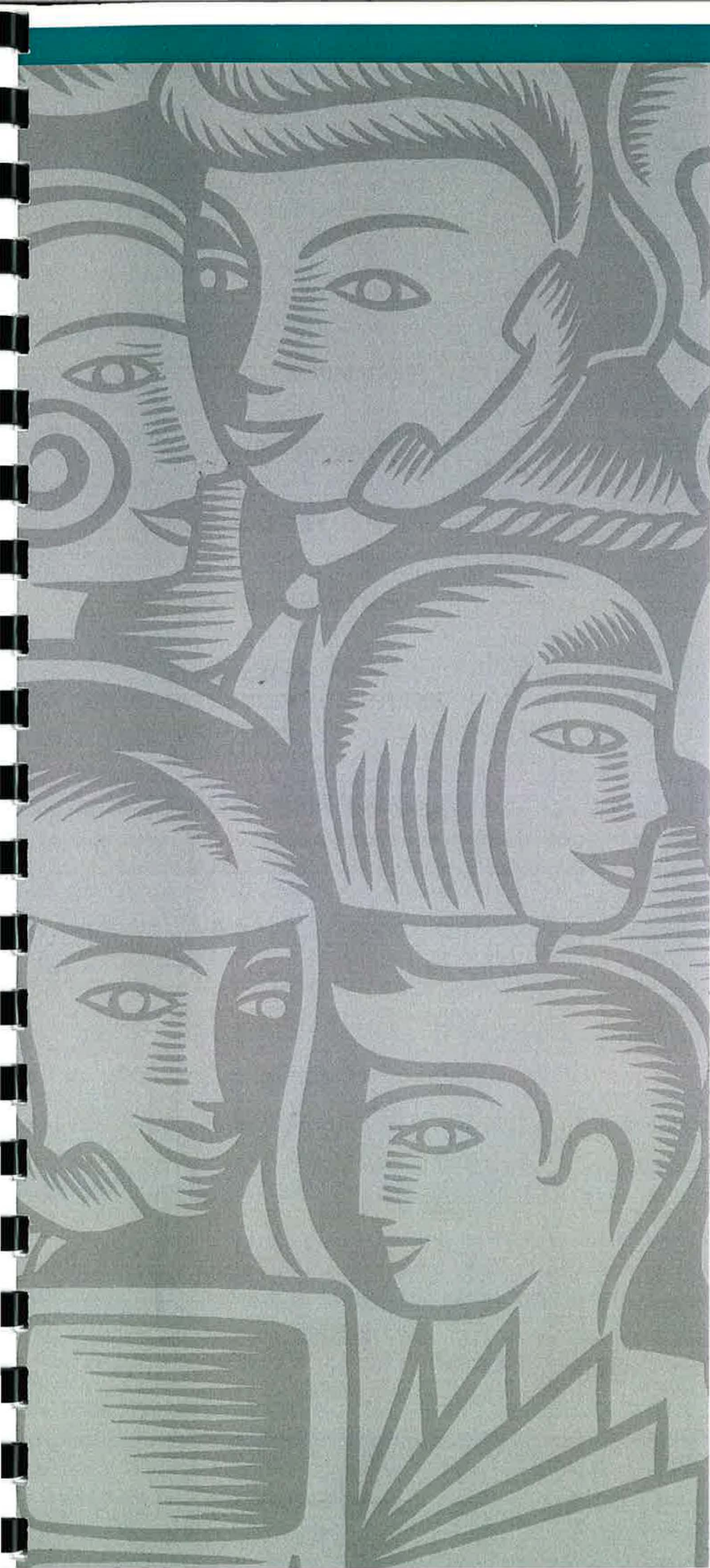




# **Convenience Advertising**



A report for  
Crime  
Prevention  
Victoria

## **DRINK SPIKING** Campaign Evaluation

**December**  
**2002**

 **Australian  
Drug Foundation**  
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# DRINK SPIKING CAMPAIGN EVALUATION

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## EVALUATION REPORT COVER SHEET

### GENERAL DETAILS

**PROJECT NAME** DRINK SPIKING CAMPAIGN EVALUATION

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**EVALUATION COMPLETION DATE** December 2002

### COST BENEFIT CALCULATIONS

- ◆ Campaign materials (posters and cards) were considered effective communication tools by patrons and staff
- ◆ Location of campaign material in venue bathrooms was thought to be appropriate

### SUMMARY OF DIRECT AND INDIRECT IMPACTS ON CRIME

- ◆ Patrons and staff learned that drink spiking is a crime
- ◆ Staff in licensed venues were prompted to consider how they can prevent drink spiking
- ◆ Staff became more aware of their role in prevention
- ◆ Patrons believed the campaign showed venue management was taking care of their clients
- ◆ Increased rate of reporting of drink spiking incidents in Melbourne

## **RISK AND PROTECTIVE FACTORS**

### **Risk Factors**

- ◆ The campaign acts to reduce risk factors for substance abuse and illegal behaviour by alerting potential drink spikers to the illegal nature of the act and that it is behaviour rejected by their peers.

### **Protective factors**

- ◆ The campaign acts to enhance protective factors by promoting cooperation and connectedness among the target audience within a social context. It communicates protective behaviours with a preventive framework.

## **IMPACT ON ATTITUDES**

- ◆ Patrons believed the main message was relevant for them personally
- ◆ Patrons and bar staff alerted to the fact that drink spiking is a crime
- ◆ Bar staff were reminded to be alert for drink spiking and to prevent occurrences
- ◆ The campaign reinforced awareness of the problem among patrons and staff
- ◆ Most staff members thought the information was useful
- ◆ Most staff said they would discuss the issue with a colleague

## **OTHER RELEVANT INFORMATION**

- ◆ There was a low recognition of the role of counselling and support services for victims of drink spiking
- ◆ Stakeholders agreed there was a need for training of police and bar staff to support the campaign
- ◆ There were no unintended or negative consequences of the campaign

# DRINK SPIKING CAMPAIGN EVALUATION

## EXECUTIVE SUMMARY

### INTRODUCTION

This report outlines the findings of the evaluation by the Australian Drug Foundation of the Drink Spiking campaign conducted in licensed premises in Victoria in 2002. The ADF sub-contracted Quantitative and Qualitative Social Research (QQR) to develop survey instruments and to collect and collate survey data from the target groups in participating venues

The Victorian Drink Spiking campaign was funded by the Victorian Law Drug Enforcement Fund and managed by Crime Prevention Victoria. Convenience Advertising was contracted to conduct the campaign between May and November 2002 with the objective of reducing the risks and harms associated with drink spiking.

Convenience Advertising used its narrow cast methodology to disseminate education messages to patrons and staff of licensed premises. The campaign was implemented in 50 licensed venues (hotels, nightclubs and bars) in Melbourne and Bendigo for an initial eight-month period.

### TARGET GROUPS

(1) Women aged 18-30: Communication designed to create awareness that drink spiking exists and can lead to sexual assault and to encourage protective behaviours among the target audience

(2) Men aged 18-30: Communication designed to generate awareness of drink spiking and its criminal nature, to encourage non-perpetrators to adopt a protective attitude toward the vulnerable and to deter prospective perpetrators

(3) Staff of licensed premises: Communication designed to raise awareness of drink spiking as a problem, to encourage staff to adopt a preventive attitude and to encourage an effective response when faced with a drink spiking incident.

### EVALUATION METHODOLOGY

- ◆ Intensive interviews were conducted with 116 patrons in licensed premises in Melbourne and Bendigo
- ◆ Intensive interviews were conducted with 26 staff in licensed premises in Melbourne and Bendigo
- ◆ Intensive interviews with representatives of two key stakeholder organisations: Victoria Police and Centre Against Sexual Assault (CASA House).

