

The **Ripple Effect**



**FULL REPORT
GLASGOW**

Establishing a baseline for the 'community perception' target set out within the Alcohol Theme of Glasgow's Single Outcome Agreement.



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EXECUTIVE SUMMARY

Background and Introduction

- The Ripple Effect research (2007) sought to examine through direct community consultation, whether Glasgow City community respondents felt that alcohol affected their community, and if so, to identify and examine these effects. Alcohol Community Engagers (ACES) were trained and supported to undertake the research in conjunction with professional researchers. The research involved consultation with a total of 4,697 people. Key results were 99% of respondents felt that alcohol affected their community to at least some degree; and when asked to give examples of how alcohol affected their community, 95% provided negative effects.
- In 2014, Glasgow City Alcohol and Drug Partnership (ADP) decided to repeat the Ripple Effect research across the Thriving Places in Glasgow, to provide a baseline of progress towards achieving a reduction in levels of negative community perception of the impact of alcohol use on communities. Again, ACES were trained and supported to undertake the research alongside the existing Prevention and Education service provider commissioned by NHSGGC and a commissioned research company.
- The aim of the consultation was to identify the effect (if any) of alcohol within a community on people within that community, and if so, to identify those effects and how widely within the community they are felt.

Methodology

- The research comprised a mixed method approach involving a survey (conducted face-to-face, online and self-completion) and qualitative research with community respondents across 12 neighbourhoods in Glasgow City (9 of which were Thriving Places).
- A total of 2,618 questionnaires were completed (88% were completed face-to-face) and 290 respondents took part in the qualitative research (either participatory appraisal methods or focus groups). Due to various factors, the number of completed questionnaires varied by locality and neighbourhood so that 40% of surveys were completed in the South, with 29% completed in both the North East and North West.
- 19 ACES completed 824 questionnaires during the fieldwork period which represents 36% of the face-to-face sample.
- The questionnaire and topic guide covered 5 main questions.
 - To what extent do you agree/disagree that alcohol is a problem in your community?
 - What problems does it cause?
 - What groups in the community are affected/most affected by alcohol?
 - Which areas in the community are affected/most affected by alcohol?
 - What would you do to improve the issues in your community caused by alcohol?

Demographics

- In the survey, the majority of respondents were female (64% versus 36% male). Fourteen percent of respondents were aged between 16 and 24 years old, with 39% being aged 50 years or older. Half the sample was in employment with a further 8% being in education. Almost all respondents were of white Scottish origin (96%).
- In the qualitative research, 65% were female and 35% were male. The purpose of the qualitative research was partly to engage with more vulnerable and minority groups and thus respondents included young people, BME groups, those with mental health issues, and kinship carers. There was a mix of age groups involved, and the vast majority were of white Scottish origin. Most were unemployed, not working due to ill health or retired.

Research Findings

Is alcohol a problem in your community?

- The significant majority of respondents (78%) agreed that alcohol is a problem. Only 7% disagreed that alcohol is a problem. There was almost uniform agreement in the qualitative research that alcohol is a problem, and in fact a serious and multifaceted problem. Respondents spoke frequently about the 'catastrophic' impact of alcohol on communities, families and individuals.
- There were no significant differences by gender or locality.
- A higher proportion of respondents from Drumchapel than from the sample overall agreed that alcohol was a problem in their community (87% compared with 78%). In contrast, a significantly lower proportion of respondents from Greater Gorbals and Dumbarton Road Corridor (DRC) than the overall sample agreed that alcohol was a problem (66% and 65% versus 78%).
- Perceptions of alcohol being a problem in the community appear to increase with age but then plateau and decrease among the oldest community members. That is, 66% of respondents aged between 16 and 24 years of age agreed that alcohol was a problem in their community as opposed to 85% of 39-49 year olds. However, this figure falls to 73% of those aged 65 years and older.
- A common theme throughout the qualitative research was the perception that alcohol is a cultural problem in Glasgow (and Scotland) and that actions taken to limit the harmful impact of alcohol on communities should involve changing the culture of alcohol.
- Community problems were said to be much wider and more consuming than simply alcohol. Multi-faceted social problems including poverty, unemployment and lack of opportunity, addiction, and lack of a family unit were said to combine to produce feelings of hopelessness, boredom and despair. As a result, there was empathy among many respondents as to why some people (particularly young people) turned to alcohol for escapism.
- Drugs were raised as a significant issue inextricably linked to alcohol.

Perceived alcohol related problems

- The significant majority of respondents indicated that alcohol was associated with antisocial behaviour (69%) and violence (61%). In the qualitative research, respondents frequently spoke of young people causing a nuisance when under the influence of alcohol which led to feelings of intimidation, insecurity and anger among community members.
- Vandalism and litter were further alcohol related problems (48% and 45% respectively).
- Alcohol was also said to lead to increased noise at night (43%) and a decreased sense of safety (34%). Gang fighting and territorialism were raised as further problems (42% and 20% respectively), although mentioned in the qualitative research to a lesser extent.
- Just over 4 in 10 respondents said that alcohol led to negative health effects (41%). These health effects, particularly in relation to low self-esteem and hopelessness, were discussed at length in the qualitative research.
- In the survey, 40% of respondents indicated that alcohol damaged the reputation of their community. A further 30% mentioned drinking dens. In the qualitative research, some respondents described their communities as “forgotten” and indicated that their community was not cared for and maintained as it should be (both by public services and community members).
- Just under a third of respondents indicated that alcohol sustains the poverty cycle (31%). Poverty, and links to unemployment in particular, were often described as the root of many problems facing Glasgow communities.
- Just over a fifth of survey respondents (22%) mentioned agent purchase. This was raised as a much more significant issue during the qualitative research. Respondents voiced their frustration at irresponsible licensees who sold alcohol too easily without recognising, or acknowledging, obvious signs of agent purchase.
- Community respondents living in the North East particularly perceived there to be a range of alcohol related problems in their communities.

How alcohol in the community affects the respondent personally

- The most commonly mentioned ways in which alcohol affected the respondent personally were in relation to personal safety (38%) and quality of life (30%). In the qualitative research, many respondents (particularly older respondents) spoke of feeling frightened, intimidated, wary, and uncomfortable in their communities which often led to restricted movement.
- Just under a third of respondents indicated that alcohol affected the appearance of the area in which they lived (31%).

Community groups perceived to be affected by alcohol

- The significant majority of respondents agreed that young people were affected (66%) followed by families (59%), older people (49%), and children (46%).
- Young people and families (33% and 26% respectively) were highlighted to be most affected. This finding was echoed in the qualitative research, with young people being singled out as the group most strongly connected to the impacts of alcohol in the community, both as a cause of many issues and as the group most affected by the issues.
- When asked who was most affected, around 20% said they could not isolate one group, with some respondents considering alcohol to be a scourge on all types of communities, regardless of level of deprivation and other social factors.
- The impact of alcohol on families is also a common research theme. Some parents expressed worry and concern about raising their children in their community due to alcohol related problems. These included poor role models for their children, a lack of suitable facilities, (i.e. parks and other safe play areas) and safety concerns.

Community areas perceived to be affected by alcohol

- Parks and waste ground were most commonly said to be affected (53%) followed by off licenses and surrounding areas (42%). A quarter of respondents indicated that parks and waste ground were most affected. Respondents commonly mentioned young people congregating in parks to drink alcohol, partly as it was an easy place to hide. Reported problems included littering parks with empty bottles and equipment being damaged.
- Just under a third of survey respondents mentioned shopping centres to be an issue in the survey (32%), although this appeared to be more of a significant problem in the qualitative research. For example, respondents in Easterhouse, Barmulloch/Balornock and Ruchill/Possilpark said they would avoid shops at night due to problems such as intimidation, antisocial behaviour and agent purchase.
- In the survey, a significantly higher proportion of respondents in the North West than in the North East and the South indicated shopping centres to be the most affected (16% compared with 7% and 8% respectively). This is most likely due to perceived problems relating to Drumchapel Shopping Centre which were commonly mentioned in the qualitative research.

What Can Be Done?

- Sixty eight percent of respondents provided a suggestion on what actions could be taken to improve alcohol related problems in the community.
- The most common suggestion in the survey was for more community police on the beat (29%). A further 3% suggested the need for more CCTV. Respondents indicated that a more visible and higher police presence would deter much of the antisocial behaviour that takes place, particularly during the weekends and evenings. There were mixed views in the qualitative research as to whether more police would help alleviate alcohol related problems in the community.
- Just over a fifth of survey respondents (22%) indicated the need for more education and awareness raising on the impacts of alcohol. In particular, early intervention involving educating children from primary school onwards was suggested as a means of challenging the Scottish culture and acceptability of alcohol.
- In the qualitative research, alcohol related issues were viewed as complex, deep-rooted and originating at a family and community level, with respondents stressing that education in school settings was insufficient, but that instead changes had to be made at a family and cultural level.
- A fifth of survey respondents indicated a need for more diversionary activities and youth groups/clubs, to deter or distract young people from drinking alcohol. This result highlights a need for better promotion and awareness raising of the range of activities and provision that does exist.
- The issue of stricter licensing was raised by 12% of survey respondents, with 5% mentioning minimum pricing and 2% suggesting a ban on alcohol.
- 8% of survey respondents indicated the need for more, better quality and accessible support and rehabilitation services.
- 5% of survey respondents mentioned more and better employment opportunities in the area as a means of reducing alcohol related problems. Giving people a purpose through meaningful employment or training opportunities was a significant issue raised during the qualitative research.
- Only 4% of respondents suggested restricting the accessibility of alcohol, although this was a common suggestion in the qualitative research. Respondents complained about the number of both pubs and off-licenses in their local communities, and suggested stricter regulation on the granting of alcohol licenses.

