they had not. Participants were next asked to identify where they had seen or heard about drink spiking before. Television was the most commonly cited source of drink spiking information (48.1%), followed by friends and family (38.7%), the newspaper (26.0%) and radio (18.8%). Smaller numbers were reported for toilet advertising (16.6%), personal experience (16.0%), magazines (13.3%), other (such as school/university, police and information exposure while in other countries including the USA and Ireland) (10.5%) and the internet (2.2%).

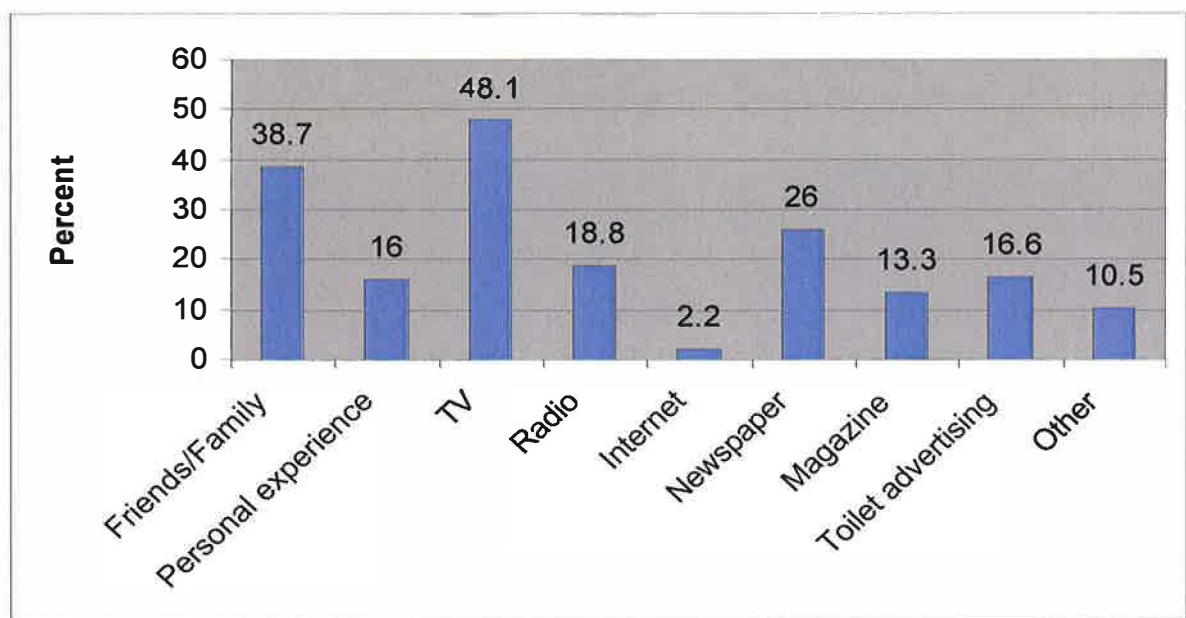


Figure 24. Reported Sources of drink spiking Information

7.6 Attitudes Towards Drink Spiking

Participants were asked to what extent they agreed or disagreed with the statement 'drink spiking is a serious problem in Victoria'. The majority of participants reported some level of agreement with this statement (56.4%). Specifically, 15.6% strongly agreed, 40.8% agreed, 15.0% disagreed and 2.7% strongly disagreed with this statement, with a further 25.9% of respondents who stated they neither agreed nor disagreed.

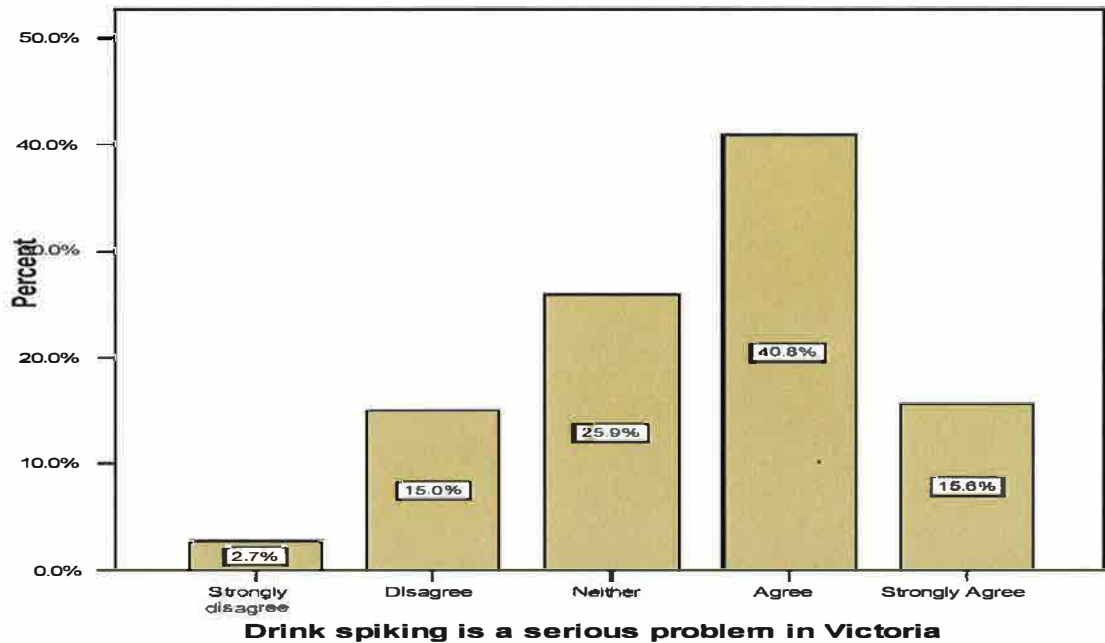


Figure 25. Level of Agreement: 'Drink spiking is a serious problem'

Participants were then asked if they thought it was appropriate for the venue to display drink spiking messages in the toilets. The majority of participants said it was definitely appropriate for the venue to display drink spiking messages (53.6%), or that it was probably appropriate for the venue to do so (41.3%). Much smaller numbers reported they were unsure/didn't know (3.6%), it probably was not (0.7%), or it definitely was not (0.7%) appropriate for the venue to display drink spiking messages.

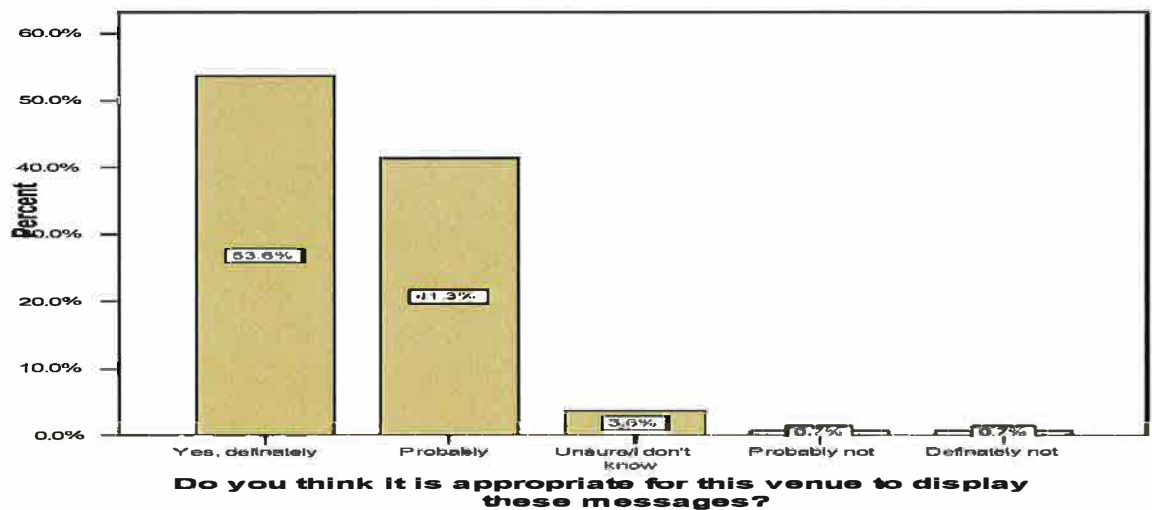


Figure 26. Appropriateness of displaying drink spiking messages

Finally, participants were asked to provide additional comment as to why they felt it was appropriate or inappropriate to display drink spiking messages in the toilets at the venue. The majority of participants reported the material was appropriate as it increased patrons' awareness of drink spiking (46.2%).

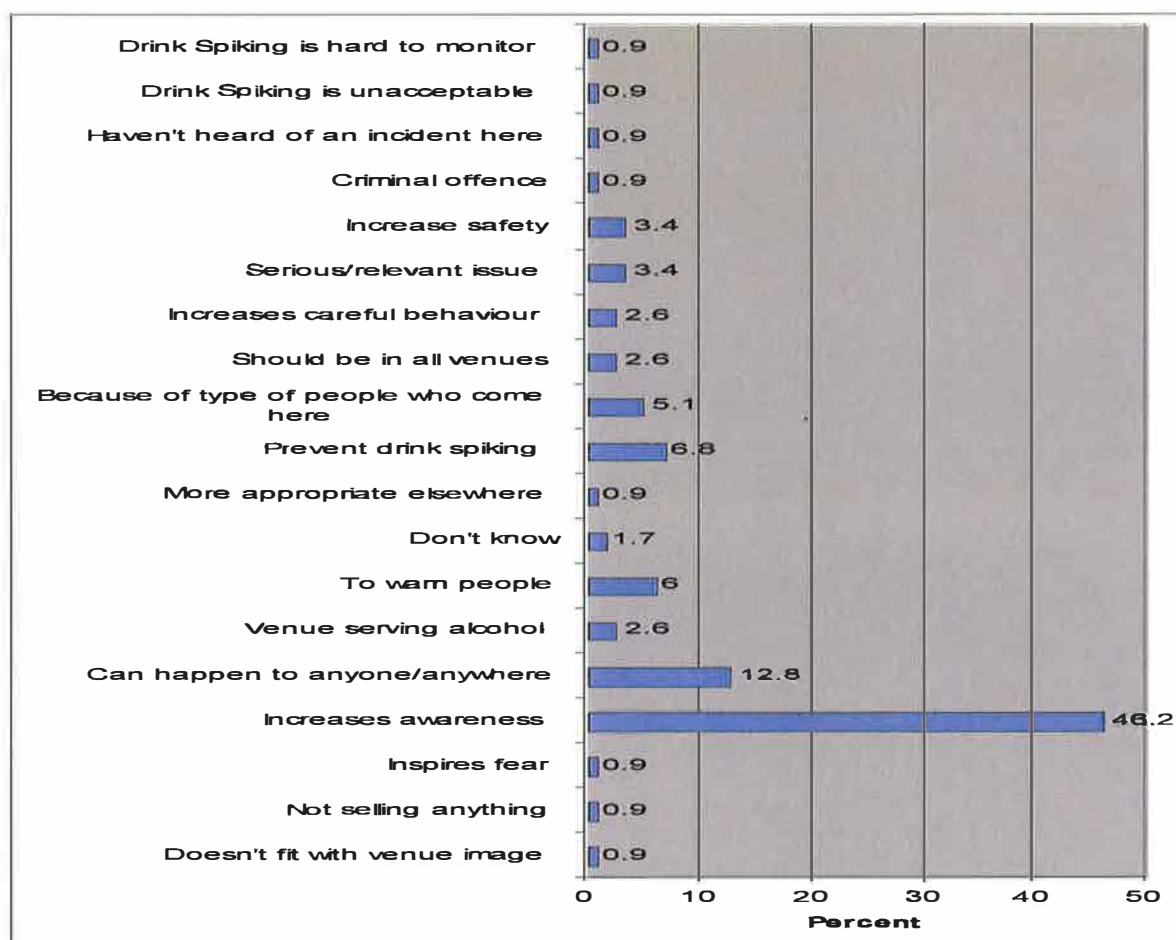


Figure 27. Participants' rationale for appropriateness/inappropriateness of message

7.7 Additional Strategy Targeting Female Patrons

A portion of the survey questions were only asked of female participants. This section discussed the implementation of drink spiking information cards in women's bathroom/toilets. Of the female participants in the survey, 26.1% reported having seen the drink spiking information cards in the women's bathroom/toilets. Of the female participants who reported having seen the information cards, 30.4% reported having taken one of the cards, however this equates to only 8.0% of the whole female sample. Although response numbers

were small, several respondents were able to identify the type of information this card provided: 81.1% reported it conveyed that drink spiking is a criminal offence, 77.2% that drink spiking can lead to sexual assault, 56.3% that drink spiking can happen to anyone, 11.1% reported the card discussed what to do if a friend/partner had been the victim of drink spiking, and 4.5% reported other information, including statistics, symptoms and precautionary tips.

Finally, female participants were asked whether they had found the information on the card to be useful and/or relevant to them. Of those who took an information card, 12.5% found the information very useful or relevant, 62.5% found the information somewhat useful or relevant and 25.0% found the information not very useful or relevant.

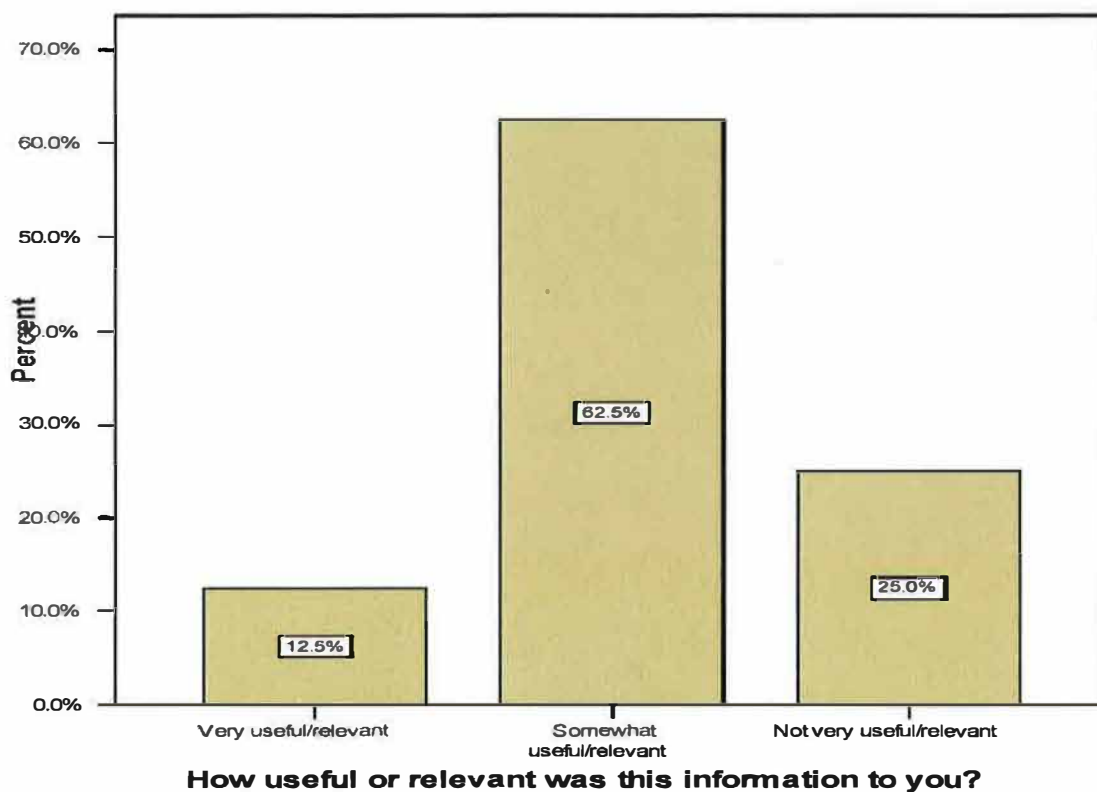


Figure 28. Female respondents' perceived usefulness of Information

8.0 POST-TEST FINDINGS OF BAR STAFF AUDIT

Thirty-one bar staff were randomly sampled and surveyed during the post-test phase of this study. Audit data presented below are provided mainly in percentages. In some instances totals may not add up to 100% due to the presence of some missing data.

8.1 Gender and Age

There was a reasonable distribution of males and females amongst bar staff (48.4% and 51.6% respectively). Participants ranged in age from 19 to 40 years with an average age of 25 years.

8.2 Length of Employment in Hospitality Industry

Bar staff were asked to report how long they had been working in the hospitality industry. The majority of participants reported having worked in the industry for three or more years (71.0%). Smaller numbers of participants reported working in the industry between two and three years (12.9%), between one and two years (9.7%) and less than one year (6.5%).

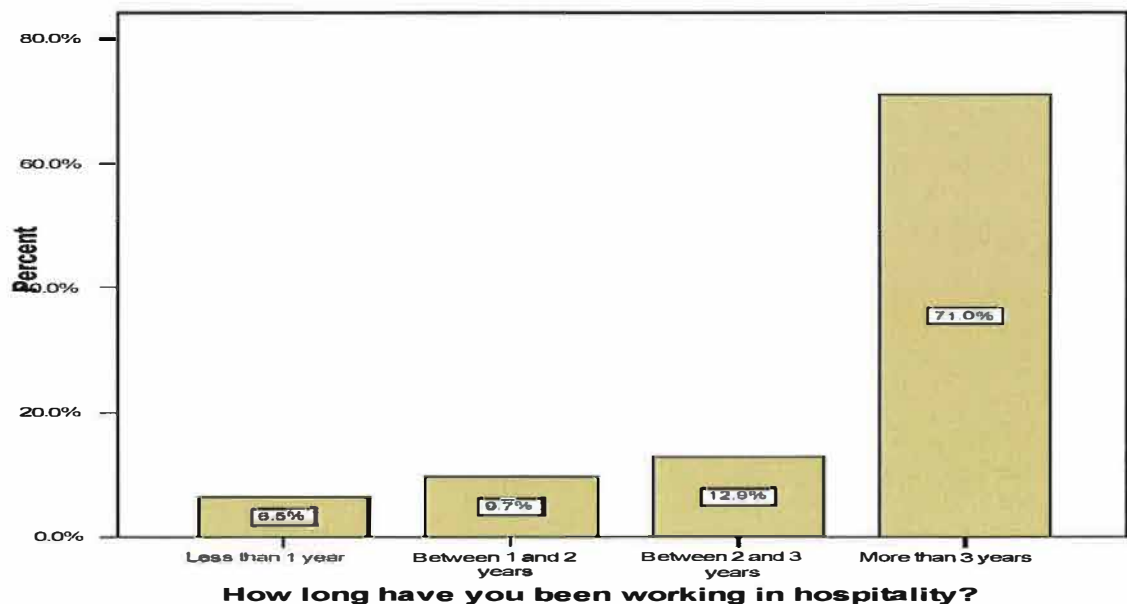


Figure 29. Length of Employment in Hospitality Industry

Participants were also asked to indicate the nature of the venue they currently worked in. The majority of participants reported working in a pub/hotel (69.0%); in a nightclub (27.6%) or a bar (3.4%).