### KEY FINDINGS

For Patrons

- ◆ 66% of patrons recalled the material without prompting. This rose to over 90% recall when prompted
- ◆ 97% thought bathrooms of venues were appropriate for the campaign advertising
- ◆ respondents understood the message (3/4 said "drink spiking" was the subject)
- ◆ 67% of respondents said it was relevant to them (77% women and 56% men)
- ◆ 61% said they would pass the information on to a friend
- ◆ 59% of interviewees had seen the cards. 45% had taken one of whom 94% thought it was useful

#### For Staff

- ◆ Close to 100% of staff interviewed recalled the message without prompting
- ◆ Staff understood the message (2/3 said drink spiking was the subject)
- ◆ 82% said the information was relevant or useful (although not new)
- ◆ 82% said they would discuss it with a colleague
- ◆ Staff understood the importance of ensuring health and safety of an affected person

#### For Stakeholders

- ◆ Victoria Police and CASA House believe the methodology is appropriate
- ◆ Both organisations believe the campaign was effective in raising awareness of the issue and the serious nature of the offence

#### **IMPACT ON REPORTING**

- ◆ There is statistical and anecdotal evidence from CASA House that the campaign led to increased reporting of incidents of drink spiking.

#### **GENERAL**

- ◆ There was little recognition by patrons and bar staff of the role of counselling services in offering help and support to persons affected by drink spiking
- ◆ No negative or unintended consequences of the campaign were identified

#### **RECOMMENDATIONS**

- Training for bar staff is required as a preventative measure
- Additional training and resources for police is required to improve reporting of offences and the appropriate handling of cases
- Additional information is required to alert target audiences to role of counsellors/health agencies following cases of drink spiking and/or sexual assault

## DRINK SPIKING CAMPAIGN EVALUATION

### OVERALL FINDINGS

1. The Keep An Eye Open campaign appears to have been successful in communicating awareness of the issue to the target groups and to have the support of the major stakeholders.
2. The Convenience Advertising strategy of placing campaign materials (posters and information cards) in bathrooms of licensed venues was seen as an appropriate method of communication by patrons, venue staff and stakeholders alike.
3. There was a strong recall of the materials by patrons and staff. The central message of the campaign reached the two target groups (patrons and staff) and they understood the implications of the message. Patrons were clear that the campaign warned them about the risk of drink spiking and made explicit the association between drink spiking and sexual assault. Additionally they understood drink spiking was a criminal offence, an aim important to both stakeholders, Victoria Police and the Centre Against Sexual Assault. However there was a low recognition of the Keep an Eye Open tagline.
4. It was difficult for the campaign to show radical improvement in simple awareness as the target groups were already aware of the danger of drink spiking to some extent and from varying sources, but both patrons and staff were surprised at the prevalence of drink spiking. The information that drink spiking is a criminal offence was particularly valuable as it was less recognised by the target groups.
5. An overwhelming proportion of staff in participating venues thought the campaign information relevant or useful to them although they were already informed of the problem. Over half said that it made them think or feel about the issue differently and the great majority said they would discuss the issue with a colleague. Patrons and staff both agreed that it was valuable to highlight the topic of drink spiking.
6. Patrons and bar staff were relatively knowledgeable about the most appropriate responses to drink spiking. They regarded safety of the victim as of primary importance followed by reporting to police and getting medical assistance for the affected person. However, very few persons in either group mentioned seeking assistance from a counselling or support service.
7. It was also notable that the campaign did not have the effect of intimidating patrons or causing them to be nervous. Instead patrons overwhelmingly felt safer in the premises as a result of the campaign and they regarded management in favourable terms for looking after their welfare and safety.
8. Victoria Police and the Centre Against Sexual Assault (CASA) were supportive of the campaign as it raised awareness of the issue of drink spiking and may encourage people to report incidents.
9. Both stakeholder agencies agreed that the educational campaign needed further support through training of police in responding to complaints of drink spiking and for the staff in licensed venues to be trained in preventing incidents and responding appropriately.



10. CASA is wary that the tagline could be construed as implying that an episode of drink spiking is due to the victim's failure to remain vigilant. CASA would prefer a message that emphasised the right of women to enjoy themselves without being harassed.

11. Preliminary statistical and anecdotal data from CASA House suggests the campaign was successful in encouraging the reporting of drink spiking incidents. The rate of complaints of drink spiking-fuelled sexual assault to CASA House increased during the campaign period and CASA was contacted directly by a number of women who saw campaign brochures at a mainstream city venue. They are highly suggestive that the campaign had a material effect on reporting of the crime of drink spiking. However it is difficult to draw firm conclusions about the wider impact without as more formal statistical data sources are not available at this time. CASA expects to have further data available soon. (Note: The Crimestopper information system is not set up to provide that type of data.)



Q Q S R

QUALITATIVE & QUANTITATIVE SOCIAL RESEARCH

## CRIME PREVENTION VICTORIA DRINK SPIKING CAMPAIGN EVALUATION

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9 December 2002

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# CRIME PREVENTION VICTORIA DRINK SPIKING CAMPAIGN EVALUATION

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## Campaign Background

The Victorian drink spiking community education campaign is an initiative funded through the Victorian Law Enforcement Drug Fund (2001 grants) and managed by Crime Prevention Victoria. Convenience Advertising has been contracted to deliver the program.

The campaign was launched in May 2002 and was conceived and developed as a public health partnership, designed to deliver a communications infrastructure to address a compelling drug related public health and safety concern in Victoria – drink spiking. The primary objective of the campaign was to reduce the risks and harms associated with drink spiking.

The campaign uses the Convenience Advertising narrowcast methodology to disseminate education messages to patrons and staff of licensed venues, regarding the dangers of drink spiking.

The campaign consisted of 250 display points located within 50 key licensed venues (hotels, nightclubs and bars) that were targeted by patronage type and weekly patronage (approximately 126,110 visits per week). All the messages were focus tested among members of the target audience before the campaign was launched (see Appendix 2 for Campaign Materials).

Three separate communications platforms were developed, to target each of three target audiences:

- Women aged 18-30 years;
- Men aged 18-30 years; and
- Bar and security staff of licensed venues.

**Women Aged 18-30.** This communication was designed to create awareness that drink spiking exists and can lead to sexual assault, and to encourage responsible/protective behaviours among members of the target audience. The creation of a mental link between drink spiking and sexual assault was supported by the sign-posting of the relevant service providers of women who may have been victims of or witnesses to drink spiking or an incident of sexual assault. Take-away information cards attached to the A4-sized message provided detailed information regarding what to look out for, how to help someone, how to get help and other important tips. The message was located within the bathroom of the selected licensed venues.

**Men aged 18-30.** The second communication platform was designed to generate awareness of drink spiking and link it directly with being a criminal offence. The message communicated to target audiences in two very different ways. The first gave men (non-perpetrators) ownership of the problem by encouraging them to adopt protective behaviours towards those at risk. The second approach aimed to deter

perpetrators by informing them that their actions would be closely watched and that drink spiking is a criminal offence. This message was located in the men's bathroom of the selected licensed venues.

**Staff of licensed premises.** The third communication platform targeted bar and security staff of licensed premises and was designed to raise awareness of the drink spiking problem. The message encouraged the target audience to adopt a guardianship role ("Keep an eye open") by educating staff on what to look out for and what to do when faced with a possible drink spiking incident. This message was placed within the change room or behind the bar, to act as a constant reminder for the target audience.

The evaluation was to undertake:

- An assessment of perceptions of the tools used in the campaign by key stakeholders and target audiences;
- An assessment of campaign methodology and the accessibility and readability of the materials (that is, was the gender specific and narrowcast approach appropriate);
- An assessment of whether the campaign had caused a change in behavioural practices and in perceptions amongst target audiences;
- An assessment of the campaign's influence on the reporting of drink spiking;
- Monitoring of how media coverage has contributed to the campaign's influence; and
- An assessment of unintended outcomes, including whether people feel less safe as a result of the campaign, or whether the campaign had a negative effect on participating venues.