Recommendations

The report generated a range of recommendations relating to the process, key themes, and suggestions to be taken forward for the next Ripple consultation. Key recommendations included the following. It is recommended that:

1. The cultural nature of the problem of alcohol in these communities has to be considered, in order to challenge the long term attitudes and expectations surrounding alcohol consumption and related behaviours;
2. There is greater support and intervention targeting the family, and parents in particular, in order to improve the outcomes for young people;
3. Resources are targeted towards further prevention and education interventions for young people, to delay the onset of alcohol intake, and focus on resilience approaches to risk taking behaviours so young people have the ability to resist peer pressure;
4. There are more tailored diversionary activities for young people, which they are consulted on, to provide an alternative to alcohol consumption;
5. Resources are targeted towards providing opportunities for young people in the form of volunteering, training or employment;
6. The range of factors impacting on the quality of life of community respondents are considered when developing interventions and approaches;
7. Given that the community identified agent purchase as a significant issue, interventions tackling agent purchase are undertaken, e.g. Community Alcohol Campaigns;
8. Interventions to curb antisocial behaviour, vandalism and other problems associated with alcohol are directed to areas including parks and waste ground, secluded areas and shopping centres;
9. Community members should be supported to be more involved and less isolated by having more community events in community venues, and by providing wider opportunities for people to be involved in shaping the future of their community;
10. There is increased promotion and awareness raising of community facilities and youth provision that do exist in communities, and that this is included as part of the dissemination process;
11. Community members, particularly young people, are consulted about improvements and details of service and youth provision;
12. Actions are taken to change the stereotypical view of an individual experiencing alcohol addiction and to raise awareness of the addiction;
13. The results of the Ripple Effect research are shared widely with stakeholders who have an interest and investment in improving Glasgow communities and making them Thriving Places as the scale and complexity of the problem necessitates a multi-agency approach; and
14. Given the scope of the research and the number of factors which have arisen as key themes, it is recommended that where possible the Ripple Effect links in with other related pieces of work such as Community Alcohol Campaigns.

Background and Introduction

1.1. Ripple Effect Phase 1

1.1.1 Phase 1 of The Ripple Effect was research undertaken in 2007 which sought to examine through direct community consultation, whether Glasgow City community respondents felt that alcohol affected their community, and if so, to identify and examine these effects. Alcohol Community Engagers (ACES) were recruited through the various alcohol and drug fora affiliated to the Communities Sub-group of the Glasgow City Addictions Planning and Implementation Group. These community researchers were trained and supported to undertake the research in conjunction with professional researchers. The research involved a mixture of street surveys, focus groups, participatory appraisal techniques at community events, one to one interviews and more abstract methods for young people which involved consultation with a total of 4,697 people.

1.1.2 Key research findings included:

- almost all felt that alcohol affected their area to at least some degree, with the significant majority feeling the effect to be medium to large or large;
- those felt to be most affected included young people, the elderly and younger children;
- communities were generally perceived to be negatively affected by the effects of alcohol use;
- suggested solutions included restrictions/conditions on the sale of alcohol, law enforcement, education and awareness of alcohol issues and inclusion through activities/employment and education for young people;
- in terms of planning and making changes, a high level of community involvement and the involvement of all organisations relating to community in any way, working together and in unison, was generally preferred.

1.1.3 Key results were:

- 99% of respondents felt that alcohol affected their community to at least some degree;
- when asked to give examples of how alcohol affected their community, 95% provided negative effects.

1.2 Thriving Places

- 1.2.1 Glasgow's Single Outcome Agreement (SOA) 2013 outlined a commitment to support a range of specific neighbourhoods and communities within Glasgow in order to accelerate outcomes for residents; an approach driven by clear evidence indicating that inequality persists for some Glaswegians. The approach recognises that for some communities and neighbourhoods, issues are often complex and multi-layered meaning solutions need to be flexible and focused. In essence, some neighbourhoods in Glasgow fair much worse than others, with particular neighbourhoods remaining 'stuck' in the bottom 5% ranked most deprived areas across Scotland. Thus, the SOA outlined a different approach with service providers working alongside communities to make better use of existing resources and assets, many of which are already embedded in communities themselves. The Thriving Places approach focuses on 9 neighbourhoods across Glasgow: Ruchill/Possilpark; Drumchapel; Lambhill/Milton; Parkhead/Dalmarnock; Easterhouse; Springboig/Barlanark; Priesthill/Househillwood; Greater Gorbals; and Govan.
- 1.2.2 The SOA outlines the key priorities that contribute to inequality in Glasgow: Alcohol; Youth Employment and Vulnerable People. The two main outcomes relating to the Alcohol priority are:
- Reducing the accessibility of alcohol in communities; and
 - Reducing the acceptability of misusing alcohol.

1.3 Ripple Effect 2014/2015

- 1.3.1 In 2014, Glasgow City Alcohol and Drug Partnership (ADP) decided to repeat the Ripple Effect across the Thriving Places in Glasgow, to provide a baseline of progress towards achieving a reduction in levels of negative community perception of the impact of alcohol use on communities.
- 1.3.2 The Ripple Effect 2014/2015 research aimed to provide a baseline measurement of the 'community perception' target for the Alcohol Theme of the SOA. A steering group was formed and tasked with managing the project. In an attempt to recreate the ethos and methodology of the original Ripple Effect research, the research was conducted via a City wide community volunteer model, with ACES again being supported to undertake the research. The aim was to complete approximately 3,000 quantitative interviews and engage approximately 300 individuals in qualitative research across 12 areas in Glasgow (including the 9 named Thriving Places and one additionally identified 10 neighbourhood per locality). The existing Prevention and Education service provider commissioned by NHSGGC was tasked with recruiting, training and coordinating volunteers to conduct the research. A research company was commissioned to support the volunteers in relation to research activity, undertake qualitative research and conduct analysis and reporting.

1.4 Aims and objectives

1.4.1 The aim of the consultation was to identify the effect (if any) of alcohol within a community on people within that community, and if so, to identify those effects and how widely within the community they are felt.

1.4.2 The specific research objectives were to:

- Determine whether Glasgow City residents feel that alcohol has an effect on their community;
- Identify the alcohol related effects;
- Identify the key groups of people affected by alcohol in Glasgow City;
- Identify the key areas affected by alcohol in Glasgow City; and
- Explore possible solutions for reducing the negative effects of alcohol upon Glasgow City's communities.

In order to achieve these objectives, a further objective was to:

- Support and train ACES in basic research and community consultation techniques to enable them to be actively involved in, and take ownership of the research.

1.5 ACES: The Ripple Effect Model

1.5.1 The steering group utilised the Ripple Effect community volunteer model as a means of conducting the survey, where community volunteers are involved in conducting and disseminating the research. The rationale was to produce a meaningful and valuable research project that was conducted in part 'by the community for the community'.

1.5.2 There were three rounds of recruitment during the research period (July 2014, November 2014 and March 2015) where potential ACES were interviewed and then undertook an extensive training programme. This involved training on an introduction to Ripple, knowledge and skills (e.g. 11 advanced alcohol training, risk assessment, boundaries, child protection), motivational interviewing, Steps to Excellence, introduction to research, research ethics, and quantitative and qualitative research methods. A total of 36 ACES were recruited who varied in a range of characteristics including age, education, reason for involvement, member of the recovery community etc. Of the 36 recruited, 19 ACES were involved in the survey.

1.5.3 During the research process, ACES were supported by way of weekly meetings, one to one discussions, meetings with the steering group and organised lunches. To improve communication, a Facebook page was created.

1.5.4 ACES were encouraged to be as involved in the research process as possible.

CHAPTER 2

Methodology

2.1 The research comprised a mixed method approach involving a survey (conducted face-to-face, online and self-completion) and qualitative research with community respondents across 12 neighbourhoods in Glasgow City (including the 9 named Thriving Places). In total, 2,618 questionnaires were completed between September 2014 and July 2015, and 290 respondents took part in the qualitative research.

2.2 Neighbourhoods

2.2.1 Quantitative survey

2.2.1 In each locality, 4 neighbourhoods were selected for the research including the 3 named Thriving Places per locality and one other locally selected neighbourhood. Details of the neighbourhoods are displayed in Table 2.1. Due to various factors including the preference of ACES as to where they conducted surveys and the existence of community venues and events in each locality, the number of completed questionnaires varied by locality and neighbourhood so that 40% of surveys were completed in the South, with 29% completed in both the North East and North West.

Table 2.1: Number of questionnaires completed by locality and neighbourhood

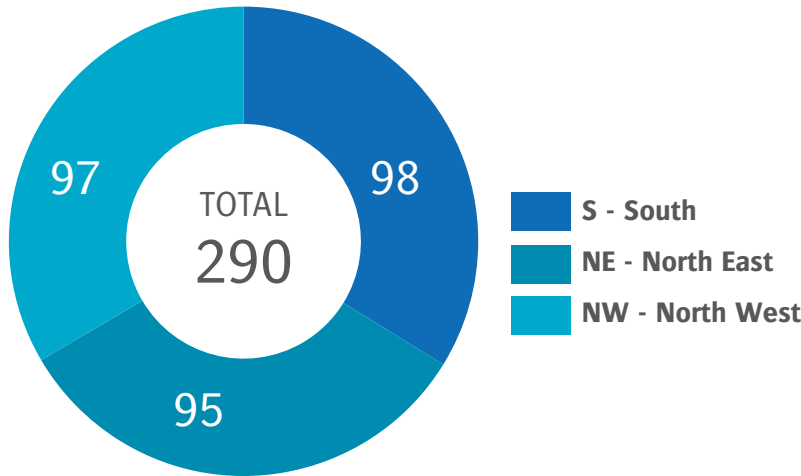
Area	Number of interviews	Proportion of interviews
South		
Govan	258	10%
Greater Gorbals	301	11%
Priesthill/Househillwood	248	9%
Castlemilk	251	10%
TOTAL	1058	40%
North West		
Lambhill/Milton	145	5%
Ruchill/Possilpark	194	7%
Drumchapel	204	8%
Dumbarton Road Corridor (DRC)	244	9%
TOTAL	787	29%
North East		
Parkhead/Dalmarnock	259	10%
Springboig/Barlanark	165	6%
Easterhouse	237	9%
Barmulloch/Balornock	107	4%
TOTAL	768	29%
No information given	5	-

2.2.2 Qualitative research

A similar proportion of respondents in each locality took part in the qualitative research.