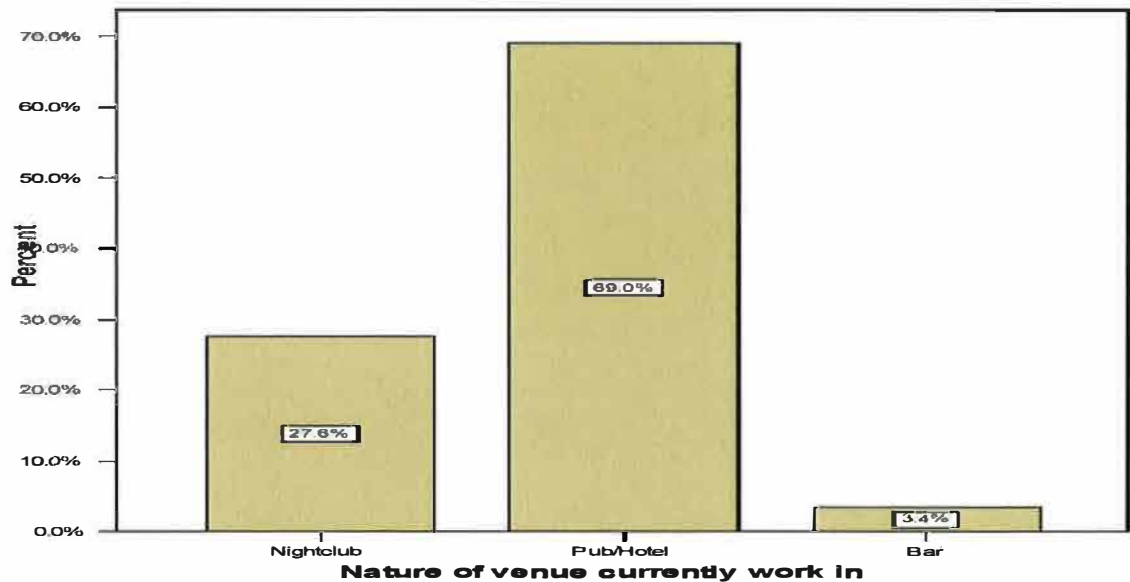


Figure 30. Nature of employment in hospitality industry

8.3 Venue Advertising

Participants were asked to indicate if they had seen any advertisements regarding health and safety issues at the venue. The vast majority of participants reported having seen some form of health and safety advertising at the venue (93.5%). When asked to describe the advertising, almost three-quarters of participants identified drink spiking as the topic of the advertising (74.2%). Smaller numbers of participants reported seeing advertising about sexual assault (32.3%), responsible service of alcohol and the prevention of injuries at work (25.8%), crime (12.9%) or they could not recall (6.5%)

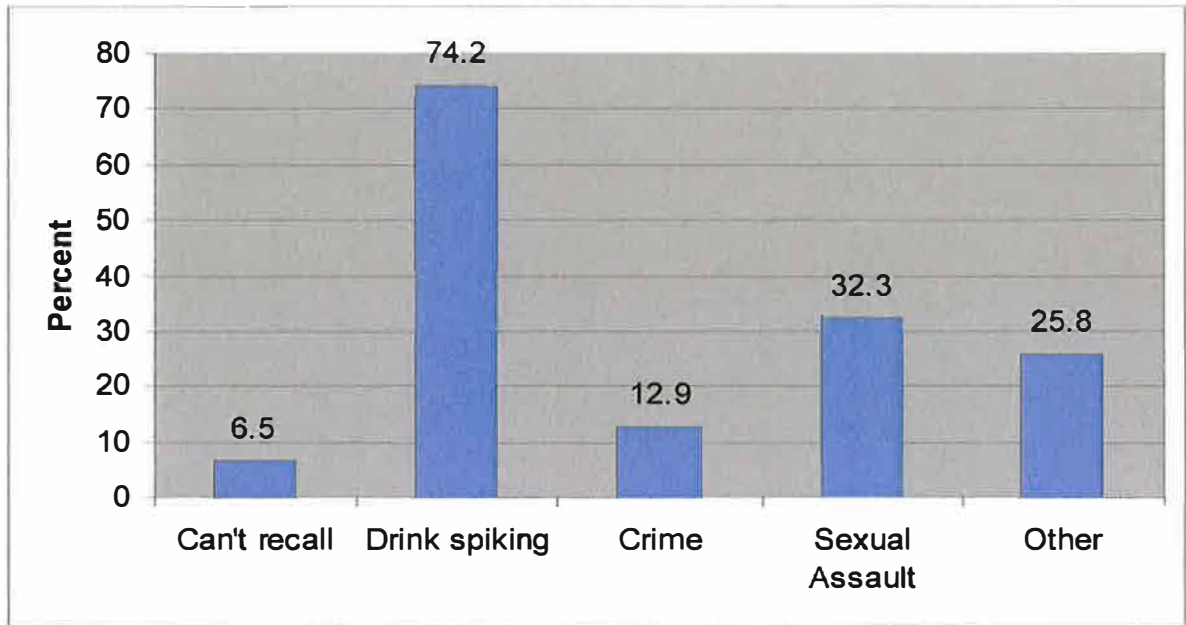


Figure 31. Reported Content of Advertising at Venue

Over three-quarters of bar staff reported having seen advertising at the venue with the tagline, 'Drink spiking is a crime that can lead to imprisonment' (77.4%). Those respondents who reported they had not seen or were unsure if they had seen an advertisement with this title were shown the advertisement before being asked if they had 'seen this advertisement anywhere at this venue'. The advertisement was shown to 22.6% of respondents with the following results: 14.3% reported having seen the advertisement, when prompted, 57.1% had not seen the advertisement, and 28.6% were unsure. Only those respondents who reported having seen the advertisement were asked to continue with the interview.

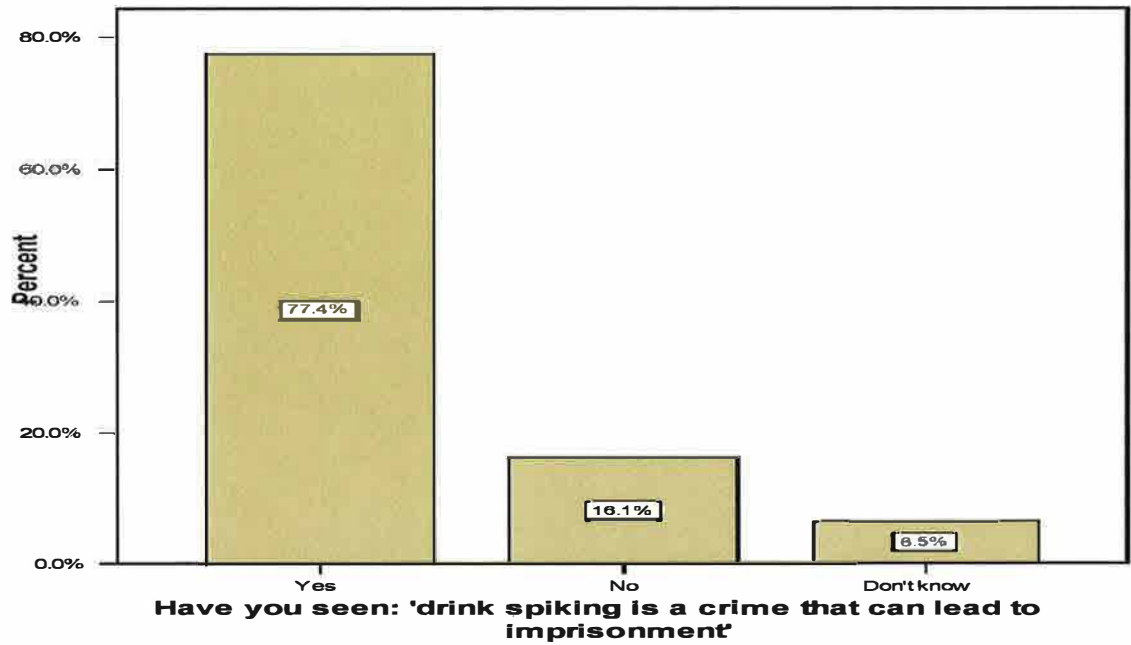


Figure 32. Reported viewing of advertisement: 'Drink spiking is a crime that can lead to imprisonment'

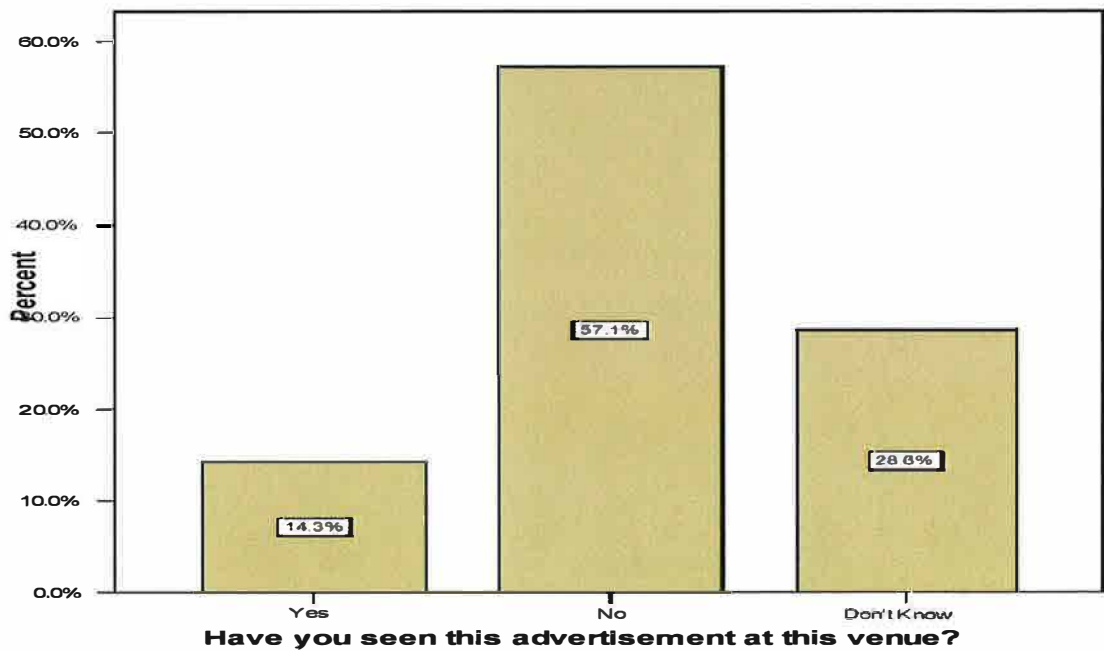


Figure 33. Reported viewing of advertisement: 'Drink spiking is a crime that can lead to imprisonment', when prompted by visual aid

8.4 Drink Spiking Advertisement

Participants were asked to describe the message conveyed by the advertisement. Participants could provide more than one response. The majority of participants reported that the message conveyed in the advertisement was that drink spiking is a criminal offence (67.7%). Almost a third of participants reported the message was that drink spiking could involve alcohol as well as illegal drugs (32.3%), followed by drink spiking can lead to sexual assault (29.0%) and drink spiking can happen to anyone (29.0%). Smaller numbers reported that the message of the advertising was to identify places for victims of drink spiking to go to get help (16.1%), 3.2% could not recall the nature of the message and 6.5% identified other messages, including increasing patron's awareness of drink spiking.

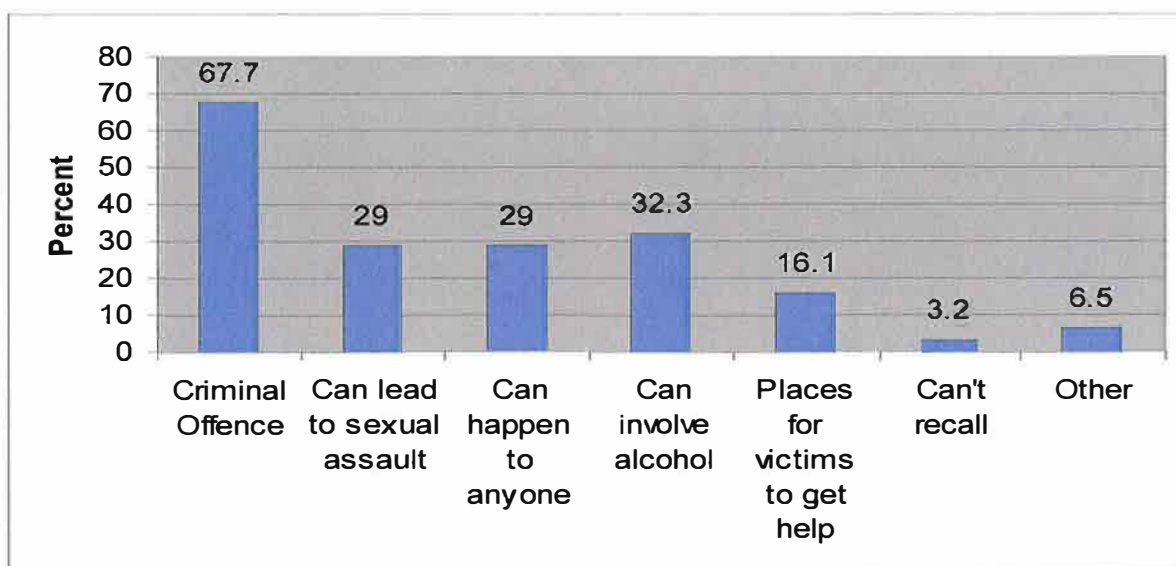


Figure 34. Respondents' description of advertisement message

Respondents were next asked to identify who they thought this advertisement targeted. The majority of participants reported that the advertisement targeted bar patrons/clientele (71%). Smaller numbers indicated the advertisement targeted people who work in pubs/bars/clubs (29%); the general public, women in particular or that they did not know (3.2%).

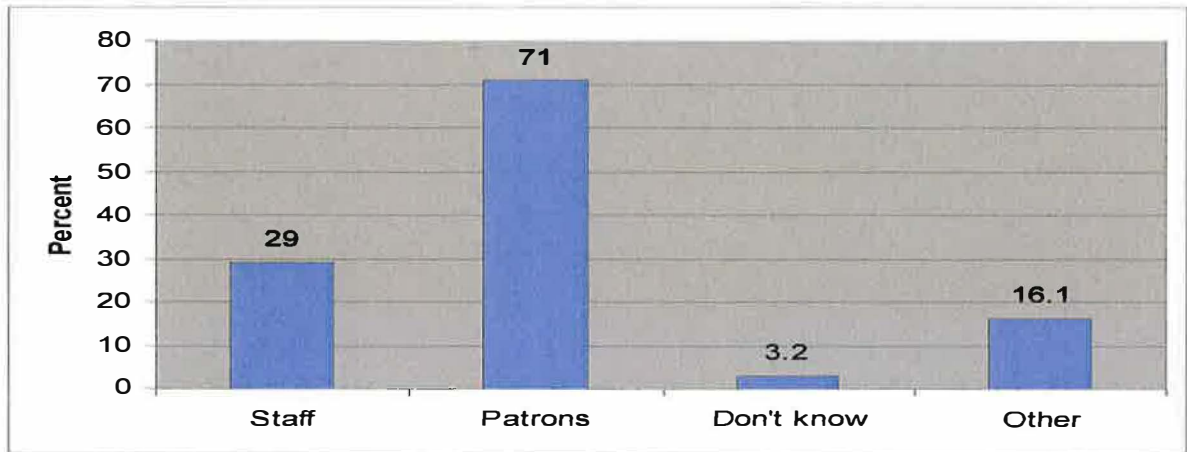


Figure 35. Respondents' perception of target group for advertisement

Participants were also asked to identify where they had seen these advertising posters displayed. The majority reported seeing these advertisements in the bathrooms/toilets at the venue. Smaller numbers reported seeing the advertisement in or behind the bar (29.0%), in the staff room or change room (12.9%) or other locations, including on walls around the hotel (3.2%).