## Evaluation Methodology

Participating venues in Melbourne and Bendigo were sampled, and face to face interviews conducted on site with patrons and staff. Interview schedules are located at Appendix 1. There was to be a maximum of ten interviews per site (100 in total) and proportions were to be approximately:

- 40 percent female patrons;
- 40 percent male patrons;
- 20 percent licensees.

As shown in the first Findings section, this sample was achieved and if anything was slightly over the required numbers.



## Findings I: Background of Patron and Staff Samples

This section summarises the background characteristics of the two samples.

Figures throughout the report are provided mainly in percentages. Totals may not add exactly to 100% because of rounding.

The numbers in the staff sample are very small, which means that a figure of '50%', for example, may only apply to 12 people. However, percentages are generally given in order to provide a meaningful comparison between the two samples. Where a percentage figure in the staff sample is likely to be misleading because of the small numbers, the number in that particular table cell or column has been included.

### Sample Numbers and Location

The sample sizes are provided in Table 1 below. Note that with each sample, a proportion were lost early in the interview because the respondent had not visited the bathroom or recalled advertising posters. Respondents were asked several times, in different ways, whether they had seen the posters. Where respondents were unsure whether they had seen the advertising or not, they were asked further questions and provided with appropriate prompts, including showing them the appropriate stimulus materials. When it was certain that the respondent had not seen the advertising, the interview was terminated.

At the start of the interview, there were 166 patrons and 26 staff. Fifty patron respondents were subsequently terminated because they had not visited the bathrooms (n=6) or had not recalled the advertising (n=44); two staff interviews were terminated for the same reasons.

**Table 1: Sample Sizes**

	<b>Patrons</b>	<b>Staff</b>
Start of Interview	n=166	n=26
Terminated	n=50	n=2

At the start of the interview, there were 123 patrons in Melbourne and 36 in Bendigo (location was unknown for 7 respondents), and 20 staff in Melbourne and 6 in Bendigo.

**Table 2: Location**

	<b>Patrons</b>	<b>Staff</b>
Melbourne	123	20



Bendigo	36	6
Unknown	7	0

## Gender and Age

The patron sample was fairly evenly split by gender (this was specified as an evaluation requirement), with slightly more females than males.

The staff sample was also reasonably evenly split by gender, with somewhat more males than females (see Table 3).

**Table 3: Gender of Patrons and Staff Samples**

	<b>Patrons n=116</b>	<b>Staff n=26</b>
Male	48%	58%
Female	52%	42%

Both samples were young. Patrons were young by definition, having selected out 18-30 year olds. However, staff were even younger than patrons, with nearly three quarters of bar staff between the ages of 18 and 24. This makes it especially important that staff understand the significance of drink spiking and know what to do when it occurs, for they are unlikely to be able to draw on any more 'natural maturity' (if there is such a thing) than are patrons (see Table 4). However, perhaps offsetting this situation, it is clear from the results of this evaluation that bar staff are already well aware of drink spiking problems.

**Table 4: Age of Patrons and Staff Samples**

	<b>Patrons n=166</b>	<b>Staff n=26</b>
18-20 yrs	23%	31%
21-24 yrs	37%	42%
25-30 yrs	37%	23%
Over 30 yrs	2%	7% (n=2)

There is an interesting association between gender and age, and also between gender and income. Females visiting the venues were statistically more likely to be younger than the men (see Table 5), particularly noticeable in the 18-20 age group. There was also a trend for females to be less highly paid (see Table 6), which is very likely due to their younger age.

**Table 5: Gender by Age (p=<.05)**

	18-20 yrs	21-24 yrs	25-30 yrs	Over 30 yrs



<b>Male</b>	8.8%	38.7%	48.8%	3.8%
<b>Female</b>	37.2%	36.0%	25.6%	1.2%

**Table 6: Gender by Income**

	<b>Over \$35,000</b>	<b>Under \$35,000</b>
<b>Male</b>	55.8%	44.2%
<b>Female</b>	43.8%	56.3%

### **Length of Service by Staff**

Given the young age range of staff, it is not surprising that they have worked at their bar/pub/club for relatively short amounts of time. Twenty two out of the 26 (85%) had worked there for two years or less, and 15 (58%) had worked there for one year or less. Only one person had worked there for five years or more.

### **Other Background Data on Patrons**

As Table 7 shows, respondents in the patrons sample are more likely to be employed and to be single/divorced. Income level is very evenly split, between under and over \$35,000, and the likelihood is that this is a moderately affluent sample (an alternative explanation is that there is a large range of affluence, from very small to very large incomes, but this is unlikely given the relatively young age of the sample).

**Table 7: Employment, Income and Marital Status of Patrons**

<b>Employment</b>		<b>Income</b>		<b>Marital Status</b>	
Employed	87%	Over \$35,000	49%	Married/partnered	35%
Unemployed	13%	Under \$35,000	51%	Single/divorced	65%

### **Patrons Use of Venues**

Use of the venues by patrons was fairly evenly split, with a little under a half using the venue at which they were interviewed at least once a fortnight, and a little over a half using it less than that (with a third using it less than once a month).

Virtually all patrons usually drink alcohol at the venues.





**Table 8: Patrons Use of Venues**

How often Patrons Come to the Venue		Whether Patrons Usually Drink Alcohol at the Venue	
Once a week	23%	Yes No	98% 2%
Once a fortnight	19%		
Once a month	25%		
Less than once a month	33%		

## Findings II: Patrons of Licensed Premises

### Perceptions of campaign tools

#### (a) Patrons

Ninety six percent of patrons had visited the bathrooms or toilets in the venue where they were interviewed. Two thirds of this group (n=106) had seen and could spontaneously recall the advertising.

Of the remainder, 43 exhibited partial recall but only 10 exhibited full recall and completed the questionnaire. (A total of 116 persons responded to the questionnaire from Q8 onwards, though a few people did not answer every question). Translated into numbers and percentages of the full sample it looks like this:

**Table 9: Knowledge of Advertising Materials (n=168 in full sample)**

	No.	%
Had visited venue bathroom/toilet	160	96%
Spontaneously recalled advertising	106	66% (of 160)
Needed prompting, then recalled sufficient for interview	10	6% (of 160)
Needed prompting with stimulus material, then recalled advertisement, but not sufficient for full interview	33	21% (of 160)
No recall despite prompting	11	7% (of 160)

In short, a total of 93 percent of those who had visited the bathrooms/toilets had remembered the advertising spontaneously or had recalled it when prompted, of which 72 percent had detailed recall permitting interview. This is an excellent response to the advertising.

Those who had responded 'yes' to the initial question about whether they had seen advertising in the bathrooms/toilets were asked if they could recall what the advertising was about. Over three quarters of this group (76 percent) mentioned drink spiking, which is an extremely impressive recall.



Interestingly, very few of this group (4 percent) spontaneously mentioned the tag line “Keep an eye open”.

Not all patrons remembered the central message accurately, and other topics mentioned included drug awareness, date rape, weapons and drink driving. Some of these could have been interpretations of the drink spiking advertisements and some could relate to any unrelated advertisements that may have been located in the venue.

*Nonetheless, the central message seems to have been recalled loud and clear. Patrons understand the message and the central concepts extremely well, if not the exact words of the campaign.*

This conclusion is strengthened by a further question on advertisement content. Patrons who recognised the advertisement and had been able to identify the broad topic were asked if they could describe what the advertisement was saying. Forty one percent of responses described the theme ‘watch out for drink spikers’. The full response to the question is located in Table 10, in order of recall.