Figure 2.1: Number of respondents taking part in qualitative research by locality

Base = 290

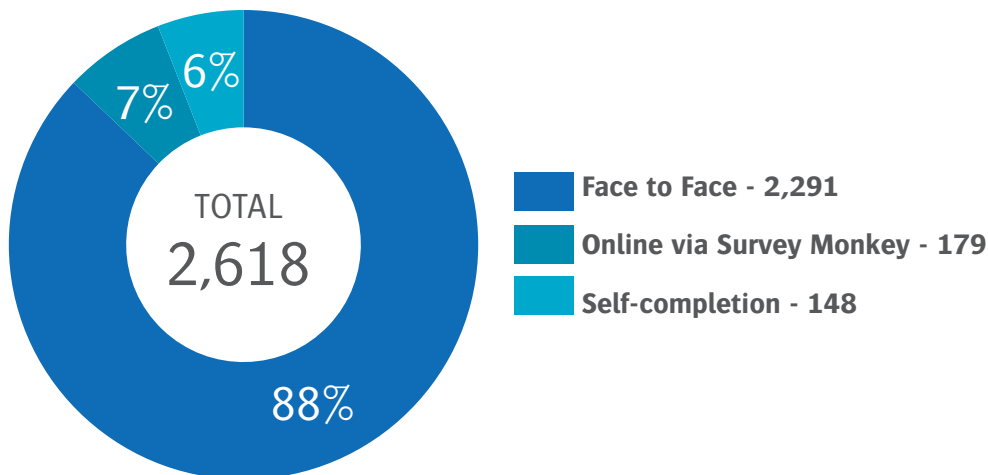


2.3 Quantitative Survey

2.3.1 A total of 2,618 questionnaires were completed. The use of various methods (face to face, self-completion, on-line) provided respondents with options for how to take part. Figure 2.2 displays the number of questionnaires completed by each method. The significant majority were completed face-to-face (88%).

Figure 2.2: Number of questionnaires completed by method

Base = 2,618



2.3.2 A total of 19 ACES completed 824 questionnaires during the fieldwork period which represents 36% of the face-to-face sample. The remaining questionnaires were completed by members of staff from the Prevention and Education service provider, the Health Improvement Team, and the research company.

2.3.3 The aim was to complete a similar proportion in each of the 12 neighbourhoods (200-250) but this proved difficult given the characteristics of some of the areas. To achieve numbers and also to provide respondents with different response options, questionnaires were completed in the following ways.

- Street surveys: Interviewers attended various locations to interview respondents as they were 'out and about', e.g. shopping streets, shopping centres, health centres and colleges.
- Events: Interviewers attended various events (e.g. Christmas Fayres, Family Fun Days) to interview respondents. This involved gaining permission to attend from organisers.
- Incentivised Events: Such events were advertised and held in community venues, and free refreshments were provided.
- Self-completion: Questionnaires were placed in drop boxes in community venues including community centres and pharmacies.
- Survey monkey: An online version of the questionnaire was promoted via flyers and cards at libraries, via local networks and via the Glasgow ADP email distribution list.

2.3.4 Various community venues and locations were chosen in an attempt to engage with a range of community members, and which were busy enough that there were potential respondents to interview. Venues included shopping streets and shopping centres, health centres, sports centres, and community centres. However, finding appropriate locations in each of the 12 neighbourhoods presented a challenge. Some of the neighbourhood areas had obvious community hubs such as Saracen Street in Ruchill/Possilpark, the Civic Realm in Priesthill/Househillwood and the Shopping Centres in Drumchapel and Castlemilk. In other areas, such as Lambhill/Milton, Springboig/Barlanark and Barmulloch/Balornock, community venues which do exist were found to be quiet on the various occasions they were visited as part of the research process.

2.3.5 The questionnaire was designed to be relatively short and easy to complete. As well as demographics, the survey covered 5 main questions detailed below. The questionnaire is included in Appendix A.

- To what extent do you agree/disagree that alcohol is a problem in your community?
- What problems does it cause?
- What groups in the community are affected/most affected by alcohol?
- Which areas in the community are affected/most affected by alcohol?
- What would you do to improve the issues in your community caused by alcohol?

2.4. Qualitative Research

2.4.1 A total of 290 respondents took part in the qualitative research using two main methods: participatory appraisal exercises (n =140) and focus groups or individual depth interviews (n = 150).

The qualitative research allowed the researcher to spend considerably more time with the respondent, meaning the research issues could be probed in much more detail.

2.4.2 Methods

- The participatory appraisal methods included respondents indicating their thoughts on post-it notes which were attached to flip charts, and placing dots on a line to indicate their agreement or disagreement with statements.
- The focus groups involved a more traditional qualitative discussion using a topic guide which comprised similar questions to those asked during the survey. The topic guide is included in Appendix B.
- In an attempt to engage with young people, the Photovoice method was used where young people were asked to provide a photograph which displayed the issues caused by alcohol in their community.

2.4.3 Participants were recruited through Ripple Effect incentivised events (as detailed above) and community events, and through voluntary and community organisations where the researcher attended existing groups and conducted a focus group. Examples of such groups included the Revitalise group in Parkhead/Dalmarnock, COPE in Drumchapel, Kinship Carers in Castlemilk and DRC Youth Project in Dumbarton Road Corridor. Incentives were used in the form of lunch and refreshments.

2.5 Analysis

2.5.1 The questionnaire data was input into SPSS, cleaned and re-coded and analysis was undertaken by means of frequencies and cross-tabulations. Differences are only discussed if they are significant at the 0.01 level.

2.5.2 Qualitative Analysis

2.5.2.1 The focus groups and individual interviews were either recorded and fully transcribed (with the permission of the respondent) or detailed notes were taken.

2.5.2.2 The qualitative data was then coded and thematic analysis was undertaken using a systematic approach. This involved identifying patterns, recurring words or phrases and the linkage between ideas. As well as examining the content of the data, the relative frequency with which 17 different issues were raised, as well as the intensity with which they were expressed were taken into account. The information was then collated into narrative that weaves the main themes together.

2.5.2.3 It is important at this stage to outline the nature and the limits of qualitative research in terms of what it is possible to report on. Qualitative research produces rich data, but this method does not rely on counting or quantifying responses. Thus, rather than producing statistics or frequencies, qualitative research produces detailed descriptions which are based on the perspectives, opinions, and experiences of participants.

2.5.2.4 In the current research, those opinions which were very commonly expressed among community members were highlighted and quotes were used to illustrate these common opinions.

2.6 Issues to Consider

2.6.1 Limitations in survey sample

2.6.1.1 The main priorities of the research were including ACES and achieving a high number of completed surveys across the 12 neighbourhoods. Given the challenges faced achieving a large sample size, the decision was made not to apply a quota sampling frame which would have allowed for a representative sample. As the survey respondents were from 12 selected neighbourhoods across Glasgow, comparisons are not made between the survey data and the demographic profile of Glasgow City.

2.6.2 Achieving the opinions of community members from the chosen neighbourhoods

2.6.1.2 The Ripple Effect research aimed to gather perceptions from community members from the chosen 12 neighbourhoods. An inclusion criterion was whether the respondent lived or worked in the area, which was taken as an indication that the respondent was a member of that community rather than their postcode being used to identify them to a particular area.

2.6.3 Range of methods for completing surveys

2.6.3.1 The research allowed respondents to complete a survey online, by self-completion or face to face which provided respondents with more opportunities to participate in the research. However, there are limitations with each method, such as self-completion methods including missing data and the lack of an interviewer to provide explanation or answer any questions the respondent may have.

In addition, the survey was designed to be completed face to face with an interviewer, and so some of the questions were not ideally suited to a self-completion method.

2.6.4 Nature of action research

2.6.4.1 A significant aim, and key achievement, of the Ripple Effect was the meaningful involvement of community members in undertaking the research.

2.6.4.2 The training, support and shadowing provided to the ACES provided them with a key set of skills and enabled them to fully participate in the survey. It should be noted however, that the use of community researchers in any survey, coupled with the sensitivity of its given subject matter, can mean some questionnaires may not be completed to the highest methodological standard. Issues can include: missing data, an over reliance on the use of pre-coded lists to prompt responses, not providing fully verbatim responses, and perhaps at times a lack of objectivity. Such limitations should be borne in mind when interpreting the results.

2.6.5 Quantitative and qualitative methods

2.6.5.1 A strength of the current research was its comprehensive approach, and the use of a mixed method model involving a large scale quantitative survey alongside more in-depth qualitative research. There are advantages and disadvantages of using both types of methodology which are well documented. However, the two research methods complement each other well, and for the current research, the qualitative data more often than not confirmed the quantitative survey while providing a much more in-depth level of information and commentary. There were some interesting differences in results between the quantitative and qualitative research, which appear to highlight the possible suitability of using either a survey or qualitative method for such a sensitive subject area.

- 2.6.5.2 The concept of the impact of alcohol on communities and individuals is potentially sensitive, given the deleterious impact that alcohol can have, and has had, on the life of many community respondents or their family members. There are also potential social desirability effects, with respondents often replying with 'I don't drink' or limiting the scale of their or others drinking in their responses. Although these limitations will apply to both research methods, it is possible that these challenges were heightened by the survey methodology, where a short street survey did not easily allow for a true rapport to be established between interviewer and respondent.
- 2.6.5.3 The nature of the qualitative research naturally took a more comprehensive approach and allowed for free-flowing discussion and debate on the impact of alcohol on the community. This allowed for the spontaneous discussion of larger social issues such as poverty, generational joblessness, a lack of responsible parenting and the need for a much broader and comprehensive approach to tackling these issues. Consideration of the multifaceted issues surrounding alcohol links with the rationale for the Thriving Places outlined in the SOA.
- 2.6.5.4 However, it should be noted that the qualitative research involving focus groups and individual depth interviews targeted more hard to reach and vulnerable groups, which may also explain why their perceptions of the level and scope of alcohol related problems were higher. This may help to explain the differences between quantitative and qualitative data, where the qualitative data tended to indicate a more serious or significant issue/problem.