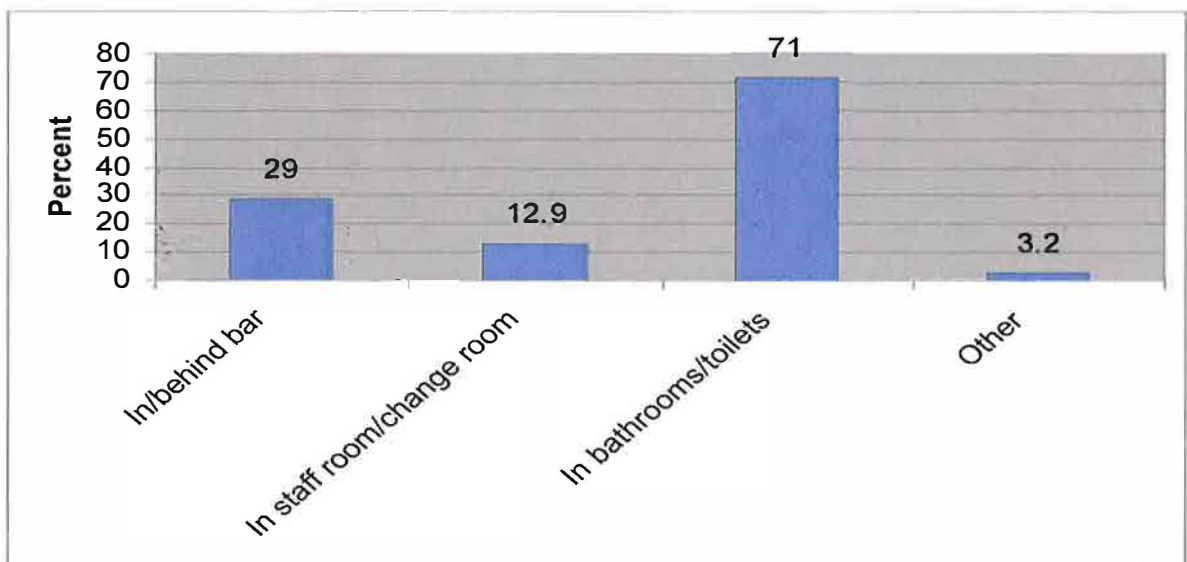


Figure 36. Respondents' report of location of advertising material

The survey then asked participants if the advertisement had provided them with any new information. The majority of participants reported the advertisement did not provide them with any new information (67.7%), while 32.3% reported they had learnt something new. Of those who reported they had learnt

something new, 25% reported having learnt that drink spiking was a criminal offence, 25% learnt that drink spiking can happen to anyone, 25% learnt who to contact in an emergency and 50% learnt what to do in an emergency.

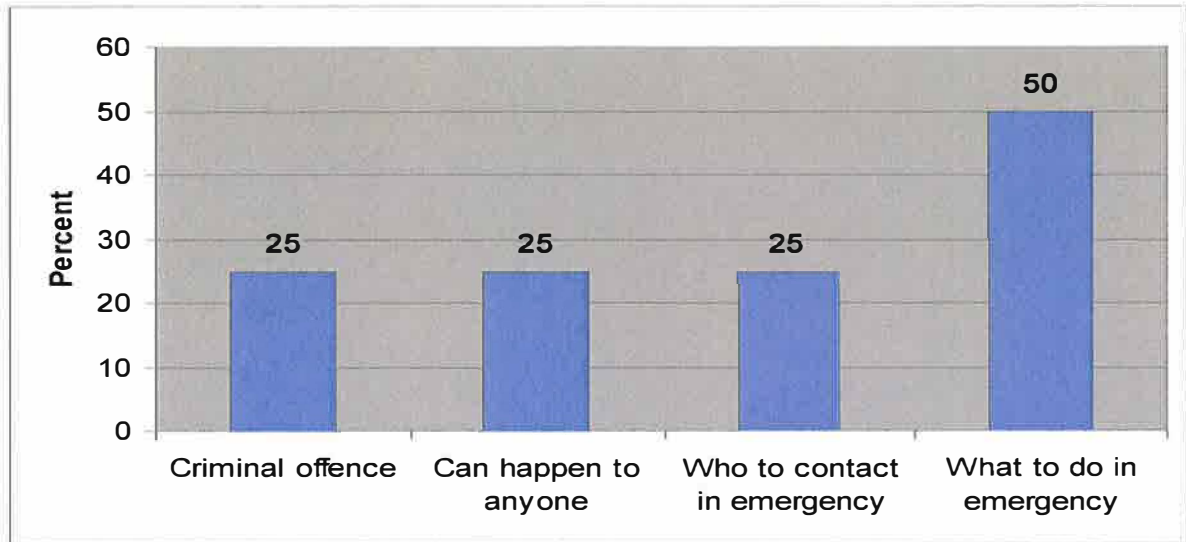


Figure 37. New information learnt from advertisement

Participants were asked if the information in the advertisement had been relevant or useful to them. Just over half of respondents indicated this information had been useful to them (64%), while 20% reported it had not been relevant or useful to them and 16% reported they did not know.

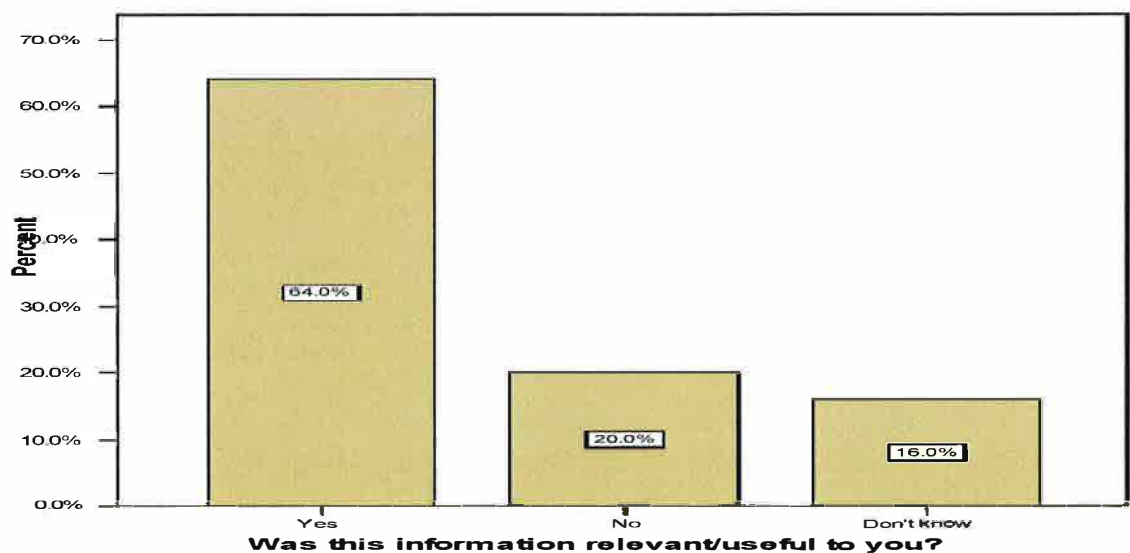


Figure 38. Reported advertisement relevance and usefulness

Finally, participants were asked if they would discuss any of the messages conveyed in the advertisement with a work colleague. Just under half of respondents (48%) indicated they would discuss this information with a colleague, while 36% said they would not and 16% were unsure.

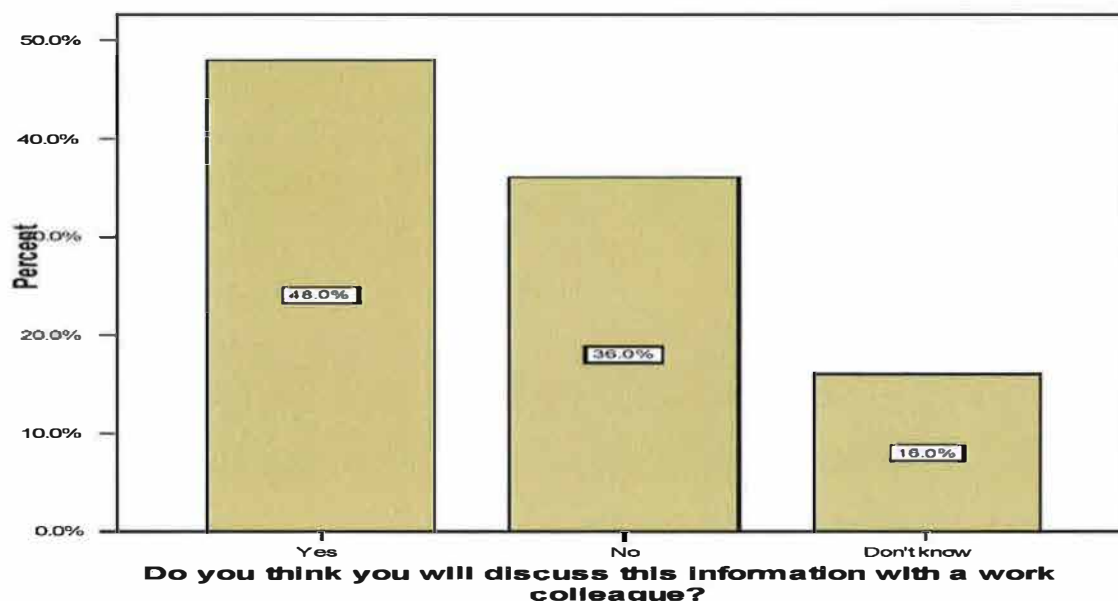


Figure 39. Preparedness to discuss information with a work colleague

8.5 Drink Spiking Awareness

Participants were asked what they would do if a person in their venue had their drink spiked. More than one response could be provided. The majority of participants said they would report the incident to bar/security staff (61.3%). Almost half of respondents indicated they would call an ambulance (48.4%). Smaller numbers of participants reported they would stay with the person (38.7%), take them to a safe place (32.3%) or call the police (25.8%).

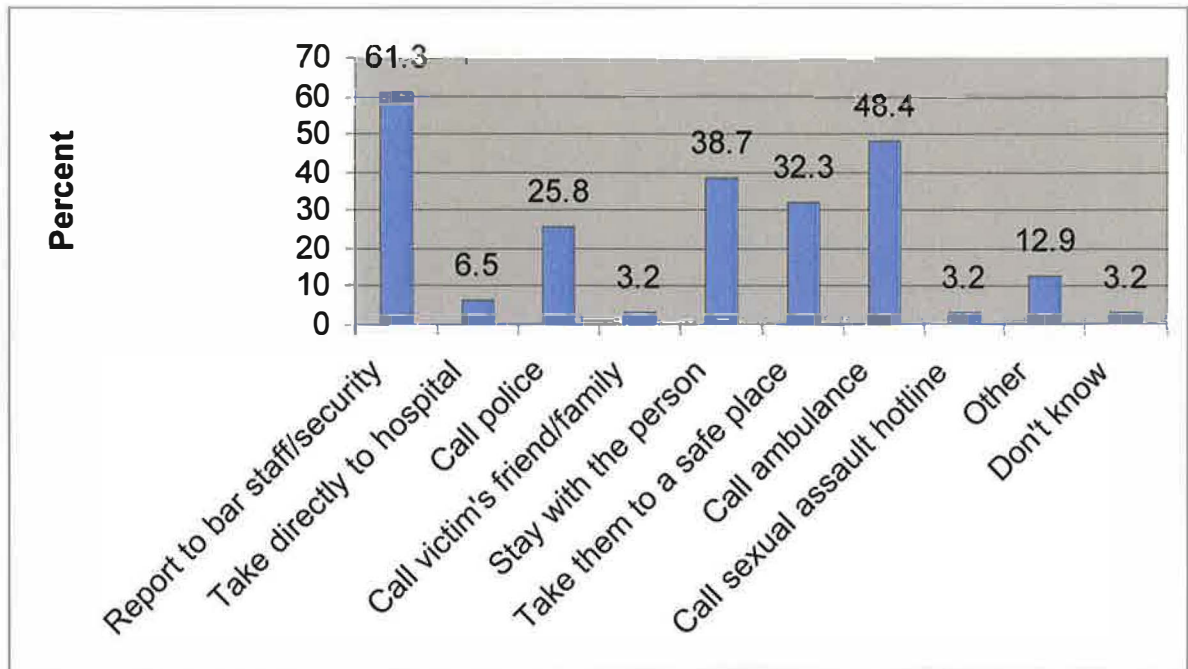


Figure 40. Respondents' actions toward a drink spiking incident

Next, respondents were asked what they thought they could do to prevent a drink spiking incident. The majority of participants reported they could keep an eye on patrons' drinks to prevent drink spiking (58.1%), followed closely by reports of watching for suspicious behaviour when at work in bars/clubs (54.8%). Slightly smaller numbers of respondents indicated they would respond quickly to victims (41.9%), talk to other bar staff about the problem of drink spiking (29.0%), talk to other colleagues who work in the bar/club industry (29.0%), inform clientele of the dangers of drink spiking and warn them to watch their drinks (12.9%).

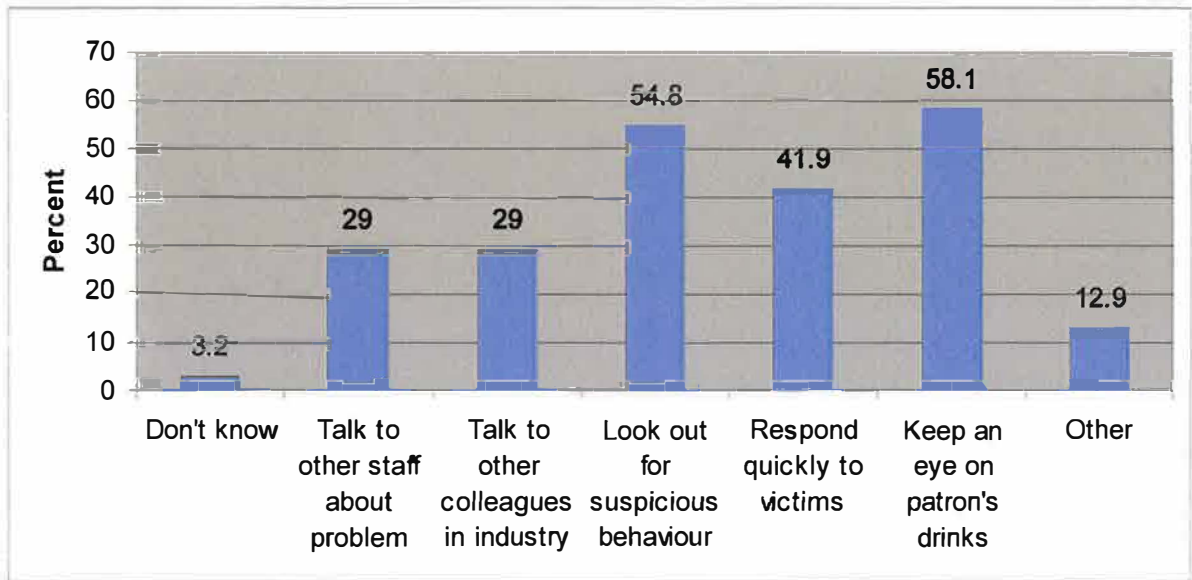


Figure 41. Respondents' perception of actions to prevent drink spiking

The survey also asked participants if they thought or felt differently about the issue of drink spiking, after seeing the drink spiking campaign materials. The majority of respondents reported the poster had not altered their perception of drink spiking (58.1%), however 19.4% reported they now felt or thought differently about drink spiking. When comparisons were made between genders, 13.3% of males reported the message had altered their thoughts or feelings about drink spiking, whereas 25% of female staff reported a shift in their attitude.

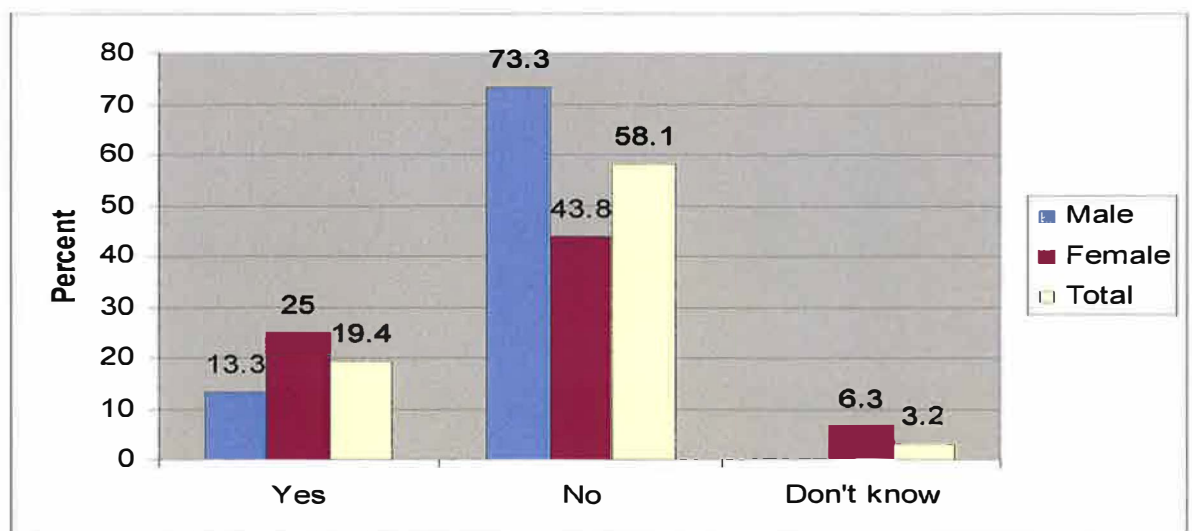


Figure 42. Reported Message Affect on Attitudes

Eighty percent of respondents indicated they had recently seen other drink spiking information. The most commonly reported source of prior drink spiking information was from family and friends (48.4%), closely followed by information from television (41.9%). Smaller numbers reported sourcing additional information from newspapers (29.0%), toilet advertising (29.0%), personal experience (22.6%), magazines (22.6%), the radio (19.4%), or from other sources, such as at school and in other venues (6.5%).