**Table 10: Recall of Content of Advertising Message**

Watch out for drink spikers	40.7%
Drink spiking is a criminal offence	20.0%
Drink spiking can lead to sexual assault	11.7%
You can get assistance	9.7%
Drink spiking can happen to anyone	9.0%
Can't recall	9.0%

Given that males and females were targeted with different messages, it is not surprising that there were differences in response by gender. In summary, (see Tables 11-13):

- Males were much more likely to say that ‘drink spiking is a criminal offence’ (38 percent of males mentioned it compared to 13 percent of females);
- Males were somewhat more likely to say that ‘drink spiking can happen to anyone’ (17 percent of males mentioned it compared to 7 percent of females); and
- Females were much more likely to say that ‘you can get assistance’ (18 percent of females mentioned it compared to 6 percent of males).

**Table 11: Gender by Q8-2 (Row percentages,  $p < .05$ )  
(Drink spiking is a criminal offence)**

	Did not mention drink spiking is a criminal offence	Proportion mentioned drink spiking is a criminal offence	n=
<b>Male</b>	62%	38%	52
<b>Female</b>	87%	13%	61

**Table 12: Gender by Q8-3 (Row percentages)  
(Drink spiking can happen to anyone)**

	Did not mention drink spiking can happen to anyone	Proportion mentioned drink spiking can happen to anyone	n=
<b>Male</b>	83%	17%	52
<b>Female</b>	93%	7%	61

**Table 13: Gender by Q8-5 (Row percentages,  $p < .05$ )  
(You can get assistance)**

	Did not mention you can get assistance	Proportion mentioned you can get assistance	n=
<b>Male</b>	94%	6%	52
<b>Female</b>	82%	18%	61

A number of 'other' responses were received to this question. When analysed, however, the large majority were also on aspects of the topic of drink spiking, with suggestions such as:

- "Warning about drugs."
- "Always get your own drink."
- "What to do in an emergency."
- "The effects of drink spiking."
- "How to help others."
- "Something about sex abuse."
- "Something about drink spiking."
- "Contact numbers for help."
- "How to assist friends."
- "Keep an eye on your drink. Somebody might tamper with it."

When asked who they thought the advertisement was intended for, patrons mainly thought it was for women - either women in general (40 percent of responses) or women who have been sexually assaulted (4 percent). The next highest target was

people in general who drink (23 percent) followed by all men (14 percent) and men who spike drinks (14 percent).

Table 14 gives the full results, in descending order of response.

**Table 14: Who was the Advertisement Intended For**

All women	40%
People who drink	23%
All men	14%
Men who spike drinks	14%
Don't know	6%
Women who have been sexually assaulted	4%
A person like me	4%

Once again, there were differences in response by gender that paralleled the different content. In summary, (see Tables 15-16):

- Females were much more likely to say that the message was targeted at 'all women' (72 percent of females mentioned it compared to 29 percent of males); and
- Males were more likely to say that it was intended for 'men who spike drinks' (21 percent of males mentioned it compared to 3 percent of females).

**Table 15: Gender by Q9-3 (Row percentages,  $p < .05$ )  
(Intended for 'all women')**

	Did not mention 'all women'	Proportion mentioned 'all women'	n=
Male	71%	29%	52
Female	28%	72%	61

**Table 16: Gender by Q9-5 (Row percentages,  $p < .05$ )  
(Intended for 'men who spike drinks')**

	Did not mention 'men who spike drinks'	Proportion mentioned 'men who spike drinks'	n=
Male	79%	21%	52
Female	97%	3%	61

**(b) Women Patrons**

Women patrons were asked whether they had seen any information cards on drink spiking located within the women's bathroom/toilet. Fifty nine percent said 'yes'.



When this group were asked whether they had ever taken one of the information cards, 45 percent said 'yes'.

Those who said they had taken a card were asked whether they could say what information the card provided. Only two people said they could not recall what was on the card. The biggest response (50 percent) was 'what to look out for', followed by 'how to help someone' (27 percent) and getting help/referral and counselling (15 percent. Note. Given how few respondents in the sample mentioned 'counselling' – see Table 21 – it is likely that this last response refers mainly to getting police or medical help.)

Ninety four percent of women found the information on the card to be a useful/relevant resource (56 percent 'very useful/relevant'; 38 percent 'somewhat useful/relevant').

Overall, the results show that this was an effective advertising method for women patrons.

### Changes in Behaviours and Perceptions

The results indicate that there were changes to patrons' understanding of drink spiking. However, it is also clear that this community is already relatively well aware of the problem, and the campaign is addressing a reasonable well informed community. Ninety eight percent said they had already heard about drink spiking and over half (56 percent) said that the advertisement didn't tell them anything they didn't know before (Table 18).

**Table 18: Whether Ad. Said Anything Patrons Didn't Know Before**

Yes	27%
Not sure/Don't know	17%
No	56%

When the 'yes' group was asked what precisely the advertisement said that they did not know before, they mentioned, in particular, that drink spiking is a criminal offence (32 percent) and who to contact in an emergency (20 percent) – see Table 19.

**Table 19: What the Advertisement Said that was New**

Drink spiking is a criminal offence	32%
Who to contact in an emergency	20%
What to do in an emergency	8%
Drink spiking will lead to a prison term/conviction	8%
Drink spikers can target girlfriend/partner/sister/friend	6%
Drink spiking can lead to sexual assault	4%
Drink spiking can happen anywhere, anytime	4%

The presence of responses with much lower percentages in Table 19 does not necessarily indicate that the campaign was not successful in these areas. It is more likely that patrons, already being relatively knowledgeable on the subject, understood these points but were less aware of the first two on the above list (the fact that drink spiking is a criminal offence and who to contact in an emergency).

A few comments made at this point during interviews suggest that one of the effects of the campaign may have been to inform patrons of the enormity of the problem, rather than its existence, a point which is made more fully in the next section of the report:

- “That it is actually an issue.”
- “That it was such a big problem.”

The question might also be posed, if they had heard about drink spiking before, where had they heard about it? Table 20 shows the evidence on other data sources. Clearly, there is a wide number of sources that people have drawn upon for information.

**Table 20: Where Patrons had Previously Heard about Drink Spiking (206 responses)**

Friends/family	29%
Radio	20%
Television	15%
Toilet advertising*	13%
Personal experience	9%
Magazines	7%
Newspapers	7%

\* Perhaps referring to the current campaign.

When asked what they would do if a person with them had their drink spiked, patrons proved to be relatively knowledgeable, citing responses that were included in the advertising, with a large number of respondents offering one or more answers (see Table 21). In terms of perceived importance, safety seemed to be first on people’s minds, followed by reporting to police and getting medical help.

It should be noted, however, that very few mentioned ‘get help from a counselling or support service’. It appears that this was not a top of mind issue and that people saw other advertising messages before they saw this one. If this is a significant issue for the campaign, it will require additional targeting.

**Table 21: What patrons would do if a person with them had drink spiked (242 responses)**

Stay with the person	23 %
Get them to a doctor or hospital	17 %
Notify the police	17 %
Get them to a safe place	16 %
Report it to bar or security staff at the venue	9 %
Get help from a counselling or support service	1 %
Don't know	1 %

In similar vein, respondents provided 234 concrete responses as to what they could do to prevent drink was spiking (see Table 22). Pr

**Table 22: What Patrons could Do to Prevent Drink Spiking (234 responses)**

Talk to friends/partners etc to warn them of the dangers	26 %
Help friends/partners etc if they experience drink spiking	21 %
Look out for friends/partners etc when in bars/pubs	20 %
Keep an eye on my own drink	20 %
Tell my mates not to spike other people's drinks	13 %
Don't know	1 %

*Overall, while it is relatively difficult to make a major difference under these circumstances, the campaign appears to have been successful in making such a difference.*

As a final note in this section, and despite the obvious success of the campaign, only one third (36 percent) of the patrons sample regarded drink spiking as a 'very serious problem' (see Table 23), with a further 50 percent regarding it as a 'somewhat serious problem'. Females were much more likely than males to regard it as a very serious problem (see Table 24). If the campaign continues, this figure will provide useful baseline data to see if changes occur over time.