CHAPTER 3

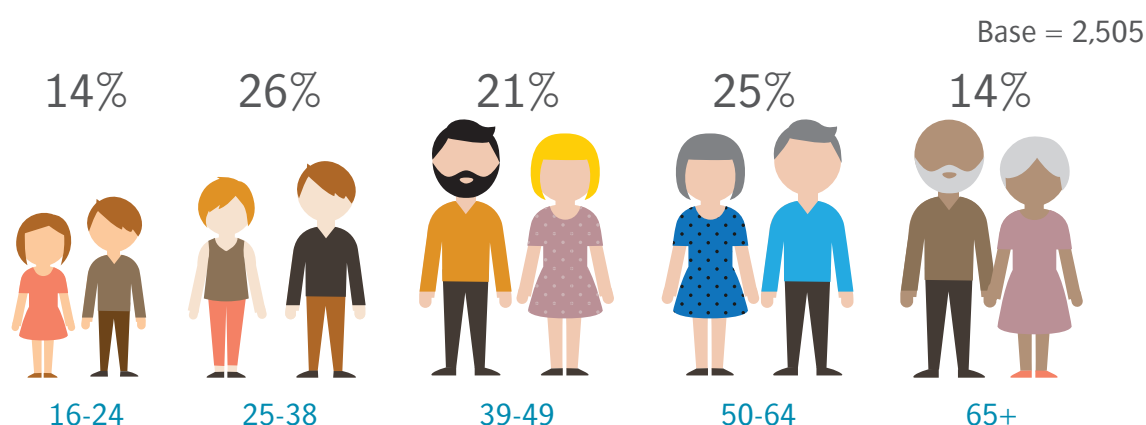
Demographics

3.1 Demographics of survey respondents

3.1.1 The majority of the sample was female (64% versus 36% male).

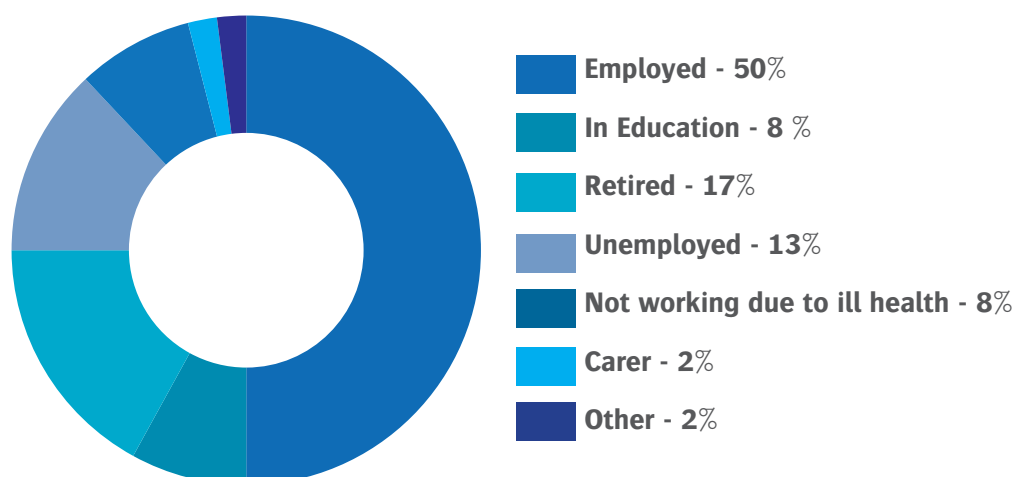
3.1.2 Figure 3.1 displays the age of the respondents. Fourteen percent of respondents were aged between 16 and 24 years old, with 39% being aged 50 years or older. There was no sex differences by age, e.g. a similar proportion of the male and female sample were aged 16-24 years old.

Figure 3.1: Age of respondents



3.1.3 In terms of working status (see Figure 3.2), half the sample were in employment with a further 8% being in education. Around a sixth of respondents were retired (17%), 13% were unemployed and 8% were not working due to ill health.

Figure 3.2: Working status



3.1.4 Almost all respondents were white (96%), and as such, differences by ethnicity are not discussed throughout the report. Reasons for the low proportion of BME groups included:

- the neighbourhoods in which the research was conducted;
- the nature of the methodology, e.g. a face to face street survey about alcohol which is a particularly sensitive and personal subject in some BME communities; and
- language and cultural barriers in engaging with BME communities.

3.2 Live or work?

3.2.1 Respondents were asked whether they lived or worked in the neighbourhood (or both) in which they took part in the survey. The majority lived in the neighbourhood (53%), with a further 17% both living and working in the neighbourhood and 28% only working in the neighbourhood (see Table 3.1). Significantly more females than males only lived in the community (57% versus 48%).

Table 3.1: Whether respondents lived or worked in the neighbourhood

	Males	Females	All
Live	48%	57%	53%
Work	32%	24%	28%
Both	17%	17%	17%
Other	2%	2%	2%

3.2.2 Respondents were also asked how long they have lived or worked in the area in which the survey took place (see Table 3.2). The majority of respondents had lived or worked in the community for at least 11 years, with around a fifth of respondents living or working there for 2 years or less (21%). More females than males had lived or worked in the community for at least 11 years (60% compared with 47%), with males more likely than females to have lived or worked in the community for 2 years or less (27% compared with 18%).

Table 3.2: Length of time respondent have lived or worked in the neighbourhood in which the research took place, split by sex

	Males	Females	All
Less than 1 year	13%	9%	10%
1-2 years	14%	9%	11%
3-5 years	15%	10%	12%
6-10 years	12%	12%	12%
11+ years	47%	60%	55%

3.3 Demographics of qualitative respondents

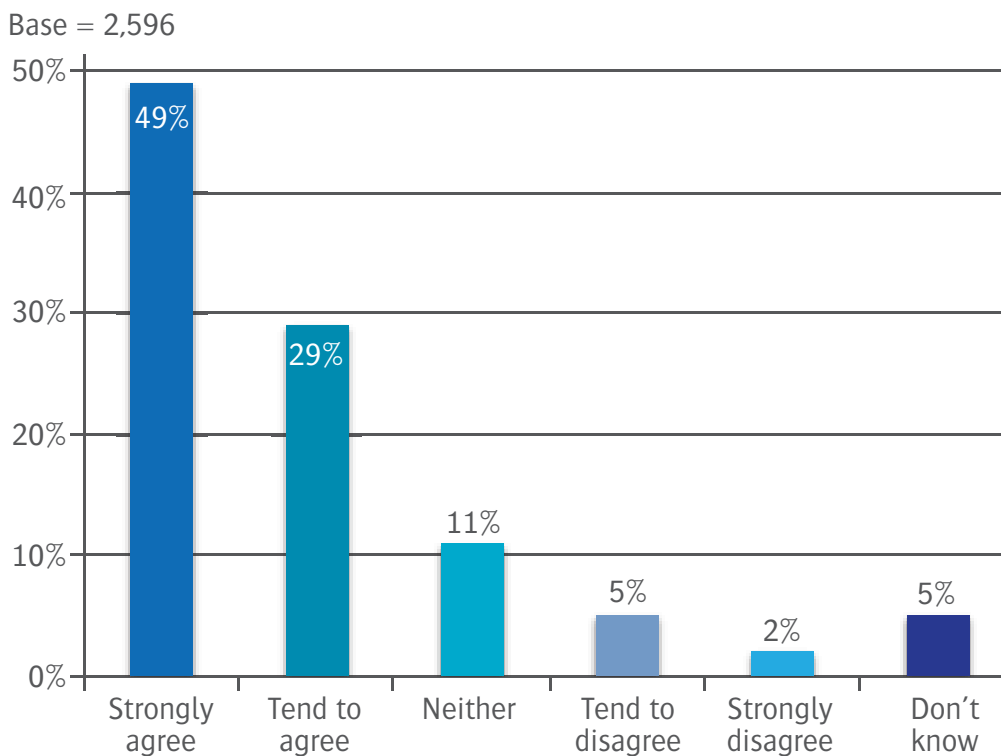
3.3.1 Of the 290 respondents who took part in the qualitative research, 65% were female and 35% were male. Given the nature of the qualitative research using the participatory appraisal methods, it was not possible to gather more demographic information from respondents. The purpose of the qualitative research was partly to engage with more vulnerable and minority groups and thus respondents included young people, BME groups, those with mental health issues, and kinship carers. There was a mix of age groups involved, with attempts made to engage with youth organisations to involve younger people. As with the quantitative survey, a significant proportion was from older age groups. The vast majority were of white Scottish origin, although there was representation from BME groups. Most were unemployed, not working due to ill health or retired.

Is Alcohol a Problem in Your Community?

4.1 Is alcohol a problem in your community?

4.1.1 Respondents were asked to what extent they agreed or disagreed that alcohol is a problem in their community. The results are displayed in Figure 4.1. The results indicate that the significant majority of respondents (78%) agreed that alcohol is a problem, with 49% strongly agreeing and 29% tending to agree. Only 7% disagreed that alcohol is a problem.

Figure 4.1: To what extent do you agree/disagree that alcohol is a problem in your community?



4.1.2 The data was also analysed to detect any differences by sex, age and locality. There were no significant differences by gender or by locality, indicating that males and females in the different localities across the City appear to have similar opinions about alcohol being a problem in their community. This finding indicates that community perceptions of the extent to which alcohol is a problem are fairly uniform.

4.2 Differences by neighbourhood

4.2.1 Table 4.1 displays the results split by neighbourhood. There were some significant differences between the neighbourhoods and the overall sample. A higher proportion of respondents from Drumchapel than from the sample overall agreed that alcohol was a problem in their community (87% compared with 78%). In contrast, a significantly lower proportion of respondents from Greater Gorbals and DRC than the overall sample agreed that alcohol was a problem (66% and 65% versus 78%).