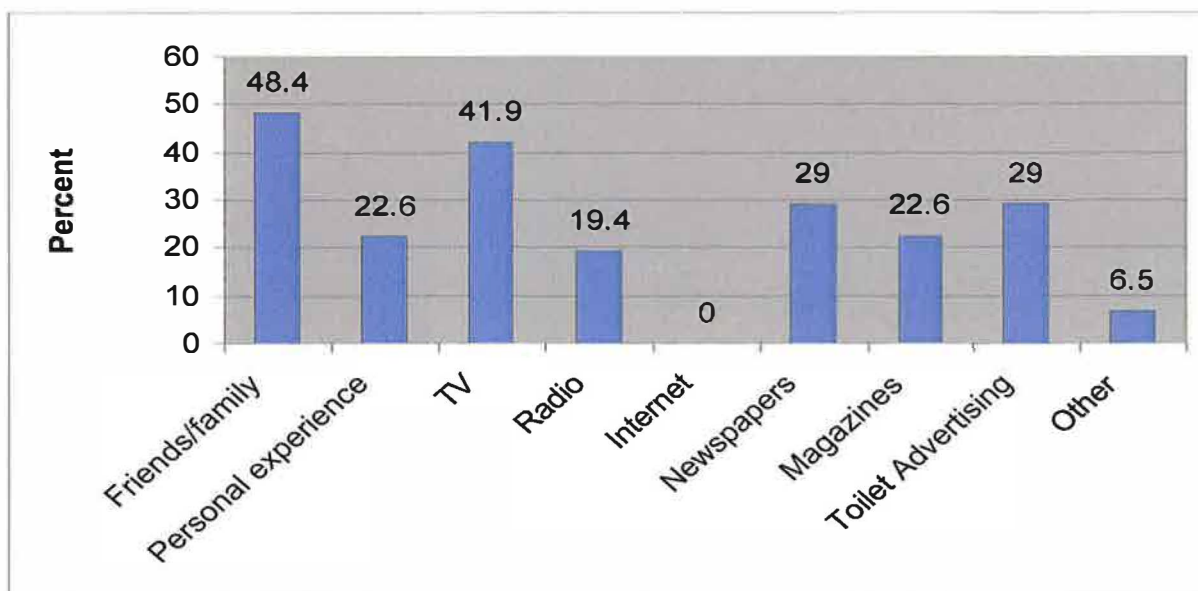


Figure 43. Reported Source of Drink Spiking Information

8.6 Attitudes Toward Drink Spiking

Participants were asked to what extent they agreed or disagreed with the statement, 'Drink spiking is a serious problem in Victoria'. The majority of participants agreed to some extent with this statement (58.1%). Specifically, 19.4% strongly agreed, 38.7% agreed, 19.4% were neutral (neither agreed nor disagreed) and 3.2% disagreed.

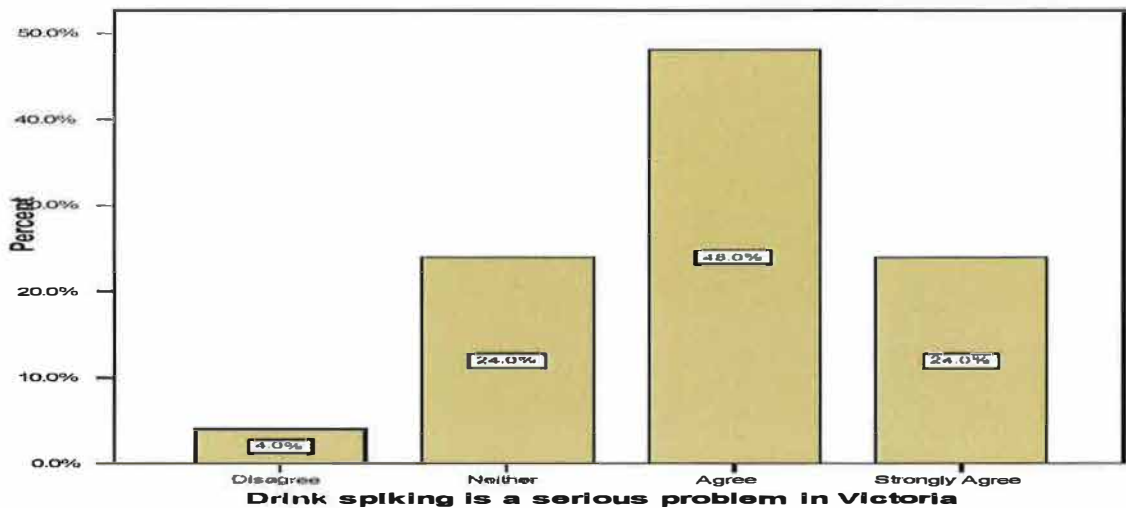


Figure 44. Level of agreement for the statement, 'Drink spiking is a serious problem in Victoria'

Participants were also asked if they thought it was appropriate for drink spiking messages to be displayed in the bar/change rooms at this venue. More than half of respondents reported it was definitely appropriate for this material to be displayed (60%). A further 32% said it was probably appropriate, 4% said they were unsure, and 4% said it was definitely not appropriate for this information to be displayed in this venue. Respondents were asked to provide reasons as to why the messages were appropriate or inappropriate for the venue. The majority of participants stated the material was appropriate as it raised awareness about drink spiking amongst patrons.

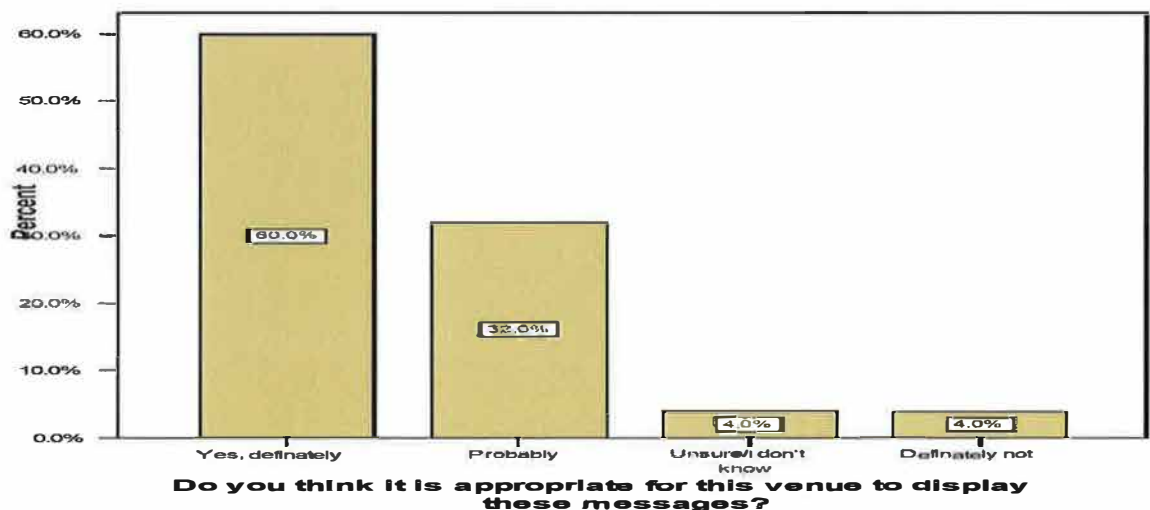


Figure 45. Perceived Appropriateness of Drink spiking Messages

The survey next asked participants if they knew someone personally (eg. a friend, partner, family member etc.) who had been a victim of drink spiking in the past five years. The majority of participants reported they did know a victim personally (66.7%), while 33.3% did not.

Finally, participants were asked to indicate if they thought drink spiking had increased, decreased or stayed about the same in the community over the past five years. The majority of participants reported they thought drink spiking incidence has increased over the past five years (52.2%). One quarter reported the behaviour was decreasing (26.1%), 4.3% reported it had stayed about the same, and 17.4% were not sure.

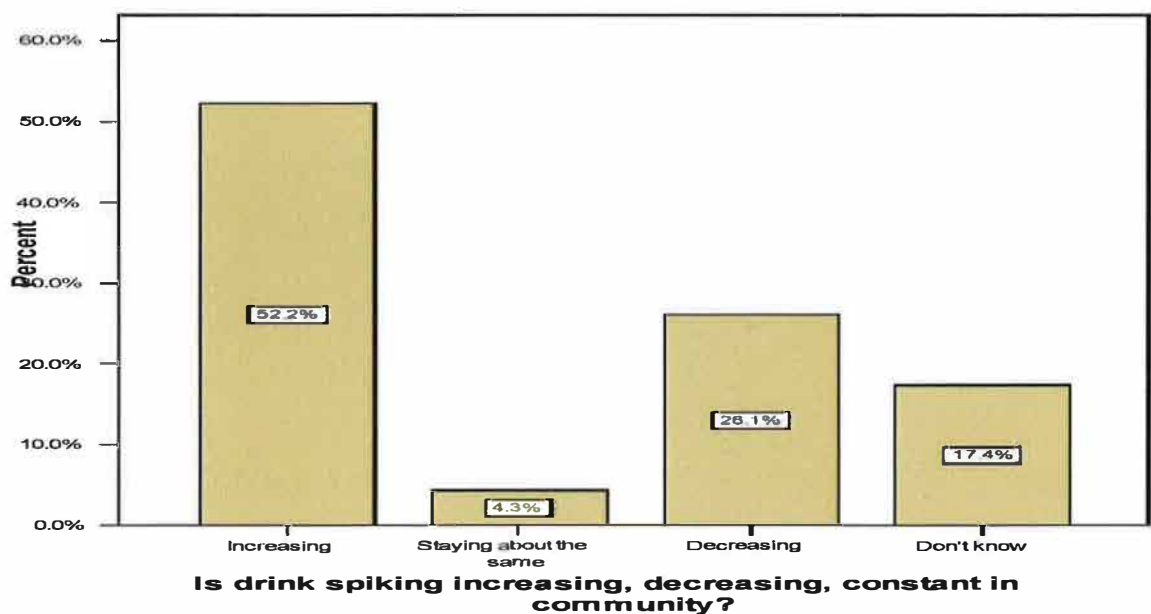


Figure 46. Participants' perception of the trend of drink spiking incidence over the past five years

9.0 POST-TEST FINDINGS OF SECURITY STAFF AUDIT

Eighteen security staff were randomly sampled and surveyed for the purpose of this study. Audit data presented below are provided mainly in percentages. In some instances totals may not add up to 100% due to the presence of some missing data.

9.1 Gender and Age

All security staff participating in this survey were male. Participants ranged in age from 19 to 48 years with an average age of 31 years.

9.2 Length of Employment in Hospitality Industry

Participants were asked to describe the length of time they had been working in the hospitality industry. The vast majority of participants had been working in the hospitality industry for more than three years (80.0%), with 20.0% having worked in the industry for between two and three years. Respondents were also asked to indicate the nature of the venue they were currently working in. Responses were fairly evenly distributed around nightclub venues (53.3%) and pub/hotels (46.7%).

9.3 Venue Advertising

Participants were next asked if they had seen any advertising related to health and safety issues at the venue. The majority of participants had seen such advertising (73.3%), while 13.3% had not, and 13.3% were unsure. Those participants who reported having seen health and safety advertising at the venue were next asked to describe the type of advertising they had seen. The majority reported the advertising provided information about drink spiking (53.3%), 33.3% reported other topics, including drink driving, fire and hygiene, 13.3% could not recall the content of the advertisement and 6.7% reported that the topic was crime-related.

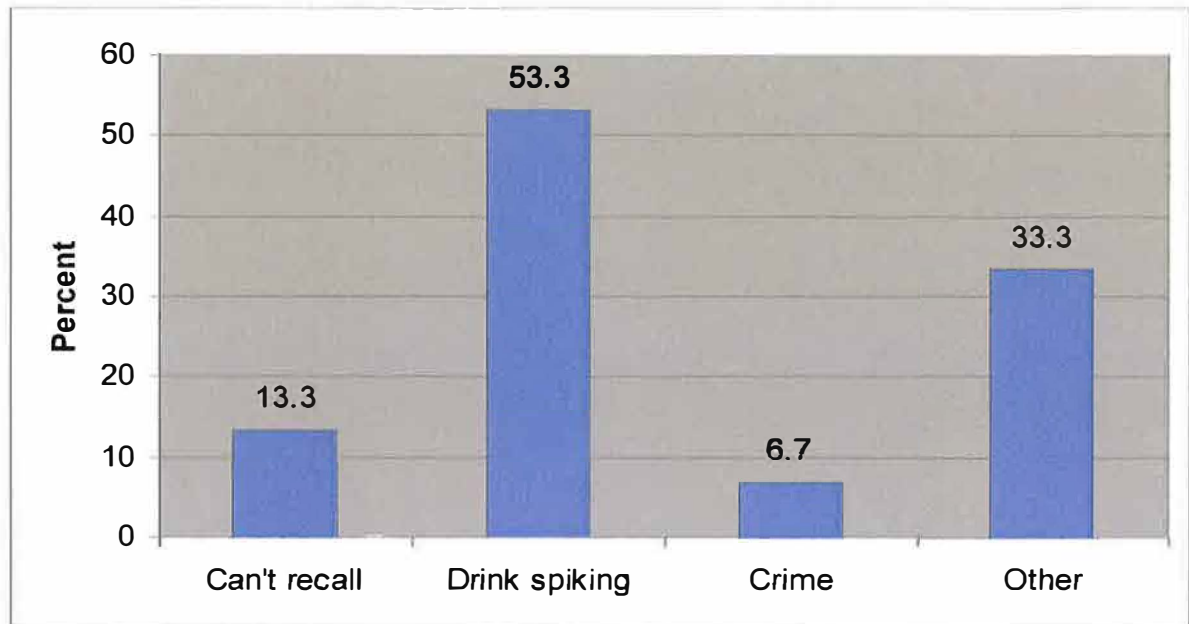


Figure 47. Reported Content of Advertising at Venue

Almost two-thirds of participants reported having seen advertising at the venue with the tagline, 'Drink spiking is a crime that can lead to imprisonment' (60.0%). One-third of participants had not seen the advertisement (33.3%), and 6.7% were not sure if they had seen the advertisement.

Those respondents who reported they had not seen or were unsure if they had seen an advertisement with this title were shown the advertisement before being asked if they had 'seen this advertisement anywhere at this venue'. The advertisement was shown to 40.0% of respondents with the following results: one-third reported having seen the advertisement (33.3%), 50.0% reported they had not seen the advertisement and 16.7% were unsure. Only those respondents who reported they had seen the advertisement were asked to continue with the interview.

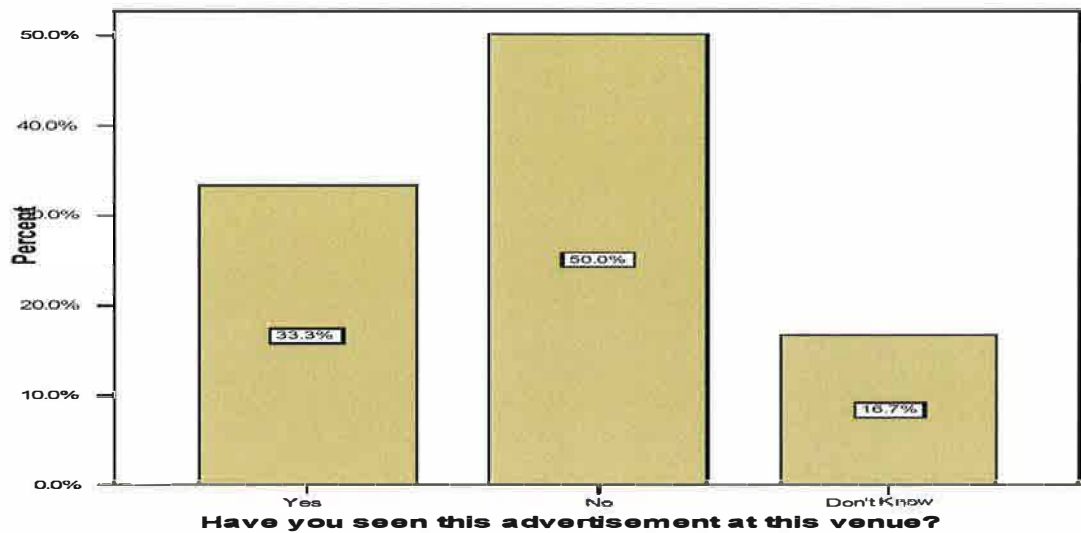


Figure 48. Reported viewing of advertisement: 'Drink spiking is a crime that can lead to imprisonment', when prompted by visual aid

9.4 Drink Spiking Advertisement

Participants were asked to describe the message conveyed by the advertisement. Participants could provide more than one response. The majority of participants reported that the advertisement conveyed the message that drink spiking was a criminal offence (53.8%). Smaller numbers of participants reported that the advertisement message was that drink spiking can happen to anyone (23.1%); drink spiking can involve alcohol as well as illegal drugs (23.1%); drink spiking can lead to sexual assault (15.4%), there are places victims of drink spiking can go to get help or other messages, including asking the reader to consider the behaviour of their friends (15.4%).

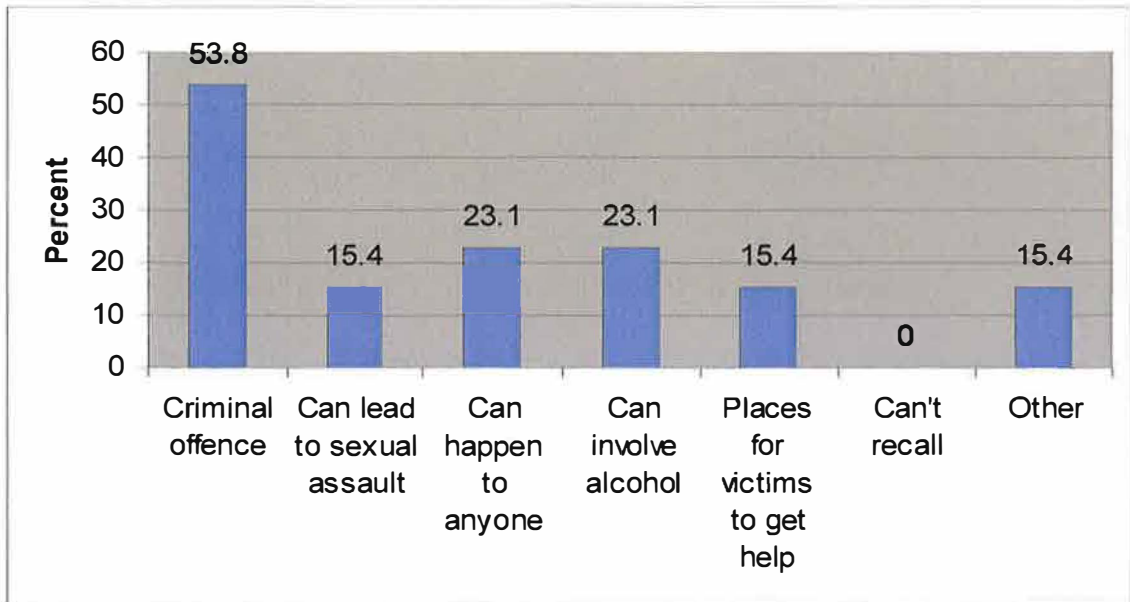


Figure 49. Respondents' description of advertisement message

Respondents were next asked to identify who they thought this advertisement targeted. The majority of respondents indicated the message targeted bar patrons/clientele, while 23.1% reported the advertisement targeted people who work in pubs/bars/clubs and 23.1% reported the advertisement targeted other groups, including potential drink spikers and young people.