**Table 23: How Much of a Problem is Drink Spiking**

Not much of a problem	14%
A somewhat serious problem	50%
A very serious problem	36%

**Table 24: Gender by Q24 (Row percentages,  $p < .05$ )  
(How much of a problem is drink spiking))**

	Not much of a problem	A somewhat serious problem	A very serious problem	n=
Male	23%	54%	23%	52
Female	5%	48%	48%	61

### Whether there were unintended outcomes

A key issue was whether or not the presence of the campaign messages might raise fears about the topic, rather than reduce them.

Responding to a question on whether the message affected how safe patrons felt in pubs and clubs, 29 percent said that it did, 14 percent said they were not sure and 57 percent said that it did not.

Those who said that it did affect them were asked why this was. Only three patrons said anything remotely negative, which was:

- “More so from the media than the actual ad, just a little.”
- “Can make you feel paranoid not previously thinking about it.”
- “Have become more cautious – no pub is safe.”

The remainder indicated that if anything it made them feel safer, through awareness of the problem being raised, and knowing that something was being done about the problem. Comments included:

- “It is good to know for general awareness and safety.”
- “Staff are aware that it is going on and are looking out.”
- “Makes one feel safer – someone cares about the issue.”
- “Being more aware of the issue and your drinks.”
- “Good to know there is more support.”
- “Shows the problem is being dealt with.”
- “Personal impact – it could happen to me.”
- “Good to know that the government is trying to create a [response].”
- “Alerts you to what goes on.”
- “Knowledge is power.”
- “Because it has caused me to be alert about spiking.”
- “Pub realising it is a problem.”
- “It reminds us to be careful when drinking.”
- “No I am more aware of how often it happens.”
- “It is reassuring to see the issue being addressed.”
- “It might make me think about it more.”
- “Suspects might think twice about drink spiking.”
- “I think the message has made me more aware.”



- “Lets you know that drinking spiking is happening.”

In summary, it appears that patrons were empowered rather than the reverse. Though they were already relatively knowledgeable about the topic, it clearly helped to know (a) that awareness was being raised for all concerned – patrons, potential perpetrators and the pubs too and (b) efforts are being made to do something about the problem and to provide information on how to deal with it.

## Findings: Staff of Licenses Premises

### Perceptions of campaign tools

Only one person in the staff sample (n=26) was unsure whether they had seen advertising posters relating to health and safety. Of the remaining 25, who definitely had seen advertising, two thirds (63 percent) mentioned drink spiking. Of the remainder, one person said ‘crime’, one person said ‘sexual assault’ and one person said ‘drug awareness’, and the remainder mentioned a range of other health and safety issues unrelated to the campaign (for example, drink driving, bar hygiene).

When asked if they could describe what the advertising message was saying, all 11 who were asked this question said ‘watch out for unusual or suspicious behaviour’. Three also mentioned how to help someone whose drink has been spiked and three mentioned that drink spiking can result in rape/sexual assault.

This is a strong recall rate of campaign materials.

Interestingly, however, and similarly to the patron sample, the tag line ‘Keep an eye open’ was not spontaneously remembered. The one person in the staff sample who was unsure about seeing any advertising also did not recognise the tag line or the campaign materials when prompted.

Most of the bar staff saw advertising in the toilets rather than around the bar or in the change room. Nearly two thirds (61 percent) of locations mentioned, and all 22 respondents (see Table 25) mentioned the toilets.

**Table 25: Where Advertising Posters were Seen**

In/behind the bar	28%	n=10
In the change room	11%	n=4
In the bathrooms/toilets	61%	n=22

It is probably not surprising, under the circumstances, that all bar staff thought that the advertising was there for patrons as well as for themselves.



## Changes in behaviours and perceptions

Eighty two percent of staff said they found the information relevant or useful to them. However, only four people said that the advertisement told them something they didn't know before, and a little over a half (57 percent) said that it made them think or feel about the issue differently.

Everyone had heard about drink spiking previously, from a range of sources, the most common being people they work with at the venue, friends and family, newspapers and television. *Over half of the staff (12 out of 22) personally knew someone who had had their drink spiked.*

As with the patrons sample, it seems that one of the most significant issues was highlighting the importance of the topic of drink spiking. Comments made by staff included:

- "I did not know it happens as frequently as it does, that is, enough to warrant a campaign."
- "That drink spiking is common."
- "Made more aware."
- "Taught me how to deal with the problem if it happened at work."
- "Did not know it was as much of a problem as it is."
- "Brought it more to my attention."

Despite already being aware of the issue, most of the staff (82 percent, n=18) said they would be likely to discuss it with a work colleague.

If a person in the venue had their drink spiked, staff seemed relatively clear about what they would do. For example, 8 people mentioned either four or five actions. Table 26 shows the wide range of responses. However, note once again that calling a counselling service was not top of people's minds.

**Table 26: What Staff Would Do if a Patron's Drink was Spiked**

Stay with the person	27%
Call an ambulance	20%
Get them to a safe place	20%
Advise other bar/security staff of what has happened	20%
Notify the police	13%
Call CASA or counselling service	0%

Comments made about what they would do included:

- "Identify the person they are hanging out with. Find out. Alert."
- "Take the drink away."
- "First aid. Find out offender suspicious behaviour. Call police."

- “Get them to hospital.”
- “Report to management and police.”
- “Find out the guilty party and get the person’s face on the security camera.”
- “Warn the person to look out for themselves. Keep an eye on them. Notice their company.”

There was a similar scenario with the question of what staff would do to prevent drink spiking. There were a lot of multiple responses.

**Table 27: What Staff Would Do to Prevent Drink Spiking**

Look out for suspicious behaviour when in bars/pubs	34%
Keep an eye on people’s drinks	32%
Talk to other bar/security staff here about the problem	20%
Respond quickly if a bar patron needs help	8%
Talk to colleagues who work in the pub/club industry	6%

Typical comments were:

- “Keep an eye on the bar area. Watch out for suspicious behaviour.”
- “Talk to women about it.”
- “Check out patrons, especially those who are really intoxicated.”
- “Make sure people are aware of the problem.”

*It is clear that the campaign is supported by staff, and that staff generally are knowledgeable about what they would do to respond to, or prevent, a drink spiking problem. The major effect of the campaign has been to alert them to the seriousness of the problem.*

## **Conclusion: Appropriateness of Campaign Methodology and Materials**

A resounding 97 percent of patrons thought that it is appropriate to display drink spiking messages in the toilets of such venues (80 percent saying ‘yes, definitely’ and 17 percent saying ‘probably’). The remaining three percent were unsure, but no-one responded in the negative. Not only is this an endorsement for the campaign, but it also appears to confirm that there are no negative consequences of the campaign.

When asked why they thought it was appropriate to display drink spiking messages in the toilet, typical comments were:

(From females)

- “It’s a reminder, acts as a deterrent.”



- “In a young venue with young people it is so good to expose people to the issue.”
- “Patrons are respected. Management care about customers.”
- “The act of drink spiking is very wrong. People should know it is a criminal offence.”
- “It reminds people during the night to keep an eye out for drink spikers. Each visit to the toilet is a reminder.”
- “Appropriate and important because it is so frightening – it leads to rape.”
- “The club has a responsibility to watch out for patrons.”
- “People need to be made aware.”
- “It brings the issue to the attention of the public.”
- “Duty of care.”
- “It’s helpful to make patrons aware. Important to know what to do in an incident.”
- “Reinforces the issue. Serious issue for women. Potential rape or sexual abuse.”
- “Protects clients to improve business.”
- “Bar staff cannot screen everyone so it is their responsibility to inform people.”
- “Tells girls to watch out and not to accept drinks from strangers.”