Table 4.1: To what extent do you agree/disagree that alcohol is a problem in your community, split by neighbourhood

Base: All = 2598; Drumchapel = 203; Lambhill/Milton = 145; Ruchill/ Possilpark = 192; Govan = 258; Castlemilk = 248; Parkhead/Dalmarnock = 255; Easterhouse = 235; Priesthill/Househillwood = 247; Springboig & Barlanark = 164; Barmulloch/Balornock = 106; Greater Gorbals = 299; DRC = 244

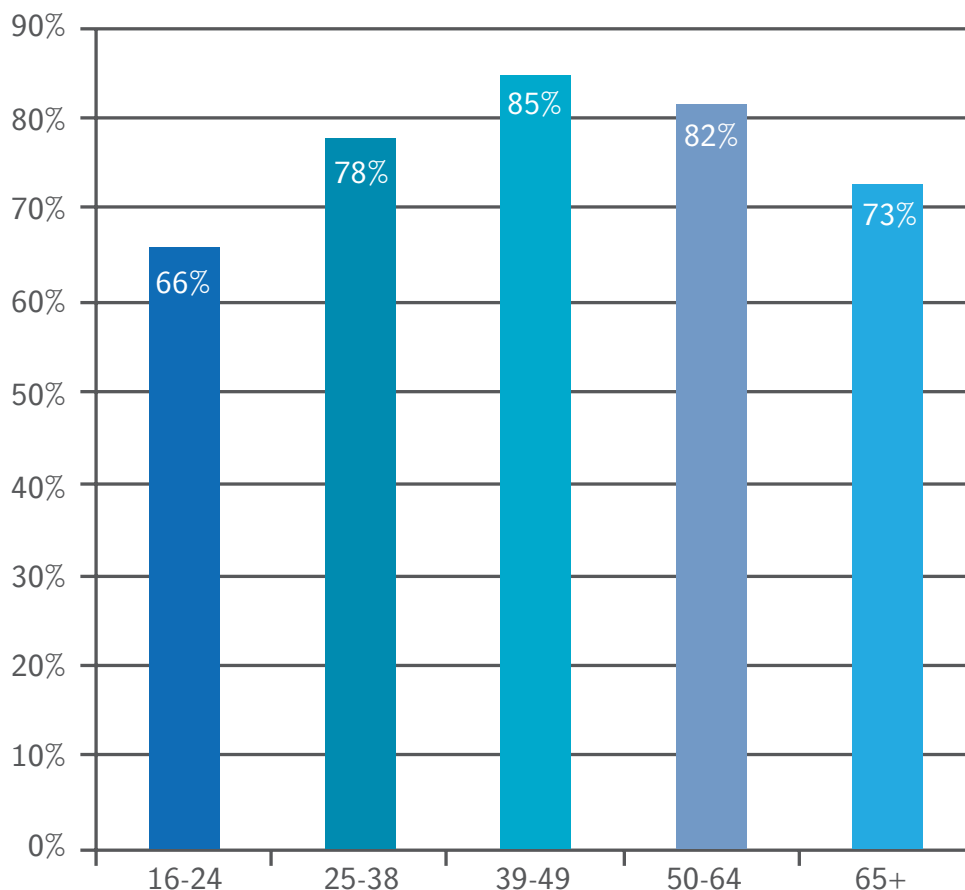
Neighbourhood	% of respondents
Drumchapel	87%
Lambhill/Milton	83%
Ruchill/Possilpark	83%
Govan	82%
Castlemilk	82%
Parkhead/Dalmarnock	82%
Priesthill/Househillwood	77%
Springboig & Barlanark	75%
Barmulloch/Balornock	70%
Greater Gorbals	66%
Dumbarton Road Corridor (DRC)	65%
All	78%

4.3 Differences by age

4.3.1 The results indicate that perceptions of alcohol being a problem in the community appear to increase with age but then plateau and decrease among the oldest community members (see Figure 4.2). That is, 66% of respondents aged between 16 and 24 years of age agreed that alcohol was a problem in their community as opposed to 85% of 39-49 year olds. However, this figure falls to 73% of those aged 65 years and older.

Figure 4.2: To what extent do you agree/disagree that alcohol is a problem in your community, split by age

Base: 16-24 = 353; 25-38 = 645; 39-49 = 535; 50-64 = 615; 65+ = 352



4.3.2 Young people are the least likely group to agree that alcohol is a problem in the community. This was also the case in the qualitative research, where young people identified a range of alcohol related impacts while asserting that these issues caused them minimum concern, e.g. young people drinking on the streets, agent purchase etc. These findings link to the cultural association with alcohol which is discussed on the following page.

There's loads that goes on here cause of alcohol, but it doesn't bother me. It's just part of living here.

4.4 Qualitative research

- 4.4.1 Although the purpose of qualitative research is not to quantify the results, there was almost uniform agreement among respondents that alcohol is a problem, and in fact a serious and multifaceted problem. Respondents spoke frequently about the 'catastrophic' impact of alcohol on communities, families and individuals and that one individual consuming too much alcohol or having an addiction problem had a ripple effect on the lives of so many others.

You might be free to go out and get drunk, but you don't have the right to affect the lives of so many other people with all the social problems it entails.

- 4.4.2 The qualitative research also revealed the extent to which community members had experienced the impact of alcohol addiction, either personally or through a family member or friend.

The repercussions of alcohol, and how common that is...I'm sure just about everyone from this area has a loved one who is an alcoholic, so it affects all our lives. It's everywhere, my husband was an alcoholic and died from it and my son is now an alcoholic.

4.5 Cultural Aspect

- 4.5.1 A common theme throughout the qualitative research in particular was the perception that alcohol is a cultural problem in Glasgow (and Scotland) and that actions taken to limit the harmful impact of alcohol on communities should involve changing the culture of alcohol.

It needs to change at a cultural level. People need to change from the inside, and the culture needs to change, or people will always take it. It's too socially acceptable. Alcohol is used for everything. People can't understand if you want to abstain from it for a night.

- 4.5.2 Respondents spoke of alcohol being socially accepted, playing a significant role in social occasions, often being consumed to excess, and being viewed as a positive social choice as opposed to abstinence.

It's a big problem in our culture, such a visible problem. It's just the way people are brought up with alcohol. And people use alcohol here to get blitzed, it's not about being sociable and enjoying yourself; it's about getting totally hammered and there is something so wrong with that. That's the big problem our communities are facing.

Alcohol is just a factor in people's life if you live here. It seeps through; it's just expected of you. People don't expect or hope for any more.

It's the wrong message. No matter what your background, whether to celebrate or commiserate, people drink and this sustains the idea that alcohol is a positive thing and young kids pick up on this. They see it, and the others singing and dancing and they have a good feeling about it so when it's offered, they take it and then it's just a downward spiral.

- 4.5.3 Some respondents almost appeared resigned to the long term nature of this cultural association with alcohol, viewing the problem as too insurmountable to fix.

It's been a problem for years and years, it's too late to change it.

- 4.5.4 An associated research theme was the perception among some respondents that community problems are much wider and more consuming than simply alcohol. Multi-faceted social problems including poverty, unemployment and lack of opportunity, addiction, and lack of a family unit were said to combine to produce feelings of hopelessness, boredom and despair. As a result, there was empathy among many respondents as to why people (particularly young people) turned to alcohol for escapism.

It's not alcohol that's the problem; that's just the painkiller. It's the behaviours that lead to the alcohol. It makes you feel good and becomes the solution to the range of problems faced in these communities...It addresses these short term. Its escapism and a socially acceptable form of escapism. People are unable to deal with their lives and circumstances.... This society doesn't know how to tackle addiction. We need to break the cycle of poverty, addiction and relapse.

It's escapism. It lets them forget their problems and there are so many problems in this area for them to deal with you can understand it...All you have to look forward to is alcohol.

4.6 Drugs

- 4.6.1 Although the scope of the current research did not include drugs, drugs were raised as a significant issue inextricably linked to alcohol. Many respondents perceived there to be an extremely strong association between alcohol and drugs, with one addiction often leading to another. Respondents from a range of different neighbourhoods including Easterhouse, Parkhead/Dalmarnock, Drumchapel and Govan perceived drugs to have a more significant and detrimental impact than alcohol.

Drugs are a much bigger problem, although the two are obviously linked. When they come off the drugs they move on to alcohol. One addiction feeds the other.

- 4.6.2 The accessibility of drugs was seen to be a huge problem and a reason why some young people chose drugs over alcohol.

You can get drugs easier than alcohol if you're a teenager.

Problems Created by Alcohol

5.1 Perceived problems created by alcohol

5.1.1 Respondents were asked what types of problems alcohol created in their community. In the qualitative research, a common response was that alcohol affected the community in a multitude of harmful ways and was inextricably linked to many other social, cultural and economic problems. A key issue was how the cycle of alcohol and related problems resulted in communities being disadvantaged.

It affects every area and it affects people in different ways. They can become violent, emotionally abusive... and it makes families fall out and drift apart and argue. It contributes to unemployment, health problems, it's a financial drain, it goes on and on.

It has a massive negative effect on this community. Leads to high insurance premiums, a high unwanted police presence, antisocial behaviour, fights, crime, pressure on the NHS. The area then becomes blacklisted and there is a lack of investment so the community is left in isolation.

5.1.2 The table on the following page displays the results of perceived alcohol related problems in communities, split by locality. The remainder of the chapter discusses each issue in detail, combining both the qualitative and quantitative research.