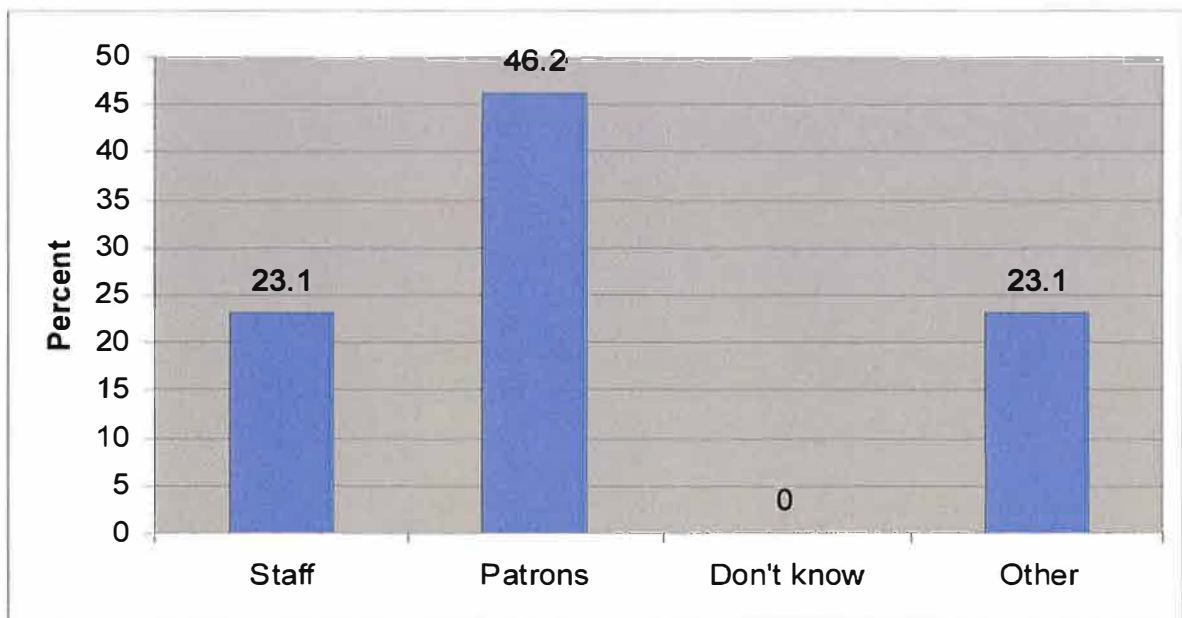


Figure 50. Respondents' perception of target group for advertisement

Participants were also asked to identify where they had seen these advertising posters displayed. The majority of participants reported to have seen this advertisement in the bathrooms/toilets at the venue, while 15.4% reported having seen the advertisement in or behind the bar.

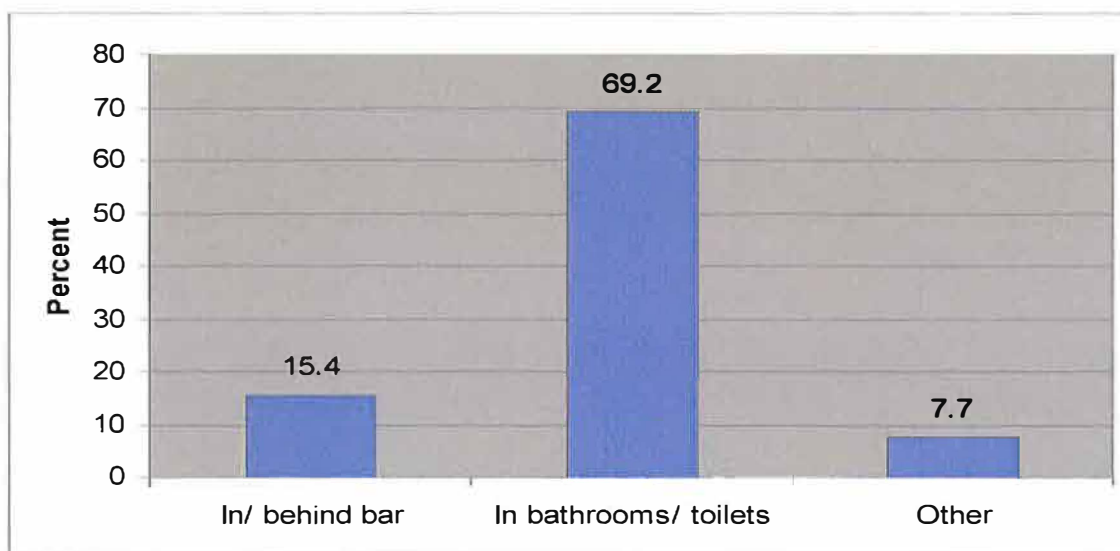


Figure 51. Respondents' report of location of advertising material

The survey then asked participants if the advertisement had provided them with any new information. No participants indicated they had learnt new information from this advertising material. Participants were then asked if the information in the advertisement had been relevant or useful to them. Two thirds indicated the information was not relevant or useful to them (66.7%); however over one-third (27.3%) reported the information was important or relevant to them. Finally, participants were asked if they would discuss any of the information conveyed in the advertisement with a work colleague. Two thirds indicated that they would discuss this information (66.7%); however over one-third reported they would not.

9.5 Drink Spiking Awareness

Participants were asked what they would do if a patron in their venue had their drink spiked. The majority of participants reported they would stay with the person (38.5%), followed by 30.8% of respondents who indicated they would report the incident to bar/security staff, 30.8% would call an ambulance and

30.8% reported other actions. Smaller numbers of participants reported they would call the police (23.1%), take the person directly to hospital (15.4%) or take them to a safe place (15.4%).

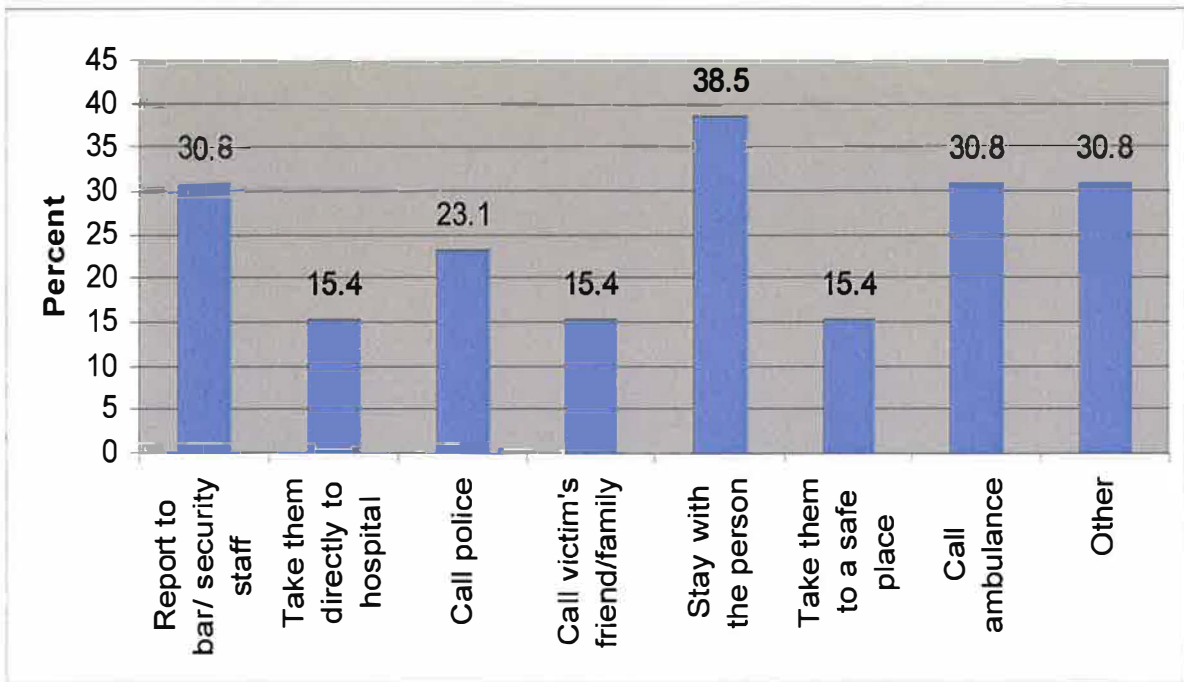


Figure 52. Respondents' actions toward a drink spiking incident

Next, respondents were asked what they thought they could do to prevent a drink spiking incident. The majority of respondents indicated they would look out for suspicious behaviour when at work in bars/clubs (53.8%). Smaller numbers reported prevention strategies including responding more quickly if a bar patron has been the victim of drink spiking (30.8%); keeping an eye on patron's drinks (23.1%); talking to other bar staff about the problem of drink spiking (15.4%), or other actions, including follow-up on complaints, proactively monitoring the crowd and removal of unattended drinks (15.4%).

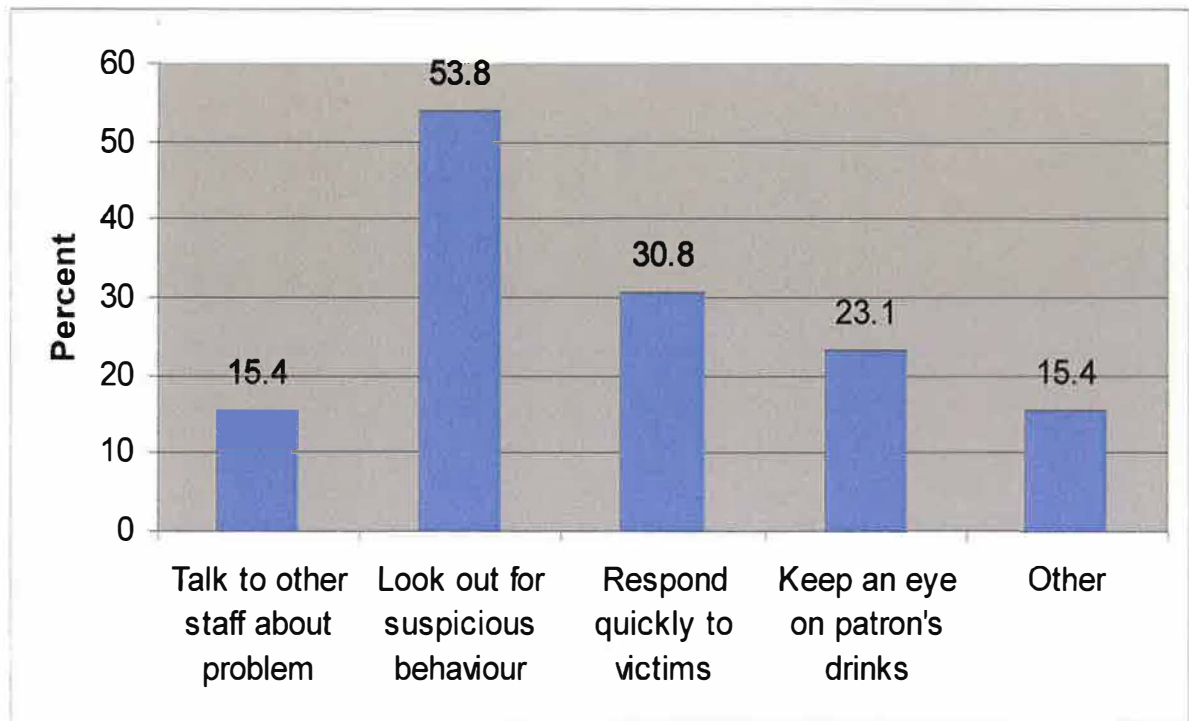


Figure 53. Respondents perception of actions to prevent drink spiking

The survey asked participants if they thought or felt differently about the issue of drink spiking after seeing the drink spiking poster. Two thirds of respondents indicated they did not feel or think differently about the issue while 11.1% were unsure and 22.2% reported they did feel differently. Those who reported feeling or thinking differently indicated their awareness of the problem of drink spiking had increased.

When asked if they had seen or heard anything about drink spiking prior to seeing this poster, 69.2% reported they had seen other drink spiking information. Over half of these respondents reported they had seen or heard information about drink spiking on television (55.6%), 44.4% from family or friends, 33.3% from personal experience, 33.3% from radio, 33.3% from magazines, 33.3% from toilet advertising, 33.3% from other sources and 22.2% from newspapers.

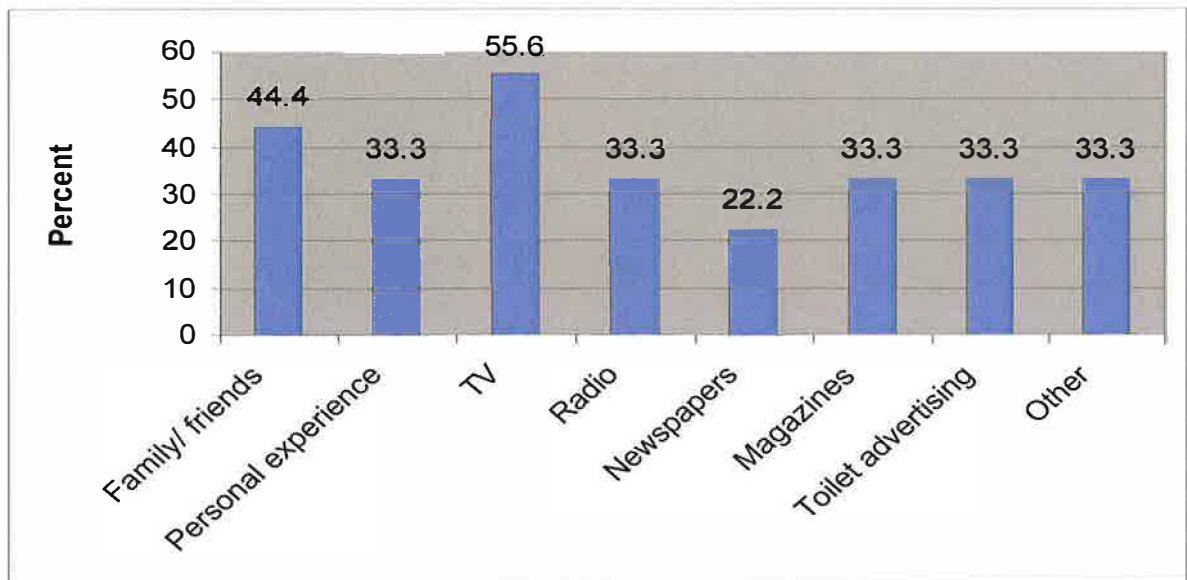


Figure 54. Reported (Other) Sources of drink spiking information

9.6 Attitudes Toward Drink Spiking

Participants were asked to what extent they agreed or disagreed with the statement, 'Drink spiking is a serious problem in Victoria'. Just under half of participants disagreed with this statement to some extent (44.4%), with 33.3% agreeing to some extent, and 22.2% reported neutral attitudes (they neither agreed nor disagreed) toward the statement.

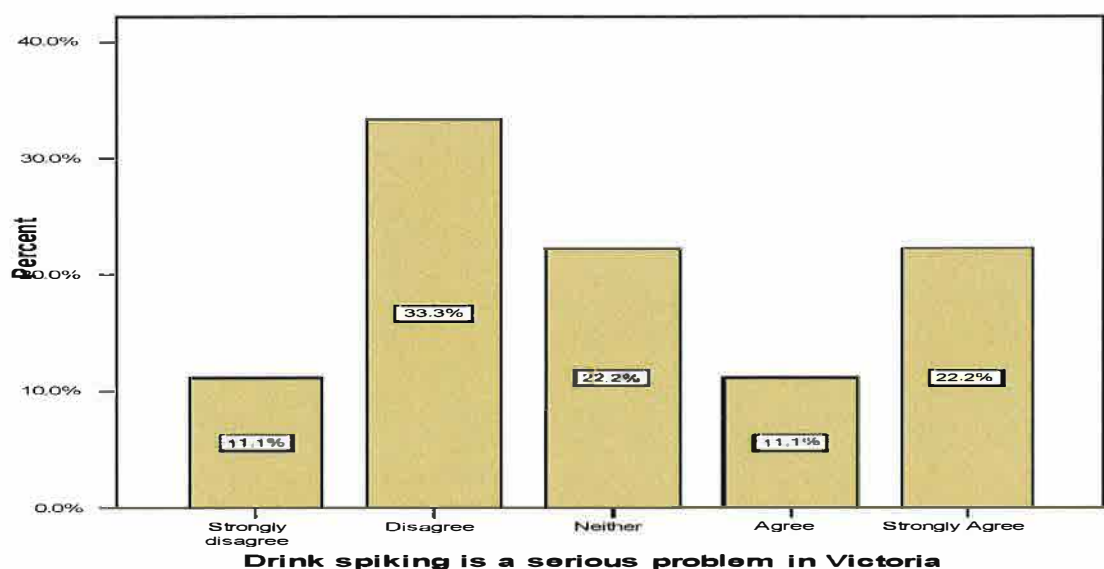


Figure 55. Level agreement for the statement: 'Drink spiking is a serious problem in Victoria'

Participants were also asked if they thought it was appropriate for drink spiking messages to be displayed in the bar/change rooms at this venue. All participants thought it was appropriate for drink spiking information to be displayed at the venue; two-thirds thought it was definitely appropriate (66.7%), while one-third reported it was probably appropriate (33.3%). Respondents were asked to provide reasons as to why the messages were appropriate for the venue. The majority of participants stated the material was appropriate because it raised awareness amongst patrons.

The survey then asked participants if they knew someone personally (eg. a friend, partner, family member etc.) who had been a victim of drink spiking in the past five years. The majority of respondents did not personally know a victim of drink spiking (66.7%). Finally, participants were asked to report if they thought drink spiking had increased, decreased or stayed about the same in the community, over the past five years. One-third of participants reported they did not know if drink spiking incidence had changed over the past five years, while a further one-third of participants reported it had increased. Smaller numbers of participants indicated that drink spiking had decreased (22.2%) or stayed about the same (11.1%) over the past five years.