(From Males)

- “Where there are drinks there is drink spiking.”
- “To stop the people doing it.”
- “So people will know more about the problem.”
- “I would not want a female friend to be exposed to a situation like that.”
- “Easy for girls to get taken advantage of.”
- “Could happen to anyone.”
- “Awareness because it is common practice.”
- “To protect themselves against liability – to inform patrons.”
- “Make f---d-up people think twice about doing it.”
- “Promote awareness.”
- “Responsible serving of alcohol – should be required.”
- “Raise awareness as a deterrent.”
- “Because this is where it happens.”
- “The more people know about drink spiking the more careful they will be.”
- “Tells you to be more careful and who to contact in an emergency.”

Patrons were clearly responsive to the campaign, with two thirds (67 percent) saying that the information was relevant or useful to them, and nearly two thirds (61 percent) saying that they would be likely to pass the information on to a friend.

A gender difference was observed in regard to this issue. Women were more likely to respond positively to this issue than men—77 percent said it was useful compared to 56 percent of men.



Staff are equally supportive of the campaign, with all but one saying that 'yes, definitely', it is appropriate to put up posters in the bar and changing room areas (even if most of them saw the posters in the toilets!). No-one actively dissented from this view.

While it appears that staff were already knowledgeable about the topic of drink spiking, the campaign has clearly reinforced the seriousness of the issue and prompted staff to consider what they would do if faced with a drink spiking incident, or to prevent incident occurring.

*The narrowcasting campaign, focussing on patrons and staff of licensed venues, appears to have been very successful. People appear to have focussed on the importance of safety, reporting, and getting medical help. Furthermore, there appear to be no negative consequences of the campaign. Quite the opposite, in fact, with the vast majority of patrons feeling comforted and empowered by knowing that something is being done about the problem and how they might constructively respond themselves.*

**Appendix:**

**Interview Instrument: Staff of Licensed Premises**

**Interview Instrument: Clients of Bars and Clubs**

**Appendix 2:**

**Campaign Materials**



## DRINK SPIKING CAMPAIGN EVALUATION

### STAKEHOLDER VIEWS

Stakeholder representatives interviewed for the evaluation process were Ms Marg D'arcy, Director of the Centre Against Sexual Assault (CASA) and Inspector Steve James of Drug and Policy Coordination, Victoria Police. The following is a summary of their views in response to a common interview schedule.

#### *How prevalent would you say drink spiking is?*

Both stakeholders thought drink spiking is under reported. Ms Darcy said drink spiking followed by sexual assault accounts for about 10% of reports received by CASA. Research indicates only 1 in 10 "eligible" women report an assault to the service. Apart from the normal reluctance to report sexual assault women who suffer drink spiking are often confused about the event and unsure what happened. CASA statistics indicate a rise in reports within the last two years: in six months in 2001 87 women reported drink spiking to CASA while 85 did so within a 4 month period in 2002. The figures suggest may drink spiking is increasing, and/or women are more inclined to report it, and/or CASA staff may be more sensitive to the issue. (Note: CASA is contacted regarding drink spiking only when it is associated with sexual assault.)

Inspector James said it was difficult to say whether the problem was increasing but based on anecdotal evidence it was widespread and almost certainly under-represented in the crime statistics. Inspector James said since April there have been eleven incidents of sexual assault reported by to Crimestopper in the CBD that were referred to the sex crime squad. However it is not known whether the incidents were actual sexual assaults and whether charges were laid. The Crimestopper system is not set up to provide overall data on the overall incidence of sexual assault but there is no sign of change since the beginning of the campaign

#### *How significant is drink spiking as a health and safety concern in and around licensed premises?*

Ms D'arcy said it was a very significant health and safety concern. Young women are very aware of the problems and fearful of it happening. Apart from the impact of the alcohol or the drug that is used, there is the impact of the sexual assault and associated levels of trauma. It is long lasting and often repeated as fragments of memories return and has to be dealt with over many years. Ms D'arcy is especially concerned that the threat does not intimidate young women from active involvement in social life. Inspector James thought the safety issue was paramount as drink spiking is a crime in itself and was usually indicative of a sexual assault. He said people often did not realise that alcohol can be used and it was relatively easy to spike a drink with added alcohol.

#### *What are the major harms associated with drink spiking?*

Inspector James said the major harm from the police view was assault and rape and the damage done by the alcohol or drugs used such as Rohypnol. Ms Darcy said the emotional and psychological impact of losing time was important. In addition there is the general health risks of alcohol or other drugs used and the impact of the sexual assault. It produces a long lasting trauma that is relived for years as bits of memories come back.

#### *What are the barriers to reporting this crime?*

Ms D'arcy thought there are many barriers to reporting. First the person is confused over the events, and if the spiking involved alcohol the event may be interpreted by police as

the victim having drunk too much. If the woman has taken other drugs, recreational or prescription, their confusion can be worse. Ms D'arcy also thought people do not know where to go for support, about CASA's role, and how to report to police. Inspector James agreed that victims did not want to be "raped twice" -by the system as well as the perpetrator- and they often report late due to confusion over what happened, and a fear they will not be believed..

*What can be done to overcome these barriers to reporting?*

Ms D'arcy considered training of police the most pressing issue as a less judgmental response would encourage women to report. Inspector James agreed that protocols to guide a more appropriate police response were needed as well as links to counselling services such as CASA House. He also suggested extra publicity and raising awareness of drink spiking would help people to report incidents.

*Could the drink spiking programme contribute to help people overcome some of these barriers?*

Inspector James said the campaign was positive in raising awareness and in not targeting the victim only. However he thought there was a potential problem in that people might think the danger came from strangers when it was just as likely to be someone known to the victim. Ms D'arcy said the campaign could help but women tend to blame themselves for sexual assault and that is a barrier to reporting. However she saw a danger in that women might interpret the slogan Keep an Eye Open as meaning an assault was their fault as they were not sufficiently alert. She thought the greater need was to educate venue staff so they know the signs to look for, what to do, where to go for help, and where to refer

*What will people learn from seeing the drink spiking communication?*

Inspector James thought the campaign would make people more streetwise, aware of the problem and that drink spiking is a serious crime with serious penalties. Ms D'arcy thought the link between drink spiking and sexual assault was useful, as was the brochure because it explained where to get help. She said the men might learn drink spiking is a crime and they could be prosecuted for it, although she was doubtful. She hoped the venue staff would realise their role but emphasised it needs to be reinforced by training.

*Is communicating the drink spiking message in the bathrooms of licensed venues appropriate?*

Both Ms D'arcy and Inspector James agreed with the method of locating the posters in bathrooms of venues. Ms D'arcy thought other places should be utilised too - doctor's surgeries, schools, any places where people go for information.

*Do you have any recommendations to help develop both the strategy and the messages?*

Inspector James was concerned with whether the graphic communicated clearly. He said the younger police staff liked it and it raised their awareness. Ms D'arcy said she preferred a strategy CASA House devised in 1999 called the Right to Party Safely. The campaign said to young women you've got a right to go out and drink and enjoy yourself and wear short skirts, but also, if you do, while you've got that right, if you do get sexually assaulted this is where you can come for support. Her concern is that programs that tell young women "Don't do this and don't do that" undermine them. She thought Keep an Eye Open is not quite negative but it almost puts the responsibility on the victim/survivor and she thinks that is very dangerous. The Right to Party messages were You've got a right to say no. Act on your gut instinct. If you're feeling uncomfortable do something about it. So we produced posters for toilet doors and they were used in some venues and had messages like "Is there's a guy out there giving you the shits?" "Only you



should decide when your pants come down.” and “If you’re feeling uncomfortable do something about it.” So it was a combination of messages. So you’re not leaving someone who has their drink spiked and/or is sexually assaulted with a sense it was their fault. Ms D’arcy said the venue owner had to take responsibility. They have a responsibility for ensuring a safe environment, for ensuring their bar staff are trained so they are watching out for a person getting double shots all the time. I think would be a much healthier message.