Table 5.1: Perceived problems in the community caused by alcohol, split by locality

Base: All = 2,618' North East = 768; North West = 787' South = 1,058

Problem	North East	North West	South	ALL
Antisocial behaviour	71%	70%	66%	69%
Violence	60%	61%	60%	61%
Vandalism	51%	50%	44%	48%
Litter	49%	48%	39%	45%
Increased noise at night	45%	47%	37%	43%
Gang fighting	46%	43%	38%	42%
Negative health effects	45%	44%	37%	41%
Damages reputation of community	45%	43%	35%	40%
Decreased sense of safety	36%	37%	31%	34%
Drinking Dens	37%	31%	25%	30%
Sustains poverty cycle	35%	35%	25%	31%
Agent purchase	24%	22%	19%	22%
Increased gender based violence	25%	24%	16%	21%
Territorialism	25%	20%	17%	20%
Increased sexual crimes	21%	18%	14%	17%
Don't know	4%	4%	5%	4%

* responses add up to more than 100% as multiple responses were allowed

5.2 Antisocial behaviour (ASB) and violence

5.2.1 The significant majority of respondents indicated that alcohol was associated with ASB (69%) with violence being the next most commonly cited problem (61%).

5.2.2 These findings were supported by the qualitative research, where respondents frequently spoke of incidences of alcohol related violence and ASB in their communities. Young people specifically were seen to cause a nuisance when under the influence of alcohol which led to feelings of intimidation, insecurity and anger among other community members. This could deter some people (particularly older people and families) from leaving their homes (particularly at night) or using community facilities. This issue is discussed in more detail in Section 6.3 - Quality of Life.

Havoc! Fighting during the day in the swing park, especially during the summer. It causes unrest in the neighbourhood.

It's a scandal – leads to fighting, stealing cars – I don't feel safe for my grandkids.

5.2.3 The uncertainty and unpredictability of alcohol related behaviour was said to impact on the community, with residents anticipating and expecting there to be some type of negative alcohol related incident taking place, describing this scenario as a 'time bomb'.

The fights and the aggression that comes from alcohol, we've all seen it. People change when they have a drink in them and it just causes miserable feelings.

Lots of social problems, gang fights, creates a lot of hatred in the community. It creates a downward spiral.

- 5.2.4 ASB and related problems were said to be aggravated by football matches. Respondents in Govan and Parkhead/Dalmarnock resented what became of their community on match days, with young people becoming more unruly and problematic due to the influx of alcohol.

It's definitely a big problem which is aggravated by football...The areas around the stadium are awful, especially on match days. I've witnessed many drunken brawls, lots of antisocial behaviour and graffiti everywhere.

Match days is much worse. You have an imported people into the area which doubles the problem...I avoid the community on match days; so much antisocial behaviour, soiling in closes. It makes it a horrible place to be, a horrible place to live.

I've seen some as young as 10 drunk and that's partly due to the fact they can get it free when there's a football match on as the supporters leave the bottles lying around half full and the kids drain them.

5.3 Vandalism and litter

- 5.3.1 Vandalism and litter were further alcohol related problems experienced in the community (48% and 45% of survey respondents respectively agree that these are problems).

Empty beer cans everywhere and broken bottles...Mess that's left in the streets, litter, broken bottles.

Bus shelters get smashed up and broken bottles lying everywhere, place is a mess.

5.4 Noise and safety issues

- 5.4.1 In the survey, 43% said that alcohol led to increased noise at night, and 34% said they experienced a decreased sense of safety due to alcohol. In the qualitative research, these issues were very closely linked to the ways in which alcohol in the community affected the respondent personally (see Chapter 6). Some respondents also said they would feel unsafe reprimanding young people for their behaviour, for fear of abuse, which exacerbated the perceived lack of sense of community. Although reduced feelings of safety did restrict the movement of some community members (see Chapter 6), other respondents remained resolute that despite feeling unsafe, they would not be a "prisoner in their own home".

They're not getting into trouble for it [ASB] and you can't say anything to them as you don't know what they have in their pocket, or who they're connected to.

The shopping centre is really bad but it wouldn't stop me going. I was born here so I am used to it, and I'm not going to be intimidated from going to certain places in my community because of it. I am not discouraged, I go wherever.

5.5 Gang fighting and territorialism

- 5.5.1 Gang fighting and territorialism were raised as further problems caused by alcohol (42% and 20% respectively). This was mentioned in the qualitative research to a lesser extent, with respondents generally indicating that these issues had become less prevalent than in the past. However, some respondents mentioned related difficulties in service provision for young people who would not travel between areas.

Territorialism, it's got bad again between Fernhill and Castlemilk; its alcohol and drug fuelled.

It's all gangs, so trying to start up something in Possil where Milton is just half a mile away, they're clashing and then Springburn is just up the road...but the council don't have the money so they put something in the middle thinking that all can access it, but no-one will.

5.6 Negative health effects

- 5.6.1 Just over 4 in 10 respondents said that alcohol led to negative health effects (41%). These health effects, particularly in relation to low self-esteem and hopelessness, were discussed at length in the qualitative research and are discussed throughout the report.

5.7 Damages reputation of the community

- 5.7.1 In the survey, 40% indicated that alcohol damaged the reputation of their community. A further 30% mentioned drinking dens.
- 5.7.2 In the qualitative research, some respondents described their communities as “forgotten” and indicated that their community was not cared for and maintained as it should be (both by public services and community members) which led to feelings of hopelessness and frustration among the community and also a lack of investment from out with the community.

The community looks a mess, no-one cares. Roads are left unfixed, rubbish lying everywhere, no 20 Plenty signs, cars are left smashed up, the roads aren't gritted in the winter. We don't get the same service living here as you do in other areas, we're not worth it.

There is so much boredom as young people have nothing to do, no decent community centre or places to go although part of that is because the kids have wrecked any resources that were here. This place feels dead – nothing to do, no resources or investment being put in, everything is closed down, it's like we're forgotten. I feel so sorry for the teenagers growing up here as they've no chance, they're broken before they've even began.

- 5.7.3 Some respondents appeared almost resigned to their fate and did not hope for any better, expecting their communities to remain disadvantaged as any new facilities or investment would be damaged by the minority of community members.

It drags the area down, and people spend time doing up their community, and then they wreck it all so what's the point.

There's no point in improving community areas as there are so many [people who are drunk] hanging about that they will just get ruined, it's not worth it.

5.8 Sustains poverty cycle

- 5.8.1 Just under a third of respondents indicated that alcohol sustains the poverty cycle (31%). Poverty, and links to unemployment in particular, were discussed at length in the qualitative research, often being described as the root of many problems facing Glasgow communities. These problems were said to be associated with feelings of hopelessness, despair, poor mental health including low self-esteem, boredom and a lack of purpose and direction; and that people turned to alcohol (and drugs) in response to the magnitude of these issues. This appears to be a cyclical issue, with poverty and unemployment leading people to alcohol and excessive alcohol consumption, meaning people are unable to work thus sustaining the poverty cycle. The lack of meaningful jobs and opportunities in communities was seen as a huge problem.

Lots of alcoholism in this area so people can't work and that really affects the community. If you don't have a purpose in life, then you're looking for something to drown that all... It's the lack of purpose that's the problem in our society. And alcohol masks that.

- 5.8.2 A respondent spoke of alcohol being the “chicken and egg” in communities, which both caused and exacerbated the range of problems associated with alcohol such as intimidation, isolation, boredom, and poverty.

In the winter, the blinds are down at 4pm at night and people just don't go out. It's the uncertainty, you just don't know what will happen so people stay inside on their own, and then drink because they're lonely. So the problem starts and ends with alcohol, it's the chicken and the egg!

5.9 Agent purchase

- 5.9.1 Just over a fifth of survey respondents (22%) mentioned agent purchase. This was raised as a much more significant issue during the qualitative research, particularly in the Balornock/Barmulloch and Springboig/Barlanark areas. Respondents spoke of young people pressuring mainly older people, or vulnerable people (such as those with addictions) to buy their alcohol for an incentive such as a pack of cigarettes or can of beer. Parents buying alcohol for their children was a further perceived issue.

They [young people] target alcoholics and then give them a can, it's difficult to combat. There are also parents who buy alcohol for their children; that's just shocking.

- 5.9.2 In some cases, respondents had witnessed attacks or abuse directed towards community members who refused to buy young people alcohol. This type of intimidation and abuse was a reason cited for why older people did not leave their homes in the evening.

I've seen people being abused. I've seen a guy being battered one night by a group of young people because he refused to go into the off-license for them.

- 5.9.3 Respondents voiced their frustration at irresponsible licensees who sold alcohol too easily without recognising, or acknowledging, obvious signs of agent purchase. As such, the need for stricter and more responsible licensing was suggested as well as more severe punishments for agents. This is discussed in more detail in Chapter 9.

I see young people hanging about and asking people to buy it for them. Nobody cares. The shopkeepers know all too well but they don't care, business is business, they're making a fast buck. It's rife up here.

We need to stop this and punish people who buy it for young people; it just makes the problem so much worse.

We need stricter licensing – the young people are getting it from somewhere, pressuring the elderly, we need the police to monitor this better.

5.10 Increased gender based violence and sexual crimes

- 5.10.1 Just over a fifth of respondents (21%) indicated that alcohol resulted in increased gender based violence, with 17% mentioning sexual crimes. Sexual crimes were not a significant issue raised in the qualitative research, although respondents did mention how gender based violence was exacerbated by alcohol.

It's not just what you see; it's what goes on indoors. Family problems, relationship breakdowns, jealousy, lots of domestic violence caused by alcohol.

There's a lot of domestic violence and the alcohol makes it so much worse.

- 5.10.2 Similar to the culture of drinking to excess, respondents spoke of a culture of gender based violence with children witnessing these behaviours and considering them to be the norm.

It [alcohol] leads to related problems such as domestic violence. They see their mum and dad raising their fists and then they do the same, it just follows a pattern.

5.10.3 Gender based violence was seen to be exacerbated by football, particularly Old Firm games.

Lots of domestic violence which is often linked to football. I don't think it's just as bad just now as there aren't Old Firm games...cause people just drink far so much when these are on.