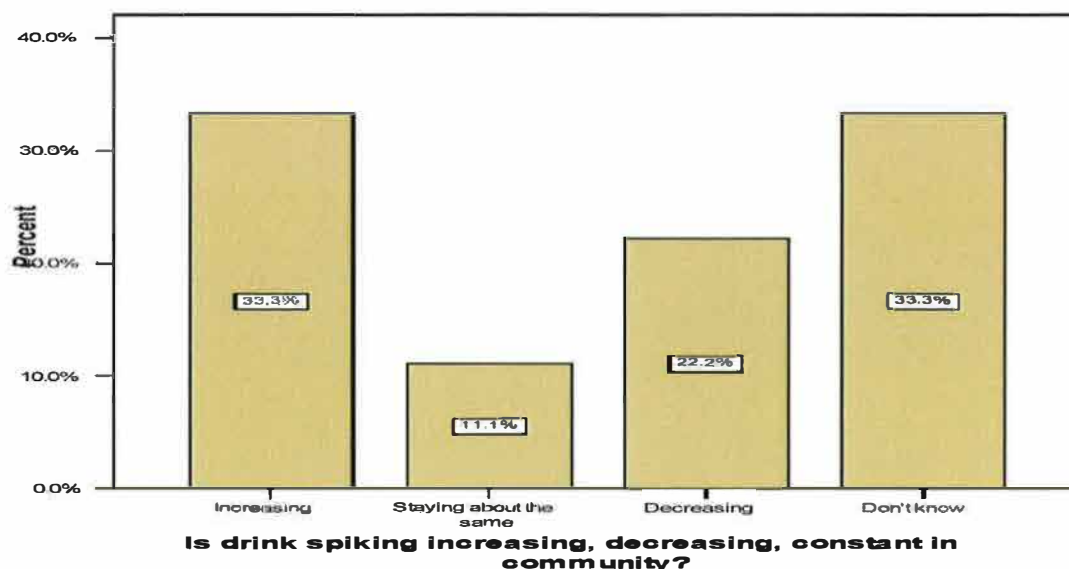


Figure 56. Perception of Trends in Drink Spiking

10.0 DISCUSSION OF POST-INTERVENTION SURVEY FINDINGS

10.1 Patron Audit

10.1.1 Summary of Post-test Patron Audit Responses

In assessing the efficacy of the present drink spiking campaign, the most significant evaluation questions concern patron exposure to campaign materials and their levels of recall concerning key campaign messages. It is also important to consider the extent to which patrons' attitudes and behaviours may have changed upon their exposure to these materials. The following sections summarise key findings in relation to these fundamental evaluation questions.

Almost half of respondents reported visiting the venue in which the audit was completed less than monthly (45.3%), which provided limited opportunity for participants to view the drink spiking advertisements. Despite this potential short-coming in the reach of the key campaign messages, almost two-thirds of respondents (62.4%) were able to recall seeing an advertisement with the tag-line 'Drink spiking is a crime and can lead to imprisonment' at the venue. When presented with a copy of the advertisement as a visual prompt, a further 6.8% recalled seeing the advertisement, and so an aggregated total of **69.2% of participants** reported some exposure to the key campaign message ('Drink spiking is a crime that can lead to imprisonment').

Similarly, just over half of all respondents (51.4%) who reported some recall of bathroom advertising at the venue correctly identified this advertising's key message that drink spiking is a criminal offence. Approximately one-third of participants thought the advertisement targeted all patrons in pubs/bars/clubs (34.8%), while one-third of respondents reported the advertisement targeted women only (33.7%), and 22.7% reported that it targeted all men. Nonetheless, it is important to note that nearly half of all respondents could not recall the topic of the advertising they had seen in the bathroom/toilets at the venue when asked without prompting (48.6%).

Around two-thirds of patrons reported that they did not learn any new information from the drink spiking advertisement. Among those who had learnt

something new, many reported that they had learnt that drink spiking is a criminal offence (40%), and that drink spiking can involve alcohol as well as illegal drugs (30%). Despite feeling that they had not learnt anything new in the advertising, just under half of all patron respondents indicated the information provided by the advertisement was relevant or useful to them (48.9%), with a similar number indicating they would pass the information on to a friend (38.7%).

However, it is likely that patrons' responses to the issue of acquiring new information upon exposure to the present campaign was affected by their existing levels of awareness about drink spiking. The vast majority of participants reported being exposed to drink spiking information prior to seeing this current campaign advertisement (77.3%). Television was most commonly cited as the source of this drink spiking information (48.1%), followed by friends and family (38.7%) the newspaper (26.0%) and the radio (18.8%). It is likely that this prior exposure to information about drink spiking through the electronic media and participants' peer groups affected the extent to which patrons felt that this campaign had provided new information for them (reported above). It is also likely that the success of earlier CPV sponsored drink spiking prevention campaigns in Victoria (see CYDS 2003) has affected general levels of awareness among bar and club patrons on the subject of drink spiking risks and prevention.

On the questions of intervention and drink spiking prevention strategies many patrons reported they would stay with a friend (45.3%) and/or take them to a safe place (41.4%) if they were ever the victim of drink spiking in a bar or club. Just over one-third of participants indicated they would report the incident to bar/security staff. Meanwhile, looking out for a friend or partner when out in bars/clubs was the most frequently reported strategy to prevent drink spiking (41.4%). This was followed by encouraging one's friends/partner to watch their drinks when out in bars/clubs (32.6%). Perhaps unsurprisingly, more females than males (37.5% and 18.5% respectively) felt the message conveyed in this campaign had affected how safe they felt out in bars and clubs.

A clear majority of participants agreed that drink spiking is a serious problem in Victoria (59%) with just over one-quarter reported neutral feelings about this statement (that is they neither agreed nor disagreed) (25%). Just over half of participants reported they thought it was appropriate for drink spiking messages to be displayed in the bathrooms/toilets at the venue (53.6%). A further 41.3% reported it was probably appropriate to do so.

The present campaign also entailed an additional strategy comprising the placement of 'take away' drink spiking information cards in the female bathrooms/toilets. This strategy does not appear to have been effective with only 26.1% of female participants reporting seeing these information cards in the bathroom/toilets. Of these patrons, only 30.4% reported taking one of the cards. That is to say that fewer than 10% of all female patrons reported taking an information card away with them. That said, when asked if the information provided in these cards had been useful, three-quarters of females who reported some exposure to the information regarded it as 'very useful or relevant' or 'somewhat useful or relevant', with the remaining 25% reporting the information was not very useful or relevant to them.

The research and evaluation design permitted pre and post-test data to be compared on three questions, used in each audit. These questions are: 1) How often do you come to this venue?, 2) Do you agree with the following statement 'drink spiking is a serious problem in Victoria?', and 3) If a good friend of yours had their drink spiked in this venue, what would you do? Chi-squared analysis was conducted on these data, with the results described below.

1. How often do you come to this venue?

Chi-squared analysis on this question showed there was no significant difference between pre-test participants' and post-test participants' report of frequency attending the venue.

2. Do you agree with the following statement, 'drink spiking is a serious problem in Victoria'?

Chi-squared analysis on this question showed there was a significant difference in reported levels of agreement with the statement among pre- and post-test participants ($\chi^2 = 15.600$, $p < 0.01$). The pre-test group were more likely to report stronger views (ie they 'strongly disagreed', 'strongly agreed') of the problem of drink spiking in Victoria. The post-test group were more likely to hold less strong views, and were more likely to report they 'agreed' or 'disagreed' with the statement.

3. *If a good friend of yours had their drink spiked in this venue, what would you do?*

Report it to bar staff/security

The pre-test group were significantly more likely to report they would report the incident to bar staff/security than the post-test group ($\chi^2 = 77.585$, $p < 0.01$).

Take them directly to hospital

The pre-test group were significantly more likely to report they would take the individual directly to hospital compared to the post-test group ($\chi^2 = 44.473$, $p < 0.01$).

Call police

The pre-test group were significantly more likely to report they would call the police regarding a drink spiking incident compared to the post-test group ($\chi^2 = 35.575$, $p < 0.01$).

Call victim's friend/family

The pre-test group were significantly more likely to report they would call the victim's friends or family compared to the post-test group ($\chi^2 = 23.545$, $p < 0.01$).

Stay with the person

The pre-test group were significantly more likely to report they would stay with the person who had been the victim of drink spiking compared to the post-test group ($\chi^2 = 63.687, p < 0.01$).

Take them to a safe place

The pre-test group were significantly more likely to report they would take the victim to a safe place compared to the post-test group ($\chi^2 = 8.186, p < 0.01$).

Call ambulance

The pre-test group were significantly more likely to report they would call an ambulance in the event of a drink spiking compared to the post-test group ($\chi^2 = 19.669, p < 0.01$).

Call sexual assault service/hotline

The pre-test group were significantly more likely to report they would call a sexual assault service or hotline compared to the post-test group ($\chi^2 = 18.840, p < 0.01$).

Other

The post-test group were significantly more likely to suggest other actions they would take if a person with them had their drink spiked than the pre-test group ($\chi^2 = 4.534, p < 0.01$). Alternative actions suggested by the post-test group include finding the person responsible for spiking the drink, that their actions would depend on the circumstances of the incident or that they would remove the person from the venue.

The results reported here suggest, at first blush, that the pre-test group had greater knowledge of how to effectively respond to a suspected case of drink spiking. However, as discussed in the limitations section of this report, below,

there are likely to be other plausible explanations for these results. Firstly, the differing sample size (325 pre-test patrons, compared to 182 completed post-test patrons) may have affected the significance of these results, and had sample sizes been more equal, it is possible that these findings would be inverse or equal. Secondly, the study design of this sample does not permit the tracking specific individuals and their changes in knowledge. That is, the participants who responded at pre-test may be different to those who responded at post-test in terms of their knowledge of the actions they could take in the event of a drink spiking incident.

10.1.2 Reach of intervention

Female patrons were significantly more likely to have seen advertising within the toilets at the venue than male patrons ($\chi^2 = 4.153$, $p = 0.42$). The age of patrons did not seem to affect the likelihood of patrons reporting exposure to advertising displayed in the venue toilets.

Male patrons were significantly more likely than females to report the advertisement targeted male patrons ($\chi^2 = 6.273$, $p = 0.012$). Similarly, female participants were significantly more likely than males to report the advertisement targeted females ($\chi^2 = 25.972$, $p = 0.000$). This result is likely due to the specific campaign strategy of selectively displaying advertisements within single-gender bathrooms, and thus it is unlikely that males would view females as the primary target of drink spiking advertising displayed in the male toilets (and vice versa). In addition, male patrons were significantly more likely than females to report the advertisement targeted men who might be thinking about spiking a woman's drink ($\chi^2 = 7.426$, $p = 0.006$). Again, this is probably due to the advertisement being displayed in single-gender toilets at the venue.

Patrons were also asked to describe the content/message of the campaign advertising. Whilst male and female participants provided numerous responses, including 'drink spiking can happen to anyone', 'drink spiking can involve alcohol as well as illegal drugs' and 'there are places you can go to get help if you have

been the victim of drink spiking', there were important gender differences for two responses to this question. Male patrons were significantly more likely than female patrons to respond that the advertisement conveyed the message that 'drink spiking is a crime' ($\chi^2 = 3.179, p = 0.075$). Female participants, however, were more likely than males to respond that the message was that 'drink spiking can lead to sexual assault', although this difference was not significant ($\chi^2 = 2.814, p = 0.093$). As noted in the literature review, females are more often the victim of drink spiking than males. It is interesting then that the message women draw from this advertisement relates to the possibility of sexual assault, while the message men take relates to the information that drink spiking is a criminal act. The campaign therefore appears to have succeeded in two of its central aims: it has increased women's awareness of the potential link between sexual assault subsequent to a drink spiking incident, as well as educating men about the criminal nature of drink spiking and the significant legal ramifications of engaging in such behaviour.

More females than males reportedly gained new information from campaign advertising however the significance of this result is difficult to interpret given the low number of participants who answered positively to this question. Similarly, there are too few responses on the nature of this new information to interpret these findings with any confidence. As noted above it is likely that general levels of awareness about drink spiking were high among bar and club patrons at baseline given recent media coverage of the issue and the successes of earlier drink spiking prevention campaigns. Nonetheless, when asked if they thought the drink spiking information had been relevant and/or useful to them, female patrons were significantly more likely than male patrons to report that the information had been relevant/useful ($\chi^2 = 17.398, p = 0.000$). Female patrons were also more likely than males to express willingness to pass the drink spiking information on to a friend ($\chi^2 = 8.229, p = 0.016$).

Female participants were asked about the take away information installed in the female toilets at the venue. There were no significant age differences between

women who reported exposure to this drink spiking information in the female toilets. Due to the low numbers of female patrons who reported exposure to information cards (n = 22), data collected on this strategy are difficult to interpret. Five of the seven respondents who reported taking an information card from the women's bathroom/toilet described the information as somewhat or very useful or relevant to them. The remaining two respondents reported the information was not very useful to them. Thus it appears that for those participants who reported taking a card, the strategy was successful in increasing or reinforcing their awareness of the issue of drink spiking; however the effectiveness of this strategy warrants further exploration.

10.2 Bar Staff Audit

10.2.1 Summary of Post-test Bar Staff Audit Responses

There was approximately equal male and female representation in the sample of bar staff (48.4% and 51.6% respectively). The majority of participants had worked in the hospitality industry for three or more years (71.0%) and the majority of respondents reported to work in a pub/hotel (69.0%). Health and safety advertising had been sighted at the venue by 93.5% of the sample. Almost three-quarters identified this advertising as relating to drink spiking (74.2%), while 6.5% could not recall the message of the advertising.

Just over three-quarters (77.4%) reported having seen advertising with the tagline, 'Drink spiking is a crime that can lead to imprisonment'. A further 3.2% of the sample reported having seen this advertisement when prompted by visual aid. The majority of audited staff reported that the main message of the advertisement was that drink spiking is a criminal offence (67.7%), and that the primary target for the advertising was patrons of the venue (71.0%).

Most participants reported having seen the advertising in the bathrooms/toilets at the venue (71.0%). The majority of participants reported the advertising had not provided them any new information about drink spiking (67.7%), but amongst those who reported it did, most learnt what to do in an emergency (50.0%). Just over half of respondents reported the information contained in the

advertisement was useful to them (51.6%), and 38.7% reported they would discuss this information with a colleague.

When asked what they would do in the event of a drink spiking incident, the majority of bar staff reported that they would report the incident to senior bar staff/security (61.3%). With respect to drink spiking prevention efforts, participants reported they could keep an eye on patron's drinks (58.1%) and watch for suspicious behaviour when at work in bars/clubs (54.8%). The majority of participants reported the poster had not altered their perception about drink spiking (58.1%). Females were more likely than males to report an altered perception of drink spiking (25.0% and 13.3% respectively).

Most respondents had access to information about drink spiking prior to seeing the drink spiking advertisement at the venue (80.6%). The most frequently reported source of this information was from family and friends (48.4%). Meanwhile, the majority of participants agreed to some extent with the statement, 'Drink spiking is a serious problem in Victoria' (58.1%). Almost three-quarters (74.2%) of participants reported it was 'appropriate' or 'probably appropriate' to display drink spiking information at this venue (48.4% and 25.8% respectively). Just over half of all survey participants reported they knew someone personally who had been the victim of drink spiking (51.6%). Over one-third of respondents felt that the incidence of drink spiking had increased in the community over the past five years (38.7%).

Pre and post-test data can be compared on four questions, used in each audit instrument. These questions are 1) How long have you been working in the hospitality industry?, 2) What is the nature of the venue you currently work in?, 3) Have you personally known someone who has been a victim of drink spiking in the last five years?, and 4) Thinking back over the last five years, in general terms, do you think drink spiking is increasing in the community, decreasing, or staying about the same?

1. *How long have you been working in the hospitality industry?*

Chi-squared analysis on this question showed there was no significant difference between pre-test participants' and post-test participants' reported length of employment in the hospitality industry.

2. *What is the nature of the venue you currently work in?*

Chi-squared analysis on this question showed there was no significant difference between pre-test participants' and post-test participants' report on the nature of the venue they currently work in. There was a slight trend in respondents reporting more frequently that they worked at a nightclub or bar at pre-test, compared to at a pub/club at post-test.

3. *Have you personally known someone who has been the victim of drink spiking in the last five years?*

Chi-squared analysis on this question showed there was no significant difference between pre-test participants' and post-test participants' report of knowing a victim of drink spiking.

4. *Thinking back over the last five years, in general terms, do you think drink spiking is increasing in the community, decreasing, or staying about the same?*

Chi-squared analysis on this question showed there was no significant difference between pre-test participants' and post-test participants' perception of changes in the frequency of drink spiking in the community over the last five years.

Although there are no significant differences between the pre- and post-test responses to these questions, this does not reflect changes in behaviour or knowledge due to the intervention. These questions provide demographic information and evidence of participants' experience with drink spiking. That these characteristics are not significantly different between groups gives us some confidence that the differences discussed below are not attributable to different baseline characteristics of the samples.

10.2.2 Reach of intervention

Over three-quarters of bar staff respondents reported having seen drink spiking advertising with the tagline 'drink spiking is a crime that can lead to imprisonment' (77.4%). There was no significant difference between bar staff and security staff in reported exposure to the drink spiking advertising. There were also no significant differences between genders or between bar and security staff regarding respondent's perception of the message of the advertising, or the intended target of the advertisement.

Five respondents reported the advertisement had provided them with new information about drink spiking. As the number of responses to this question is low it is difficult to determine any significant differences between genders or between bar and security staff. However, there appears to be a significant difference between males and females' perception of the drink spiking information being useful or relevant to them. Female bar staff were more likely to report the information as being useful or relevant to them than males ($\chi^2 = 6.220$, $p = 0.045$). Note that this figure must be interpreted with caution due to small numbers of responses in some categories. There was no significant difference between male and female bar staff's report of discussing this drink spiking information with a work colleague.