## DRINK SPIKING CAMPAIGN EVALUATION

### INTERVIEW SCHEDULE: MALE/FEMALE PATRONS

**Introduction:** Excuse me, I am conducting some important health and safety research for the Victorian government and wonder if you would be interested in answering some questions which will only take a few minutes.

Any information you provide will be given in complete confidence and will be recorded anonymously.

*Interviewer instruction: Circle one number per question, except where indicated otherwise.*

#### Screeners

Gender:            Male                            1  
                          Female                            2

Location:         Melbourne                            1  
                          Bendigo                            2

**Q1.**    Could you please indicate which age range is most appropriate to you?

                          18-20 yrs                            1  
                          21-24 yrs                            2  
                          25-30 yrs                            3  
                          Over 30 yrs                            4    *(Terminate interview)*

**Q2.**    How often do you come to this venue?

                          Once a week                            1  
                          Once a fortnight                            2  
                          Once a month                            3  
                          Less than once a month                            4

**Q2a.**    Do you usually drink alcohol at this venue ?

Yes	1	
No	2	

Q3. Have you visited the bathrooms or toilets in this venue just now or on a recent visit?

Yes	1
No	2 (Terminate interview)

Q4. Have you seen any advertising within the bathrooms/toilets of this venue?

Yes	1
Not sure/don't know	2 (Go to Q6)
No	3 (Terminate interview)

Q5. Can you tell me what the advertising was about?  
(Do not read out list. Circle '1' for each topic mentioned)

Can't recall	1 (Go to Q6)
Drink spiking	1 (Go to Q8)
Keep an eye open	1 (Go to Q8)
Crime	1 (Go to Q8)
Sexual assault	1 (Go to Q8)
Other (Write down)	1 (Go to Q6)

Q6. Have you seen any advertising which has the headline "Keep an eye open"?

Yes	1 (Go to Q8)
Not sure/don't know	2 (Go to Q7)
No	3 (Go to Q7)

Q7. Have you seen this advertisement within the bathroom/toilet?  
(Display appropriate stimulus material)

Yes	1 (Go to Q8)
Not sure/don't know	2 (Terminate interview)
No	3 (Terminate interview)

Q8. Could you describe the what the ad in the toilet was saying?  
(Do not out list. Circle '1' for each topic mentioned)

Drink spiking can lead to sexual assault	1
Drink spiking is a criminal offence	1
Drink spiking can happen to anyone	1
Watch out for drink spikers	1
You can get assistance	1
Can't recall	1
Other (Write down)	1

Q9. Who do you think the advertisement was intended for?  
(Do not read out list. Circle '1' for each category of person mentioned)

People who drink	1
All Men	1
All Women	1
A person like me	1
Men who spike drinks	1
Women who have been sexually assaulted	1
Don't know	1
Other (Write down)	1

Q10. Did the advertisement tell you anything that you didn't know before?

Yes	1
Not sure/don't know	2 (Go to Q12)
No	3 (Go to Q12)

Q11. What precisely did the advertisement tell you that you didn't know before?  
(Do not read out list. Circle '1' for each topic mentioned)

Drink spiking can lead to sexual assault	1
Drink spiking can happen anywhere/anytime	1
Who to contact in an emergency	1
Drink spiking is a criminal offence	1
Drink spiking will lead to a prison term/conviction	1
Drink spikers can target girlfriend/partner/sister/friend	1
What to do in an emergency	1
That drink spiking happens	1
Other (Write down)	1

Q12. Was the information relevant or useful to you?

Yes	1
Not sure/don't know	2
No	3

Q13. Would you be likely to pass this information on to a friend?

Yes	1
Not sure/don't know	2
No	3

**Q14.** If a person with you had their drink spiked what would you do?  
*(Do not read out list. Circle '1' for each response mentioned)*

- |   |   |
|---|---|
| Stay with the person                            | 1 |
| Notify the police                               | 1 |
| Get them to a doctor or hospital                | 1 |
| Report it to bar or security staff at the venue | 1 |
| Get them to a safe place                        | 1 |
| Get help from a counselling or support service  | 1 |
| Don't know                                      | 1 |
| Other ( <i>Write down</i> )                     | 1 |

**Q15.** What do you think you can do to **prevent** drink spiking?  
*(Do not read out list. Circle '1' for each response mentioned)*

- |  |   |
|--|---|
| Talk to friends/partners etc to warn of the dangers        | 1 |
| Tell my mates not to spike other people's drinks           | 1 |
| Look out for friends/partners etc when in bars/pubs        | 1 |
| Help friends/partners etc if they experience drink spiking | 1 |
| Keep an eye on my own drink                                | 1 |
| Don't know   | 1 |
| Other ( <i>Write down</i> )                                | 1 |

**Q16.** Has the message affected how safe you feel in pubs and clubs?

- |                     |   |
|---------------------|---|
| Yes                 | 1 ( <i>Go to Q17</i> )                        |
| Not sure/don't know | 2 ( <i>Go to Q18 if female; Q22 if male</i> ) |
| No                  | 3 ( <i>Go to Q18 if female; Q22 if male</i> ) |

**Q17.** If YES why?

.....

.....

.....

.....

*If a female respondent continue to Question 18.  
If a male respondent continue to Question 22.*

*This section is applicable to women only*

**Q18.** Did you see any drink spiking information cards located within the women's bathroom/toilet?

Yes	1
No	2 (Go to Q.22)

**Q19.** Have you ever taken one of the drink spiking information cards from the women's bathroom/toilet?

Yes	1
No	2 (Go to Q.22)

**Q20.** Can you tell me what information the card provided?

*(Do not read out list. Circle '1' for each response mentioned)*

Can't recall	1 (Go to Q22)
What to look out for	1
How to help someone	1
Getting help/referral and counselling	1
Other (Write down)	1

**Q21.** How useful or relevant was this information to you? *(Read out)*

Very useful/relevant	1
Somewhat useful/relevant	2
Not very useful/relevant	3

**Questions for both men and women**

**Q22.** Before you saw the poster and/or the card had you seen or heard of anything about drink spiking before?

- |     |                |
|-----|----------------|
| Yes | 1              |
| No  | 2 (Go to Q.24) |

**Q23.** Where did you see or hear something about drink spiking before?  
*(Do not read out list. Circle '1' for each response mentioned)*

- |                             |   |
|-----------------------------|---|
| Friends/family              | 1 |
| Personal experience         | 1 |
| Television                  | 1 |
| Radio                       | 1 |
| Newspapers                  | 1 |
| Magazines                   | 1 |
| Toilet advertising          | 1 |
| Other ( <i>Write down</i> ) | 1 |

**Q24.** How much of a problem do you think drink spiking is? (*Read out list*)

- |                            |   |
|----------------------------|---|
| Not much of a problem      | 1 |
| A somewhat serious problem | 2 |
| A very serious problem     | 3 |

**Q25.** Do you think it is appropriate for this venue to display drink spiking messages in the toilets? (*Read out list*)

- |                   |   |
|-------------------|---|
| Yes, definitely   | 1 |
| Probably          | 2 |
| Unsure/don't know | 3 |
| Probably not      | 4 |
| Definitely not    | 5 |

**Q 25a.** Why or why not do you think it is appropriate to display drink spiking messages in the toilets of this venue?

.....

.....

.....

**Q26.** Finally, I would like to ask just a few details about your background. Can you tell me:

Are you employed?		Is your income under or Over \$35,000?		Are you married/partnered, or single/divorced?	
Employed	1	Over \$35,000	1	Married/partnered	1
Unemployed	2	Under \$35,000	2	Single/divorced	2

**Thank you very much for your time and for participating in this research.**



## DRINK SPIKING CAMPAIGN EVALUATION

### INTERVIEW SCHEDULE: BAR/SECURITY STAFF

**Introduction:** Excuse me, I am conducting some important health and safety research for the Victorian government and wonder if you would be interested in answering some questions which will only take a few minutes.

Any information you provide will be given in complete confidence and will be recorded anonymously.