5.11 Differences by locality

5.11.1 Table 5.1 on Page 29 displays perceived problems by locality. The results indicate a trend that significantly more community respondents in the North East (and the North West in some cases) than the South perceive there to be alcohol related problems in their community. More respondents in the North East and North West perceived there to be the following alcohol related problems in the community:

- Vandalism (51% and 50% compared with 44%)
- Litter (49% and 48% compared with 39%)
- Noise (45% and 47% compared with 37%)
- Negative health effects (45% and 44% compared with 37%)
- Damages the reputation of the community (45% and 43% compared with 35%)
- Poverty (35% and 31% compared with 25%)
- Increased gender based violence (25% and 24% compared with 16%)

5.11.2 In addition, more North East than South respondents also perceived the following issues to be related to alcohol.

- Gang fighting (46% compared with 38%)
- Drinking dens (37% compared with 25%)
- Territorialism (25% compared with 17%)
- Increased sexual crimes (21% compared with 14%)

5.11.3 Taken together, this indicates that more community respondents living in the North East particularly perceived there to be a range of alcohol related problems in their communities. This difference was not as apparent in the qualitative research, other than in relation to agent purchase.

5.12 Differences by sex

5.12.1 There were no sex differences in perceived alcohol related problems in the community. This was the case in both the qualitative and quantitative research.

5.13 Differences by age

5.13.1 In relation to age differences, the youngest and oldest respondents were less likely to report issues in their community associated with alcohol, with those in the middle age group (39-49) being most likely to. The data is displayed in Table 5.2.

Table 5.2: Perceived problems in the community caused by alcohol split by age

Base: 16-24 = 354; 25-38 = 646; 39-49 = 536; 50-64 = 615; 65+ = 354

Problem	16-24	25-38	39-49	50-64	65+
Antisocial behaviour	63%	73%	79%	70%	60%
Violence	63%	63%	70%	63%	43%
Vandalism	43%	52%	58%	51%	33%
Litter	42%	47%	50%	45%	40%
Increased noise at night	45%	46%	48%	43%	27%
Gang fighting	41%	44%	51%	43%	25%
Negative health effects	40%	47%	46%	42%	28%
Damages reputation of community	33%	33%	47%	44%	29%
Decreased sense of safety	32%	36%	40%	36%	26%
Drinking Dens	28%	30%	38%	32%	21%
Sustains poverty cycle	21%	32%	38%	35%	21%
Agent purchase	19%	20%	25%	25%	17%
Increased gender based violence	19%	21%	25%	23%	16%
Territorialism	19%	22%	23%	22%	13%
Increased sexual crimes	21%	18%	18%	18%	9%
Don't know	6%	4%	2%	4%	6%

* responses add up to more than 100% as multiple responses were allowed

How does Alcohol in the Community Affect You Personally?

6.1 Respondents were asked what types of issues alcohol use in their community created for them personally (see Table 6.1). Before discussing the results, it should be noted that this question was fairly problematic in the survey. Respondents often perceived the question to be about their own alcohol use and drinking patterns, which despite further explanation and illustration from the interviewer was often difficult to overcome. In fact, it seemed that this issue was perhaps too sensitive and complex to broach in the survey. In contrast, the qualitative research responses seemed to indicate this was a more appropriate medium to fully investigate such an issue.

6.2 The survey results are displayed in Table 6.1

Table 6.1: Perceived problems caused by alcohol in the local community that personally affect the respondent

Base = 2,618

Problem	% of respondents
Personal safety	38%
Appearance of area where you live	31%
Quality of life	30%
Mental health issues	21%
Restricted movement	18%
Physical health issues	17%
Agent purchase	13%
Don't know	6%

* responses add up to more than 100% as multiple responses were allowed

6.3 Quality of life

6.3.1 The most commonly mentioned ways in which alcohol affected the respondent personally were in relation to personal safety (38%) and quality of life (30%). The results require attention, as they indicate that for a significant proportion of respondents, alcohol in their community personally affects the extent to which they feel safe and are able to experience a good quality of life. A further 18% also said that it restricted their movement.

6.3.2 The qualitative research revealed these issues to be more significant. Many respondents (particularly older respondents) spoke of feeling frightened, intimidated, wary, and uncomfortable in their communities which often led to restricted movement. This restricted movement resulted in feelings of isolation and contributed to a sense of a lack of real community in these neighbourhoods. As mentioned previously, the instability and unpredictability caused by alcohol fuelled feelings of trepidation and concern. Again, there were no sex differences in perceived safety.

A lot of older people are frightened to walk by them [young people drinking] so they don't feel they can walk about in their own community. If you're out and about, you're always looking all about you and keeping vigilant, it's not a nice way to live...in fact you just avoid going out yourself.

The streets are dead at night, even in the summer, because people don't want to walk about at night, they don't feel safe from about 6pm onwards.

People change when they've had a drink, they get a bit braver, they don't care as much and then we become the victims of that...It's so unpredictable. You can be in a pub having a quiet sociable drink and somebody beside you kicks off...if everybody was a happy drunk it would be fine, but it doesn't work like that.

There's a lot of fear among the old, vulnerable people, BME community, parents...There's so much alcohol and antisocial behaviour. It's like a time bomb. I worry of what is going to happen next and what is going to kick off.

6.4 Other factors

6.4.1 Just under a third of respondents indicated that alcohol affected the appearance of the area in which they lived (31%). Other issues were how alcohol related issues affected their health (21% for mental health and 17% for physical health) which are discussed throughout the report in terms of overarching themes affecting communities.

6.4.2 There were no differences by locality or sex.

6.5 Differences by age

6.5.1 Age differences followed a similar pattern to the results of alcohol related problems in the community, with the youngest and oldest respondents being less likely to report issues affecting them personally, with those aged 39-49 being the most likely. This result is actually in contrast with the qualitative research, where older people were most affected due to feelings of intimidation and restricted movement.

Table 6.2: Problems caused by alcohol in the local community that personally affect the respondent split by age

Base: 16-24 = 354; 25-38 = 646; 39-49 = 536; 50-64 = 615; 65+ = 354

	16-24	25-38	39-49	50-64	65+
Personal safety	34%	40%	45%	39%	29%
Appearance of area where you live	25%	33%	35%	34%	23%
Quality of life	23%	29%	35%	31%	28%
Mental health issues	18%	19%	26%	24%	15%
Restricted movement	14%	16%	22%	20%	17%
Physical health issues	15%	17%	21%	21%	11%
Agent purchase	9%	12%	15%	16%	10%
Don't know	9%	5%	6%	5%	7%

* responses add up to more than 100% as multiple responses were allowed

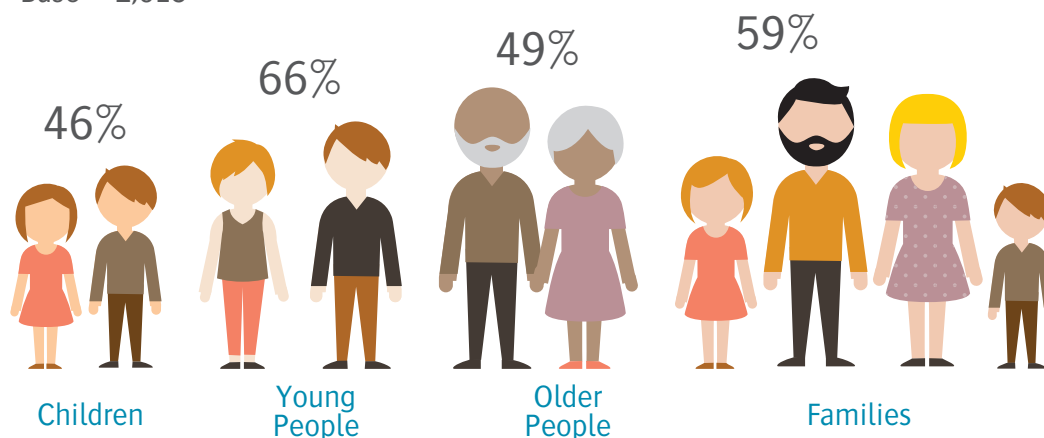
Which Community Groups are Affected by Alcohol?

7.1 Community groups perceived to be affected by alcohol

7.1.1 Respondents were asked which particular community groups were affected by alcohol. The results are displayed in Figure 7.1

Figure 7.1: Community groups perceived to be affected by alcohol

Base = 2,613

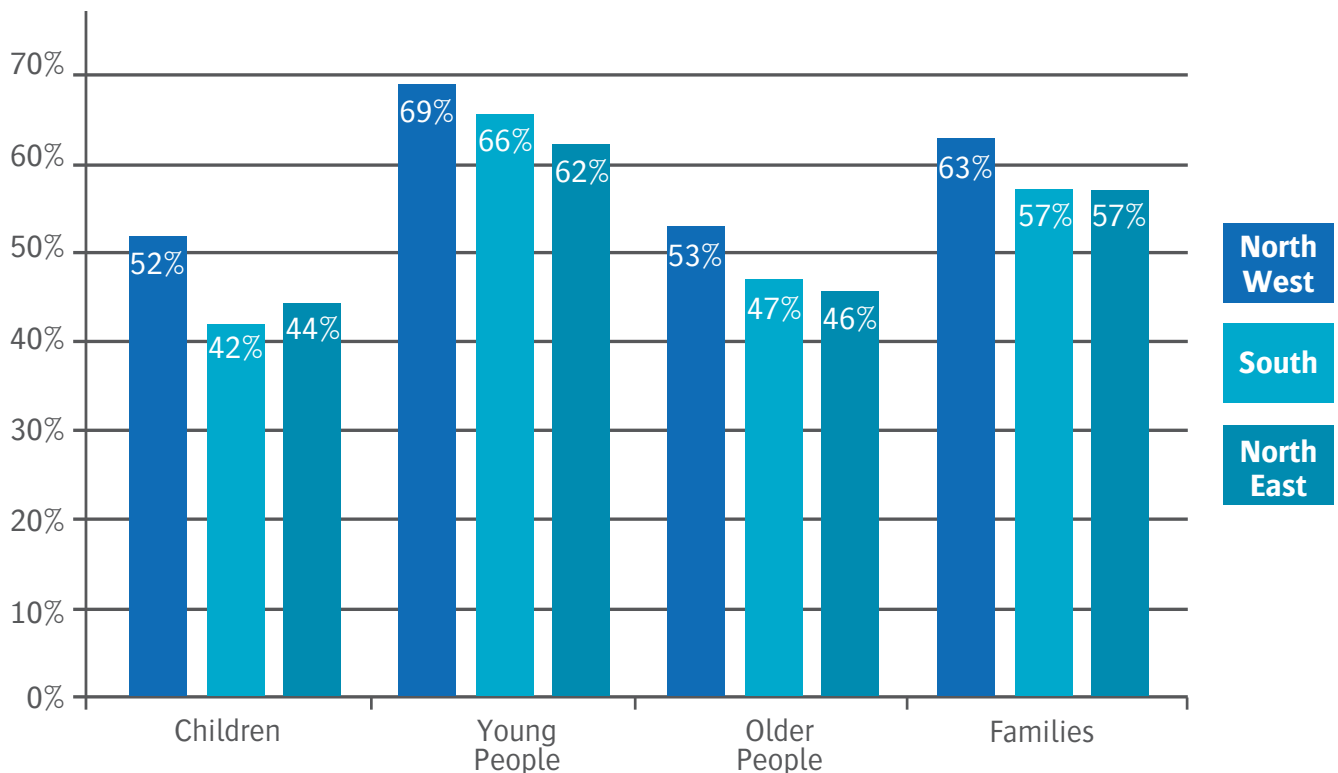


7.1.2 The significant majority of respondents agreed that young people were affected (66%) followed by families (59%), older people (49%), and children (46%).