In addition, there appears to be some difference between bar staff and security staff report of usefulness and relevance of the drink spiking information. Bar staff were more likely than security staff to report that the information had been relevant or useful to them, however again this result must be interpreted with caution due to small numbers of responses in some categories ($\chi^2 = 9.593$, $p = 0.008$).

10.3 Security Staff Audit

10.3.1 Summary of Security Staff Audit Responses

All security staff respondents were male. Approximately half of respondents indicated they worked in nightclub venues (53.3%), with the remaining

respondents reporting to work in pubs/hotels (46.7%). Almost three-quarters of respondents reported having seen health and safety advertising at the venue (73.3%). Over half of respondents identified the type of advertising they had seen as relating to drink spiking (53.3%). The majority of participants reported having seen advertising at the venue with the heading, 'Drink spiking is a crime that can lead to imprisonment' (60.0%). A further 13.2% of the sample reported having seen this advertisement when shown a copy of the drink spiking advertisement.

Just over half of participants reported that the main message of the advertising was that drink spiking was a criminal offence (53.8%), and most felt that the campaign mainly targeted venue patrons (46.2%). Over two-thirds of participants reported having seen this advertising in the bathrooms/toilets of the venue (69.2%).

No participants reported learning new information from the advertisement, and just over half of respondents reported the information was not relevant or useful to them (53.3%). However almost one-half of participants reported they would discuss this information with a work colleague (46.2%).

Participants reported several typical responses to a suspected drink spiking incident, including staying with the victim (38.5%), reporting the incident to bar staff/security (30.8%), and calling an ambulance (30.8%). The majority of participants reported looking out for suspicious behaviour when at work in bars/clubs in an attempt to prevent drink spiking incidents (53.8%).

Almost half of respondents indicated they did not feel or think differently about drink spiking after having seen the advertisement (46.2%). Almost two-thirds of respondents reported having seen or heard information about drink spiking prior to seeing this advertisement at the venue (69.2%), with the majority reporting this information had come from television (55.6%).

The majority of participants disagreed to some extent with the statement, 'Drink spiking is a serious problem in Victoria' (44.4%). All participants reported it was appropriate to some degree to display drink spiking information at the venue. Two-thirds of participants reported they had not personally known a victim of drink spiking over the last five years (66.7%). When asked about their perception of the trend of drink spiking incidence in the community over the past five years, one-third of participants reported drink spiking had increased (33.3%), while another one-third of participants reported they did not know (33.3%). The remaining one-third of participants reported drink spiking incidence had stayed the same (11.1%) or decreased (22.2%) over the past five years.

Pre- and post-test data can be compared on three questions, used in each audit survey. These questions are: 1) What is the nature of the venue you currently work in?, 2) Have you personally known someone who has been a victim of drink spiking in the last five years?, and 3) Thinking back over the last five years, in general terms, do you think drink spiking is increasing in the community, decreasing, or staying about the same?

1. What is the nature of the venue you currently work in?

Chi-squared analysis on this question showed there was a significant difference between groups as to the nature of the venue they currently worked in ($\chi^2 = 12.498$, $p = 0.014$). The post-test group reported more frequently that they worked in nightclubs or pub/hotels. The pre-test group however, reported more frequently that they worked in a café/bistro, bar or a pub/nightclub.

2. Have you personally known someone who has been a victim of drink spiking in the last five years?

Chi-squared analysis on this question showed there was no significant difference between pre-test participants' and post-test participants' report of knowing a victim of drink spiking.

3. *Thinking back over the last five years, in general terms, do you think drink spiking is increasing in the community, decreasing, or staying about the same?*

Chi-squared analysis on this question showed there was a significant difference between groups as to their perception of drink spiking in the community over the last five years ($\chi^2 = 8.959$, $p = 0.030$). The pre-test group more frequently reported that drink spiking was 'increasing' or 'staying about the same' in the community. The post-test group however were more likely to respond they did not know how drink spiking incidence had changed over the past five years. Only very small numbers in both groups responded drink spiking incidence had decreased over the last five years.

Although there is some difference in the nature of the venue from which data was collected at pre-test compared to at post-test, this may be due to error in self-report. Many participants reported the venue they worked at was a combination of the possible responses to this question. The increased tendency for security staff to report they do not know the trend in drink spiking incidence over the past five years is possibly due to patron and staff's increased awareness of the issue. Increased awareness would not necessarily increase the incidence of drink spiking, however more cases may be reported or followed-up. This may make it difficult to interpret changes in the incidence of drink spiking in the community.

10.3.2 Reach of intervention

Results regarding reach of intervention to security staff have been discussed in the above section (section 10.2.2) in combination with discussion regarding reach of intervention to bar staff. No further analyses regarding reach of intervention can be conducted due to the low number of respondents, and the lack of female participants in the sample.

11.0 CONCLUSIONS and RECOMMENDATIONS

This evaluation sought to assess:

- The efficacy and impact of the piloted information intervention;
- The extent of knowledge of drink spiking and associated criminal victimisation in Victoria;
- The capacity of Victoria stakeholders to effectively respond to drink spiking; and
- Preventative efforts to stop or reduce drink spiking within bars, nightclubs and other licensed settings.

As described in the above report, the majority of patrons, bar and security staff reported having seen some form of advertising at the venue, with the majority of audit participants correctly identifying the advertising tagline ('Drink spiking is a crime that can lead to imprisonment'). Most participants were therefore able to recall that the key content/message of the advertising concerned the fact that drink spiking is a criminal offence in Victoria. The campaign can therefore be said to have been effective in as much as a key campaign objective has been accomplished.

Similarly, the majority of participants reported that they found the information conveyed in the campaign materials relevant and/or useful and that they would discuss the content with friends or colleagues. It is nonetheless important to note that around two thirds of all audit respondents reported that the campaign advertisements provided them with no new information. It is likely that following successive waves of drink spiking prevention campaigns in licensed premises, coupled with widespread coverage of the issue in mainstream media, general levels of awareness in the community on the subject of drink spiking are now relatively high. Whilst around one-third of audit respondents reported to have gleaned some new information from the campaign, it is recommended that any future communication and social marketing strategies seek to build on existing levels of awareness around drink-spiking in focussing on specific prevention measures.

The campaign has also been effective in attracting the attention of the various target audiences. It has succeeded in increasing women's awareness of the potential link between sexual assault subsequent to a drink spiking incident, as well as educating men about the criminal nature of drink spiking and the significant legal ramifications of engaging in such behaviour. Whilst it is difficult to ascertain the extent to which such a campaign might actually lead to a reduction in the incidence and prevalence of drink-spiking, the research literature reported above suggests that the shift in knowledge and awareness reported in the audit data remains an essential feature of any such prevention strategy. It is thus likely that the continuation of such information interventions will maintain these general levels of awareness among patrons and venue staff, with the potential follow-on result of a reduced incidence in drink spiking behaviour.

Participants involved in the pre-test had a good understanding of what drink spiking is, however this question was not asked of post-test participants and thus it is difficult to determine the impact on knowledge the advertisement may have had. In terms of improving participants' awareness about appropriate actions to take in the event of a drink spiking incident, the pre-test group were significantly more likely to report they would report the incident to bar staff/security, take the victim to hospital, call the police, call the victim's friends or family, stay with the person, take the victim to a safe place, call an ambulance or call the sexual assault service/hotline. This outcome may have been affected by the different sample sizes in the pre- and post-test data collections; however it appears from this data that the advertisement did not impact on patron's knowledge of what to do in the event of a drink spiking incident.

Similarly, the female specific intervention (take away information cards) appears to have had limited impact on female patrons audited in the study. Even those participants who reported having seen the information cards in the women's bathroom/toilets did not necessarily take a card and read the contents. Fewer than 10% of all audited women reported taking a card with them. That said,

women who did report taking a card reported favourable attitudes in relation to the content of the card. These women were able to recall a variety of messages and information contained therein, with this information generally reported as very or somewhat useful or relevant. The small numbers of women reporting to have taken a card away from the venue make it difficult to draw firmer conclusions on the relative effectiveness of such a strategy; however the generally favourable attitudes reported by those women who did pick up the information cards would suggest that further exploration of the efficacy of such an information dissemination approach is warranted.

More generally, the results described above indicate that drink spiking prevention advertising in venues serving alcohol in Victoria remains both useful and appropriate. The placement of this advertising ensured wide reach amongst male and female patrons, bar and security staff. It is however interesting to note that while a fixed advertisement was effective in gaining participant's attention, an information card that may be taken away by female patrons appears to have been less effective. Although female patrons were not explicitly asked why they had not taken an information card, or why the information contained therein was not very useful or relevant to them, there are several reasons why this may have been the case. Firstly, the take away card may not have been convenient for some female patrons in that many may not have had a suitable place to store an information card if taken from the toilets of a venue. Female patrons often carry as little as possible out to licensed venues (purse, keys and phone), sometimes carrying a bag, sharing a bag amongst friends or using the pockets or wallet of male friends/partner. Female patrons often do not have pockets in the clothing they wear to night-time venues, and thus have no convenient way of carrying information cards. Whilst the small number of respondents who took an information card in this study restricts analyses of its effectiveness, it is suggested that further exploration into the format of this card be undertaken with female patrons.

It is encouraging that security and bar staff reported strong levels of awareness in relation to specific 'in venue' drink spiking prevention strategies. These

strategies mainly included watching patron's drinks and looking out for suspicious behaviour. However, it is not clear how frequently staff actually implement these practices, though it is reassuring to note that many patrons also reported using the same strategies when out in these venues. It is recommended that this question of the actual implementation (or take-up) of drink spiking prevention strategies inside venues be the subject of more detailed follow up research.

In reviewing existing source of drink spiking information reported by patrons, bar and security staff, the majority reported television and family and friends as principal sources. It is impossible however to ascertain the quality or accuracy of this information, though the reach of the current campaign provides some encouragement for the continuation of such in-venue strategies in order to ensure that accurate information continues to be available to the community.

This evaluation study also presents many insights that may be helpful when planning for similar studies in the future. Given some of the difficulties experienced in successfully completing audit surveys with bar patrons and staff, particularly during the post-test phase of the research, it is recommended that future studies of this nature consider the provision of incentives for participants. Although it is potentially unethical to offer bar/drinks vouchers for completing an interview, a more acceptable incentive may be the provision of free entry vouchers to the venue (for those which impose a cover charge), or a raffle ticket to win a prize such as sporting event/concert tickets. Although presenting an additional expense, this approach may increase the response rate, particularly at post-test where the survey is inevitably longer than at pre-test.

Similarly, few female participants reported having seen information cards located in the women's toilets at the venue (n = 22), and even fewer patrons took a card from this location (n = 7). Low responses to this question make interpretation of these responses difficult. Given that the majority of patrons who saw the information cards did not take one, it would have been useful to ask patrons why they did not take an information card. The inclusion of this

question would not increase the length of the interview, as such a question would be asked instead of those questions asked of those female patrons who had taken an information card. It is thus recommended that this question be included in future studies surrounding the effectiveness of drink spiking information cards for female patrons, as this may elicit suggestions regarding potential changes in the format, content or design of these 'take-away' resources.

In summary, this intervention reached a large part of its target audience, the majority of whom were able to understand the message contained therein. Importantly, the majority of participants found the information presented to be useful or relevant to them, and something they would discuss with friends and colleagues. Some limitations were evident in this study (see next section), many of which are unlikely to be overcome if this study was replicated in the future. While further studies will therefore be needed to overcome some of the limitations inherent in the existing research design, and to further 'flesh out' some of the key research findings, the present evaluation indicates very strongly that 'in-venue' drink spiking prevention campaigns of the kind evaluated here remain very effective means of raising awareness about drink spiking among bar patrons and staff. Such education and information campaigns are clearly indispensable components of any broader attempt to further reduce the incidence and prevalence of drink spiking in the Victorian community.

12.0 LIMITATIONS OF THIS STUDY

A clear limitation of this study is discernible in the comparatively small sample sizes collected in the post-test data collection, particularly for security and bar staff. In addition to these small samples, no female security staff were sampled in the course of the post-test data collection. This may be due to the small number of females in the security industry in general, however as a result, the findings of this study cannot be generalised to the female security industry.

Further, the data collected in this audit research were largely sampled from metropolitan drinking venues and thus the results cannot be generalised to patrons or staff of rural and regional venues, whose attitudes and behaviours may be different to those identified here.

The audit instruments necessarily differed somewhat at pre-test compared to post-test which nonetheless made some differences in attitudes and behaviours difficult to measure. Whilst the focus of the post-test audits concerned the measurement of patron and staff recall of the campaign materials, and their general attitudes in relation to these materials, it was difficult to ascertain what effect such materials may have had on the broader incidence and prevalence of drink spiking in the community. In particular there were relatively few questions where responses could be compared at pre- and post-test in relation to the experience of drink spiking. In fairness, however, such a limitation besets the vast majority of evaluation studies of this nature. Participants' experience with the drink spiking advertising thus became the main focus of the above discussion.

Due to the nature of the study environment it is possible that some participants, particularly venue patrons, were audited whilst affected by alcohol and/or other drugs. This may have affected the responses they provided, as well as their ability to recall details such as the number of drinks they drank on last visit to the venue, as well as the specific content of the advertising they had seen around the venue. There was also no way to validate much of the information provided by participants, a limitation for many self-report studies. Peer influence

may have further affected participants' responses to some questions, particularly those asking about alcohol consumption.

Finally, due to the cross-sectional design of the study, it is not possible to attribute changes in knowledge, attitudes and behaviour to the intervention itself. Many other factors may have been involved such as external mass media strategies, radio advertisements and recent incidents of drink spiking in the region which may have impacted on the responses provided. Although this may have been the most appropriate and cost effective methodology for this study, it would be useful to compare these findings to focus groups discussing the appropriateness of the message, format and content of the advertising with similar age groups to those obtained in the current study.

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APPENDIX 1 – PRE TEST AUDIT INSTRUMENTS

VENUE AUDIT
‘DRINK-SPIKING’ – Incidence and Prevention

VENUE INFORMATION

1. Please indicate the nature of your venue;

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Nightclub | <input type="checkbox"/> Pub/Hotel |
| <input type="checkbox"/> Café/Bistro | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Other (specify.....) |

2. How many staff are employed at your venue? (specify.....)

3. Where is your venue located? (postcode:.....)

4. Please indicate the nature of existing security arrangements (if any) at your venue?

- | | |
|---|---|
| <input type="checkbox"/> Contracted security staff | <input type="checkbox"/> In-house designated security staff |
| <input type="checkbox"/> Security handled by bar-manager etc. | <input type="checkbox"/> Security handled by senior bar staff |
| <input type="checkbox"/> No specialised security staff | <input type="checkbox"/> CCTV/Security Cameras |
| <input type="checkbox"/> Security training for all staff | <input type="checkbox"/> Other (specify.....) |

5. Is your venue a member of a local area Liquor Licensees’ Accord?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don’t Know |
|------------------------------|-----------------------------|-------------------------------------|

STAFF TRAINING INFORMATION

6. Does your venue provide Responsible Service of Alcohol (RSA) training for staff?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don’t Know |
|------------------------------|-----------------------------|-------------------------------------|

IF YES: How many of your staff have received RSA training (specify.....)

7. Does your venue provide specific training for staff in how to effectively respond to cases of alleged drink spiking?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don’t Know |
|------------------------------|-----------------------------|-------------------------------------|

IF YES: Please briefly describe the nature of this training:

.....

.....

.....

VENUE POLICIES

8. Does your venue have a written drink spiking prevention policy?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don’t Know |
|------------------------------|-----------------------------|-------------------------------------|

IF YES: Please attach a copy of this policy.

9. Does your venue have a policy for assisting intoxicated patrons to leave the premises?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don’t Know |
|------------------------------|-----------------------------|-------------------------------------|

IF YES: Please briefly describe this policy:

.....
.....
.....
10. Does your venue have a written alcohol policy?

- Yes No Don't Know

IF YES: Please attach a copy of this policy:

DRINK SPIKING

11. Has an alleged case of drink spiking occurred at your venue, or in a venue you have worked for, in the last five (5) years?

- Yes No Don't Know

IF YES: How many cases of drink-spiking have occurred in this period?

(Specify.....)

12. Where drink spiking has occurred in a venue you work for, please name the substance used to spike the victim's drink:

- Gamma hydroxybutyrate (GHB, fantasy, liquid ecstasy)
 Drink spiked with additional alcohol (doubles, triples etc)
 Ketamine Ecstasy
 Rohypnol (roofies) Other prescription tranquiliser (specify.....)
 Don't know Other (specify.....)

13. Describe how your venue would typically respond to a case of drink spiking?

- Call Police Call ambulance
 Call Victim's friend/family Call Sexual Assault service/hotline
 Handle incident 'in-house' Other (specify.....)

14. Thinking back over the last 5 years, in general terms, do you think drink-spiking is increasing in the community, decreasing in the community, or staying about the same? (please tick one box).

- Increasing in the community
 Decreasing in the community
 Staying about the same over time
 Don't know

15. Do you have any further comments or ideas regarding strategies for the prevention of drink-spiking in licensed premises? Please use the space below.

.....
.....
.....

SECURITY STAFF VENUE AUDIT 'DRINK-SPIKING' – Incidence and Prevention

STAFF MEMBER/VENUE INFORMATION

GENDER: Male Female AGE:.....

1. How long have you been working in the security industry?

- Less than 1 year Between 1 and 2 years
 Between 2 and 3 years More than 3 years

2. Please indicate the nature of the venue you currently work in;

- Nightclub Pub/Hotel
 Café/Bistro Restaurant
 Bar Other (specify.....)

3. How many staff are employed at your venue? (specify.....)

4. Where is your venue located? (postcode:.....)

STAFF TRAINING INFORMATION

5. When did you receive your security industry training and registration? (year.....)

6. Do you provide security services inside the venue, outside the venue, or both?

- Inside venue Outside venue (door security)
 Both inside and outside venue Other (specify.....)