*Interviewer instruction: Circle one number per question, except where indicated otherwise.*

#### Screeners

Gender:	Male	1
	Female	2
Location:	Melbourne	1
	Bendigo	2
Type of staff:	Licensee	1
	Bar staff (other than licensee)	2
	Security staff	3

**Q1.** Could you please indicate which age range is most appropriate to you?

18-20 yrs	1
21-24 yrs	2
25-30 yrs	3
Over 30 yrs	4

**Q2.** How long have you worked in this bar/pub/club?

Six months or less	1
Six months to one year	2
1-2 years	3
3-5 years	4
Over 5 years	5

**Q3.** Have you seen any advertising posters relating to health or safety issues within this bar/pub/club/?

- |                     |   |                       |
|---------------------|---|-----------------------|
| Yes                 | 1 | (Go to Q4)            |
| Not sure/don't know | 2 | (Go to Q5)            |
| No                  | 3 | (Terminate interview) |

**Q4.** Can you tell me what the advertising was about?  
(Do not read out list. Circle '1' for each topic mentioned)

- |                    |   |            |
|--------------------|---|------------|
| Can't recall       | 1 | (Go to Q5) |
| Drink spiking      | 1 | (Go to Q8) |
| Keep an eye open   | 1 | (Go to Q8) |
| Crime              | 1 | (Go to Q8) |
| Sexual assault     | 1 | (Go to Q8) |
| Other (Write down) | 1 | (Go to Q6) |

**Q5.** Have you seen any advertising which has the headline "Keep an eye open"?

- |                     |   |            |
|---------------------|---|------------|
| Yes                 | 1 | (Go to Q7) |
| Not sure/don't know | 2 | (Go to Q6) |
| No                  | 3 | (Go to Q6) |

**Q6.** Have you seen any advertising that resembles this poster?  
(Display appropriate stimulus material)

- |                     |   |                       |
|---------------------|---|-----------------------|
| Yes                 | 1 | (Go to Q7)            |
| Not sure/don't know | 2 | (Terminate interview) |
| No                  | 3 | (Terminate interview) |

**Q7.** Could you describe what the message was saying?  
(Do not read out list. Circle '1' for each topic mentioned)

- |   |   |
|---|---|
| Drink spiking is a crime                        | 1 |
| Watch out for unusual or suspicious behaviour   | 1 |
| How to help someone whose drink has been spiked | 1 |
| Drink spiking can result in rape/sexual assault | 1 |
| Don't know                                      | 1 |
| Other (Write down)                              | 1 |

**Q8.** Who do you think the advertisement was intended for?  
(Do not read out list. Circle '1' for each category of person mentioned)

- |                            |   |
|----------------------------|---|
| People who work in the bar | 1 |
| Bar clientele/patrons      | 1 |
| Other (Write down)         | 1 |
| Don't know                 | 1 |

**Q9.** Can you tell me where you have seen the advertising posters?  
(Do not read out list. Circle '1' for each topic mentioned)

In/behind the bar	1
In the change room	1
In the bathrooms/toilets	1 (Go to Q9a)
Other (Write down)	1

**Q9a.** Have you seen the messages in/behind the bar or in the change rooms?

Yes	1 (Go to Q10)
Not sure/don't know	2 (Terminate interview)
No	3 (Terminate interview)

**Q10.** Did the message tell you anything that you didn't know before?

Yes	1
Not sure/don't know	2 (Go to Q12)
No	3 (Go to Q12)

**Q11.** What precisely did the advertisement tell you that you didn't know before?  
(Do not read out list. Circle '1' for each topic mentioned)

How to help someone	1
Who to call for assistance	1
Drink spiking can lead to rape/sexual assault	
Drink spiking is a criminal offence	1
Importance of watching out for suspicious behaviour	1
Needing to stay with person	1
Importance of calling an ambulance	1
Importance of getting someone to a safe place	1
Other (Write down)	1

**Q12.** Was the information relevant or useful to you?

Yes	1
Not sure/don't know	2
No	3

Q13. Would you be likely to discuss it with a work colleague?

- |                     |   |
|---------------------|---|
| Yes                 | 1 |
| Not sure/don't know | 2 |
| No                  | 3 |

Q14. If a person in the bar/pub/club had their drink spiked what would you do?  
(Do not read out list. Circle '1' for each response mentioned)

- |  |   |
|--|---|
| Stay with the person                                 | 1 |
| Notify the police                                    | 1 |
| Call an ambulance                                    | 1 |
| Get them to a safe place                             | 1 |
| Call CASA or counselling service                     | 1 |
| Advise other bar/security staff of what has happened | 1 |
| Other (Write down)                                   | 1 |

Q15. What do you think you can do to prevent drink spiking?  
(Do not read out list. Circle '1' for each response mentioned)

- |   |   |
|---|---|
| Talk to other bar/security staff here about the problem | 1 |
| Talk to colleagues who work in the pub/club industry    | 1 |
| Look out for suspicious behaviour when in bars/pubs     | 1 |
| Respond quickly if a bar patron needs help              | 1 |
| Keep an eye on people's drinks                          | 1 |
| Other (Write down)                                      | 1 |

Q16. After seeing the drink spiking message did you think or feel about the issue differently?

- |                     |               |
|---------------------|---------------|
| Yes                 | 1             |
| Not sure/don't know | 2 (Go to Q18) |
| No                  | 3 (Go to Q18) |

Q17. What did you think or feel that was different after seeing the ad?  
(Do not read out list. Circle '1' for each response mentioned)

.....

.....

.....

.....

Q18. Before you saw the message had you seen or heard of anything about drink spiking before?

Yes	1
No	2 (Go to Q.20)

Q19. Where did you see or hear something about drink spiking before?  
(Do not read out list. Circle '1' for each response mentioned)

People I work with at the pub/club	1
Friends/family	1
Television	1
Radio	1
Newspapers	1
Magazines	1
Toilet advertising	1
Other (Write down)	1

Q20. How much of a problem do you think drink spiking is? (Read out list)

Not much of a problem	1
A somewhat serious problem	2
A very serious problem	3

Q21. In your view is this poster appropriate to put up in the bar/changing room here?  
(Read out list)

Yes, definitely	1
Probably	2
Unsure/don't know	3
Probably not	4
Definitely not	5

Q22. Do you personally know anyone who has had their drink spiked?

Yes	1
No	2

Thank you very much for your time and for participating in this research.

**KEEP AN EYE OPEN**

There are laws to protect you from drink spiking

**KEEP AN EYE OPEN**

**Drink spiking is a crime that can lead to sexual assault and rape**

Drink spiking can happen anywhere at anytime where alcohol is being consumed

For further information counselling or referral call CASA House on 9344 2210 (24hours) or after hours in rural areas on 1800 806 292

If you have an emergency call police on 000

If you have information about drink spiking see bar staff or security for assistance or call Crimestoppers on 1800 333 000 (7am to 11pm)



KEEP AN EYE OPEN



It's a  
crime  
to spike  
someone's  
drink.  
The  
penalty  
is a prison  
term and a  
criminal  
conviction.

DRINK SPIKERS COULD  
TARGET YOUR FRIEND,  
GIRLFRIEND, SISTER  
OR PARTNER

Drink spiking can happen  
anywhere at anytime where  
alcohol is being consumed

For further information counselling or referral call CASA  
House on 9344 2210 (24hours) or after hours in rural  
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**KEEP AN EYE OPEN**



**Drink  
spiking is  
a crime.  
Watch for  
unusual or  
suspicious  
behaviour**

**HOW TO HELP SOMEONE**

- \* Stay with the person  
(this has saved many victims  
from being raped)
- \* If unconscious and or vomiting  
call an ambulance immediately
- \* Get them to a safe quiet place

For further information counselling or referral call CASA  
House on 9344 2210 (24hours) or after hours in rural  
areas on 1800 806 292

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