6. Does your venue provide specific training for security staff in how to effectively respond to cases of alleged drink spiking?

- Yes No Don't Know

IF YES: Please briefly describe the nature of this training:

.....
.....
.....

7. Does your venue have a policy for assisting intoxicated patrons to leave the premises?

- Yes No Don't Know

IF YES: Please briefly describe this policy:

.....
.....
.....

DRINK SPIKING

8. Do you know what drink spiking is?

- Yes No Don't Know

IF YES: Please briefly state what you think drink spiking is:

- Slipping an illicit drug into someone's drink without their knowledge
 Topping up someone's drink with additional alcohol without their knowledge
 Slipping an illicit drug into a friend's drink 'just for fun' (prank spiking)

Other (please specify)

.....
.....

9. Has a case of drink spiking ever occurred at a venue you have worked for?

Yes No Don't Know

IF YES: How many cases of drink-spiking have occurred? (Specify.....)

IF NO: Go to Question 10

IF YES: Where drink spiking has occurred in a venue you work for, please, if you can, name the substance used to spike the victim's drink:

- Don't know GHB (Fantasy, Liquid Ecstasy)
 Drink spiked with additional alcohol (doubles, triples etc)
 Ketamine Ecstasy
 Rohypnol (roofies) Other (specify.....)

How did the venue respond to this case of drink spiking?

- Called Police Called ambulance
 Called Victim's friend/family Called Sexual Assault service/hotline
 Handled incident 'in-house' Other (specify.....)

10. Have you personally known someone who has been a victim of drink spiking in the last 5 years (ie friend, partner, family member etc)?

Yes No Don't Know

11. Thinking back over the last 5 years, in general terms, do you think drink-spiking is increasing in the community, decreasing, or staying about the same? (please tick one)

- Increasing Decreasing
 Staying about the same Don't know

12. Do you have any further comments or ideas regarding strategies for the prevention of drink-spiking in licensed premises?

.....
.....
.....

THANK YOU

PATRON SURVEY
'DRINK-SPIKING' – Incidence and Prevention

Research Number:

Date: / / Location:.....

DEMOGRAPHIC INFORMATION

GENDER: Male Female
AGE:..... HOME Postcode.....

1. How often do you come to this venue?

- Once a week Once a fortnight
 Once a month Less than monthly

2. Do you usually drink alcohol at this venue? yes no

- IF YES** When did you last drink alcohol at this venue? DATE / /
How much did you drink? 1 - 4 standard drinks
 5 - 8 standard drinks
 9 -12 standard drinks
 More than 12 standard drinks

SERVING PRACTICES

3. Does this venue have a limit on how many drinks patrons can order at the bar?

- Yes No Don't Know
IF YES: Please specify this limit (.....drinks per visit to bar)

4. Can patrons order 'doubles' and 'triples' (spirits) at the bar if requested?

- Yes No Don't Know

5. Does this venue have a regular 'happy hour' drinks promotion?

- Yes No Don't Know

IF YES: Please specify nature of happy hour (ie how often, how long, how is alcohol discounted etc)

.....
.....

DRINK SPIKING

6. Do you know what drink spiking is?

- Yes No Don't Know

IF YES: Please briefly state what you think drink spiking is:

- Slipping an illicit drug into someone's drink without their knowledge
 Topping up someone's drink with additional alcohol without their knowledge
 Slipping an illicit drug into a friend's drink 'just for fun' (prank spiking)
 Other (please specify)

.....
.....

7. Do you agree with the following statement ‘drink spiking is a serious problem in Victoria’?

Strongly Disagree Disagree Neither Agree/Disagree Agree Strongly Agree

8. Have you personally known someone who has been a victim of drink spiking in the last 5 years (ie friend, partner, family member etc)?

Yes No Don’t Know

IF YES: Please name, if you can, the substance used to spike the victim’s drink:

- Don’t know GHB (Fantasy, Liquid Ecstasy)
- Ketamine Drink spiked with additional alcohol (doubles, triples)
- Ecstasy Rohypnol (roofies)
- Other (specify.....)

9. If a friend of yours had their drink spiked in this venue, what would you do?

- report it to bar staff/security stay with the person
- take them directly to hospital take them to a safe place
- call police call ambulance
- call victim’s friend/family call sexual assault service/hotline
- other (specify.....)

10. Thinking back over the last 5 years, do you think drink spiking is increasing in the community, decreasing, or staying about the same? (please tick one)

Increasing Decreasing
 Staying about the same Don’t know

11. Do you have any further comments or ideas regarding strategies for the prevention of drink-spiking in licensed premises?

.....
.....
.....
.....

THANK YOU

BAR STAFF VENUE AUDIT
'DRINK-SPIKING' – Incidence and Prevention

STAFF MEMBER/VENUE INFORMATION

GENDER: Male Female

AGE:.....

1. How long have you been working in the hospitality industry?

- Less than 1 year Between 1 and 2 years
 Between 2 and 3 years More than 3 years

2. Please indicate the nature of the venue you currently work in;

- Nightclub Pub/Hotel
 Café/Bistro Restaurant
 Bar Other (specify.....)

3. How many staff are employed at your venue? (specify.....)

4. Where is your venue located? (postcode:.....)

STAFF TRAINING INFORMATION

5. Have you successfully completed Responsible Service of Alcohol training?

- Yes No IF YES: When (specify date.....)

6. Does your venue provide specific training for staff in how to effectively respond to cases of alleged drink spiking?

- Yes No Don't Know

IF YES: Please briefly describe the nature of this training:

.....
.....
.....

SERVING PRACTICES

7. Does your venue have a limit on how many drinks patrons can order at the bar?

- Yes No Don't Know

IF YES: Please specify this limit (.....drinks per visit to bar)

8. Do you serve patrons 'doubles' and 'triples' (spirits) at the bar if requested?

- Yes No Don't Know

9. Does the venue you work in have a regular 'happy hour' drinks promotion?

- Yes No Don't Know

IF YES: Please specify nature of happy hour (ie how often, how long, how is alcohol discounted etc)

.....
.....

DRINK SPIKING

10. Do you know what drink spiking is?

-
- Yes
 No
 Don't Know

IF YES: Please briefly state what you think drink spiking is:

- Slipping an illicit drug into someone's drink without their knowledge
 - Topping up someone's drink with additional alcohol without their knowledge
 - Slipping an illicit drug into a friend's drink 'just for fun' (prank spiking)
 - Other (please specify)
-
-

11. Has a case of drink spiking ever occurred at a venue you have worked for?

- Yes
 No
 Don't Know

IF YES: How many cases of drink-spiking have occurred in this period?
(Specify.....cases)

IF YES: Where drink spiking has occurred in a venue you work for, please name, if you can, the substance used to spike the victim's drink:

- Don't know
- GHB (Fantasy, Liquid Ecstasy)
- Drink spiked with additional alcohol (doubles, triples etc)
- Ketamine
- Ecstasy
- Rohypnol (roofies)
- Other (specify.....)

How did the venue respond to this case of drink spiking?

- Called Police
- Called ambulance
- Called Victim's friend/family
- Called Sexual Assault service/hotline
- Handled incident 'in-house'
- Other (specify.....)

12. Have you personally known someone who has been a victim of drink spiking in the last 5 years (ie friend, partner, family member etc)?

- Yes
 No
 Don't Know

13. Thinking back over the last 5 years, in general terms, do you think drink-spiking is increasing in the community, decreasing, or staying about the same? (please tick one)

- Increasing
- Decreasing
- Staying about the same
- Don't know

14. Do you have any further comments or ideas regarding strategies for the prevention of drink-spiking in licensed premises?

.....

.....

.....

APPENDIX 2 – POST TEST AUDIT INSTRUMENTS

PATRON SURVEY
‘DRINK-SPIKING’ – Post Test

Research Number:

Date: / / Location:.....

DEMOGRAPHIC INFORMATION

GENDER: Male Female
AGE:..... HOME Postcode.....

1. How often do you come to this venue?

- Once a week Once a fortnight
 Once a month Less than monthly

2. Have you visited the toilets at this venue just now or on a previous visit?

- yes no (terminate audit)

3. Have you seen any advertising within the bathroom/toilets at this venue?

- Yes No (terminate audit) Don't Know

4. Can you tell me what the advertising you saw at this venue was about?

(do not read out list – cross box for each topic mentioned)

- can't recall (go to Q5)
 drink spiking
 crime
 sexual assault
 Other (please specify)
-
.....

5. Have you seen any advertising with the headline ‘drink spiking is a crime that can lead to imprisonment’?

- Yes (GO TO Q7) No Don't Know (GO TO Q6)

6. Have you seen this advertisement within the bathroom/toilets at this venue?

(Present appropriate stimulus material)

- Yes (GO TO Q7) No (terminate audit) Don't Know (GO TO Q7)

7. Can you describe what this ad in the toilet is saying?

(do not read out list – cross box for each topic mentioned)

- drink spiking is a criminal offence
 - drink spiking can lead to sexual assault
 - drink spiking can happen to anyone
 - drink spiking can involve alcohol as well as illegal drugs
 - there are places you can go to get help if you have been the victim of spiking
 - can't recall
 - Other (please specify)
-

8. Who do you think this advertisement was aimed at?

(do not read out list – cross box for each topic mentioned)

- people who drink in pubs/bars/clubs
 - all men
 - all women
 - people like me
 - men who might be thinking about spiking a woman's drink
 - women who have been the victim of drink spiking
 - can't recall
 - Other (please specify)
-

9. Did the advertisement tell you anything you didn't know before?

- Yes No (GO TO Q11) Don't Know (GO TO Q11)

10. What precisely did the ad tell you that you didn't know before?

(do not read out list – cross box for each topic mentioned)

- drink spiking is a criminal offence
 - drink spiking can lead to sexual assault
 - drink spiking can happen to anyone
 - drink spiking can involve alcohol as well as illegal drugs
 - who to contact in an emergency
 - drink spikers can target lovers/partners/sister/friends etc
 - what to do in an emergency
 - Other (please specify)
-

11. Was this information relevant and/or useful to you?

- Yes No Don't Know

12. Do you think you will pass on this information to a friend?

- Yes No Don't Know

13. If a person with you has their drink spiked what would you do?

(do not read out list – cross box for each response mentioned)

- | | |
|--|--|
| <input type="checkbox"/> report it to bar staff/security | <input type="checkbox"/> stay with the person |
| <input type="checkbox"/> take them directly to hospital | <input type="checkbox"/> take them to a safe place |
| <input type="checkbox"/> call police | <input type="checkbox"/> call ambulance |
| <input type="checkbox"/> call victim's friend/family | <input type="checkbox"/> call sexual assault service/hotline |
| <input type="checkbox"/> other (specify.....) | |

14. What do you think you can do to PREVENT drink spiking?

(do not read out list – cross box for each response mentioned)

- talk to friends/partner etc to warn them of the dangers of drink spiking
- tell my mates not to spike other people's drinks
- look out for friends/partners etc when out in bars/clubs
- help friends/partner etc if they experience drink spiking
- encourage friends/partner to watch their drinks when out in bars/clubs etc
- drink spikers can target lovers/partners/sister/friends etc
- don't know
- Other (please specify)

15. Has this message affected how safe you feel out in bars and clubs?

- Yes No Don't Know

If yes, why?

.....

.....

.....

.....

IF FEMALE GO TO Q17, IF MALE GO TO Q21

17. Have you seen any drink spiking information cards located within the women's bathroom/toilets?

- Yes No (Go to Q21)

18. Have you taken one of the drink spiking information cards from the women's bathroom/toilets?

- Yes No (Go to Q21)

19. Can you describe what information this card provided?

(do not read out list – cross box for each topic mentioned)

- drink spiking is a criminal offence
- drink spiking can lead to sexual assault
- drink spiking can happen to anyone
- drink spiking can involve alcohol as well as illegal drugs
- there are places you can go to get help if you have been the victim of spiking
- what to do if a friend/partner has been the victim of drink spiking
- can't recall
- Other (please specify)

.....

20. How useful or relevant was this information to you? (read out)

- very useful/relevant
- somewhat useful/relevant
- not very useful/relevant

21. Before you saw this poster/take away card, had you seen or heard anything about drink spiking before?

- Yes
- No (Go to Q23)

22. Where have you seen/heard something about drink spiking?

(do not read out list – cross box for each topic mentioned)

- friends/family
- personal experience
- television
- radio
- internet
- newspapers
- magazines
- toilet advertising
- Other (please specify)

.....

23. Do you agree with the following statement ‘drink spiking is a serious problem in Victoria’?

Strongly Disagree Disagree Neither Agree/Disagree Agree Strongly Agree

24. Do you think it is appropriate for this venue to display drink spiking messages in the toilets? (read out options)

Yes, definitely Probably Unsure/don’t know Probably not Definitely not

25. Why do you think it is appropriate/inappropriate to display drink spiking messages in the toilets at this venue?

.....

.....

.....

.....

**BAR STAFF/SECURITY STAFF VENUE AUDIT
'DRINK-SPIKING' – Post Test**

STAFF MEMBER/VENUE INFORMATION

GENDER: Male Female

AGE:.....

POSITION (please tick one only) Bar Staff Security Staff

1. How long have you been working in the hospitality industry?

- Less than 1 year Between 1 and 2 years
 Between 2 and 3 years More than 3 years

2. Please indicate the nature of the venue you currently work in;

- Nightclub Pub/Hotel
 Café/Bistro Restaurant
 Bar Other (specify.....)

3. Have you seen any advertising relating to health and safety issues at this venue?

- Yes No (GO TO Q5) Don't Know (GO TO Q5)

4. Can you tell me what the advertising you saw at this venue was about?

(do not read out list – cross box for each topic mentioned)

- can't recall (go to Q5)
 drink spiking
 crime
 sexual assault
 Other (please specify)

.....
.....

5. Have you seen any advertising with the headline 'drink spiking is a crime that can lead to imprisonment'?

- Yes (GO TO Q7) No (Go TO Q6) Don't Know (GO TO Q6)

6. Have you seen this advertisement anywhere at this venue?

(Present appropriate stimulus material)

- Yes (GO TO Q7) No (END) Don't Know (END)

7. Can you describe what this ad is saying?

(do not read out list – cross box for each topic mentioned)

- drink spiking is a criminal offence
 - drink spiking can lead to sexual assault
 - drink spiking can happen to anyone
 - drink spiking can involve alcohol as well as illegal drugs
 - there are places you can go to get help if you have been the victim of spiking
 - can't recall
 - Other (please specify)
-

8. Who do you think this advertisement was aimed at?

(do not read out list – cross box for each topic mentioned)

- people who work in pubs/bars/clubs
 - bar patrons/clientele
 - don't know
 - Other (please specify)
-

9. Can you tell me where you have seen these advertising posters?

(do not read out list – cross box for each topic mentioned)

- In/behind the bar
 - In the staff room/change room
 - In the bathrooms/toilets
 - Other (please specify)
-

10. Did the advertisement tell you anything you didn't know before?

- Yes
- No (GO TO Q12)
- Don't Know (GO TO Q12)

11. What precisely did the ad tell you that you didn't know before?

(do not read out list – cross box for each topic mentioned)

- drink spiking is a criminal offence
 - drink spiking can lead to sexual assault
 - drink spiking can happen to anyone
 - drink spiking can involve alcohol as well as illegal drugs
 - who to contact in an emergency
 - drink spikers can target lovers/partners/sister/friends etc
 - what to do in an emergency
 - Other (please specify)
-

12. Was this information relevant and/or useful to you?

- Yes
- No
- Don't Know

13. Do you think you will discuss this information with a work colleague?

- Yes
- No
- Don't Know

14. If a person in your venue has their drink spiked what would you do?

(do not read out list – cross box for each response mentioned)

- | | |
|--|--|
| <input type="checkbox"/> report it to bar staff/security | <input type="checkbox"/> stay with the person |
| <input type="checkbox"/> take them directly to hospital | <input type="checkbox"/> take them to a safe place |
| <input type="checkbox"/> call police | <input type="checkbox"/> call ambulance |
| <input type="checkbox"/> call victim's friend/family | <input type="checkbox"/> call sexual assault service/hotline |
| <input type="checkbox"/> other | <input type="checkbox"/> don't know |

(specify.....)

15. What do you think you can do to PREVENT drink spiking?

(do not read out list – cross box for each response mentioned)

- don't know
- talk to other bar staff about the problem of drink spiking
- talk to other colleagues who work in the bar/club industry
- look out for suspicious behaviour when at work in bars/clubs
- respond quickly if a bar patron has been the victim of drink spiking
- keep an eye on patron's drinks
- Other (please specify)

.....
.....

16. Now that you've seen this drink spiking poster, do you think or feel any differently about the issue of drink spiking?

- Yes No Don't Know

If yes, why?

.....
.....
.....

17. Before you saw this poster, had you seen or heard anything about drink spiking before?

- Yes No (Go to Q19)

18. Where have you seen/heard something about drink spiking?

(do not read out list – cross box for each topic mentioned)

- friends/family
- personal experience
- television
- radio
- internet
- newspapers
- magazines
- toilet advertising
- Other (please specify)

.....

19. Do you agree with the following statement 'drink spiking is a serious problem in Victoria'? (READ OUT OPTIONS FOR RESPONSE)

Strongly Disagree Disagree Neither Agree/Disagree Agree Strongly Agree

20. Do you think it is appropriate for this venue to display drink spiking messages in the bar/change rooms? (READ OUT OPTIONS FOR RESPONSE)

Yes, definitely Probably Unsure/don't know Probably not Definitely not

21. Why do you think it is appropriate/inappropriate to display drink spiking messages in the toilets at this venue?

.....
.....
.....
.....

22. Have you personally known someone who has been a victim of drink spiking in the last 5 years (ie friend, partner, family member etc)?

Yes No Don't Know

23. Thinking back over the last 5 years, in general terms, do you think drink-spiking is increasing in the community, decreasing, or staying about the same? (READ OUT OPTIONS FOR RESPONSE)

Increasing Decreasing
 Staying about the same Don't know