7.1.3 There were no sex differences in this variable. However, there were differences by locality, indicating that a significantly higher proportion of respondents from the North West than the North East (and also the South in some cases) perceived each of the community groups to be affected by alcohol. The results are displayed in Figure 7.2 (next page)

Figure 7.2: Community groups perceived to be affected by alcohol, split by locality

Base = North West = 787; South = 1,058; North East = 768



7.1.4 The results in relation to age followed a similar pattern to previous results, with in almost all cases, the youngest and older respondents less commonly highlighting a community group as being affected by alcohol (see Table 7.1).

Table 7.1: Community groups perceived to be affected by alcohol, split by age

Base: 16-24 = 354; 25-38 = 646; 39-49 = 536; 50-64 = 615; 65+ 354

	16-24	25-38	39-49	50-64	65+
Young people	69%	69%	73%	68%	54%
Families	48%	61%	66%	67%	49%
Older people	46%	56%	52%	49%	40%
Children	38%	51%	51%	50%	36%

* responses add up to more than 100% as multiple responses were allowed

7.2 Community groups perceived to be most affected by alcohol

7.2.1 Respondents were also asked which community group was most affected. However, around 20% said they could not isolate one group, with all community groups being affected by alcohol. Some respondents in the qualitative research also considered this to be the case, although it was more commonly suggested that young people were most affected. Some respondents considered alcohol to be a scourge on all types of communities, regardless of level of deprivation and other social factors:

The upfront bit is about housing schemes and people drinking in corners but there are people living in posh leafy places with alcohol problems that lead to violence in the family.

I think it affects everyone in every community irrespective of class or age. It cuts through the social and economic divides, it is a universal problem.

7.2.2 The results in relation to the remaining respondents are displayed in Table 7.2. Again, young people and families (33% and 26% respectively) were highlighted to be most affected, which echoes a consistent theme throughout the research.

Table 7.2: Community group perceived to be most affected by alcohol?

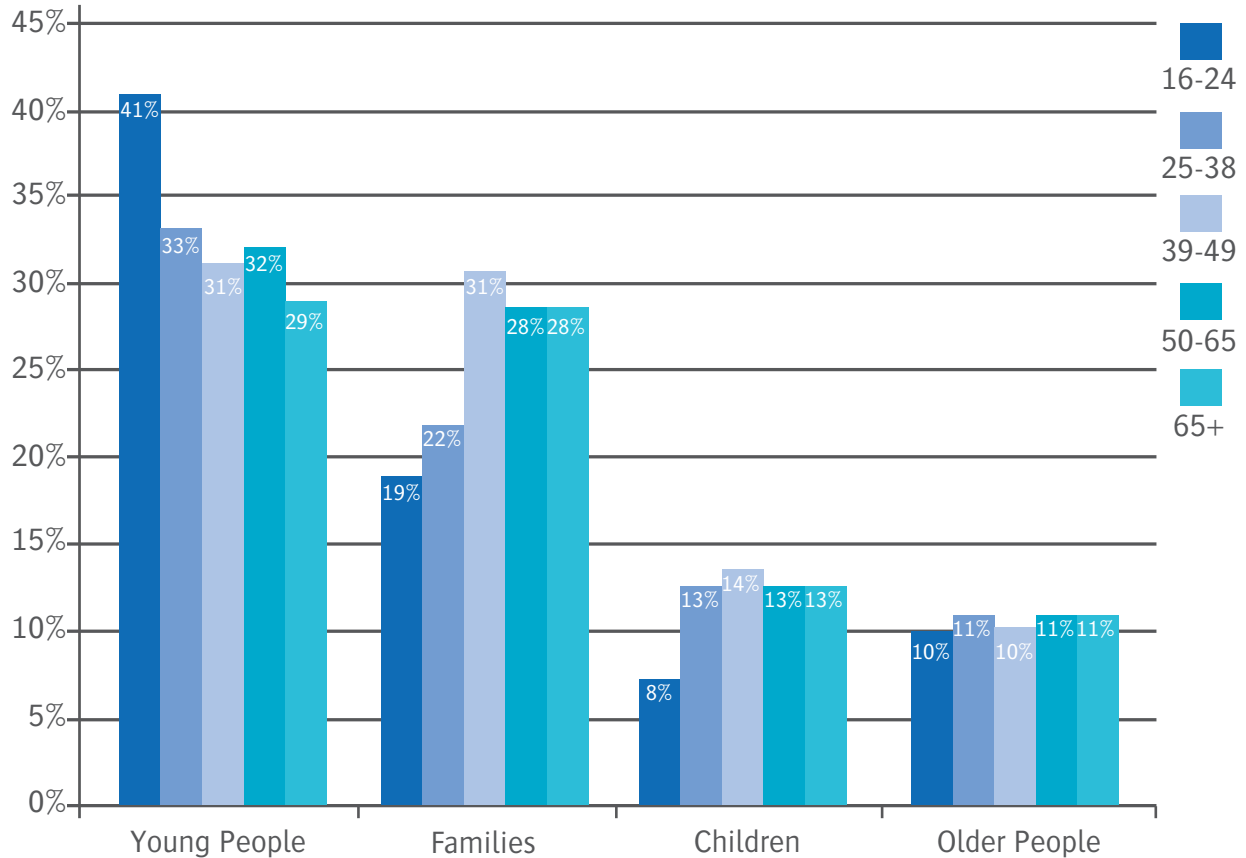
Base = 2,074

Group most affected by alcohol	% of respondents
Young people	33%
Families	26%
Children	13%
Older people	11%
Combination of groups	9%
Other	2%
Don't know	7%

7.2.3 Again, there were no differences by locality or sex. There were however, age differences with a significantly higher proportion of individuals aged 18-24 years old considering young people to be most affected (41%) compared with e.g. 31% of those aged 39-49. This would perhaps be as expected, with young people being aware of how alcohol affects them and their peers.

Figure 7.3: Community group perceived to be most affected by alcohol, split by age

Base: 16-24 = 291; 25-38 = 519; 39-49 = 436; 50-64 = 509; 65+ = 281



7.2.4 Taken together, the results indicate that community respondents perceive alcohol to affect all types of individuals in their community, with young people and families being particularly affected.

7.3 Young people

7.3.1 This finding was very much echoed in the qualitative research, with young people being singled out as the group most strongly connected to the impacts of alcohol in the community, both as the group who were perceived to be the cause of, and most likely to be affected by, the issues. The following discussion outlines the most commonly mentioned issues in relation to alcohol and young people.

7.3.2 Young People and Antisocial Behaviour (ASB)

7.3.2.1 There was a strong reported association between young people consuming alcohol and ASB, particularly during the weekends and the summer months. ASB was also cited as the most commonly perceived associated problem with alcohol in the quantitative research, although not specifically in relation to young people. Problems linked to ASB were said to include young people loitering in the streets and intimidating community members, increased noise, violence, fighting and aggression, and damage to property and cars.

Young people are particularly bad as they are unaware of the consequences. Lots of ASB; young people throwing eggs at windows, noise at night, general chaos, damaging cars...Especially at weekends. Violence and alcohol are just part of the weekend now for young people.

7.3.3 Hopelessness

7.3.3.1 The perceived lack of hope and direction among young people was cited to be a huge barrier to overcome in relation to reducing alcohol related problems. This links to other issues raised in the report including alcohol being a symptom of the problem, poverty and unemployment, and respondents expressing empathy towards young people living in these neighbourhoods. The stigma towards, and the lower expectations of young people from these areas were associated problems.

A lot of young people are affected because they don't have anything to do, and everything they would like to do costs money which they don't have...In areas like this, they leave school without the qualifications to get them anywhere and no chance of a job so they're off to a bad start...It's the lack of hope and boredom.

There's nothing for young people to do here, nothing to hope for, so they just drink.

It's too easy to blame everything on young people, especially in these areas. There becomes a negative stigma surrounding young people which leads to an apathy...towards these kids, there's no point in helping them.

7.3.4 Right of passage

7.3.4.1 Some respondents described young people's alcohol consumption as an expected part of growing up which everybody does to a greater or lesser extent, and was associated with young people being carefree and losing their inhibitions. However, young people were perceived to begin experimenting with alcohol at a younger age than previously, which was thought to increase the chances of the habit becoming a problem and a difficult cycle to break.

Young people have a 'don't care' attitude. They lose their common sense when they drink, they only live once and want to enjoy it.

The problem is that it starts so early, and some young people will grow out of it, but some won't and they'll become reliant on alcohol and don't care enough to want to change their life or want something better.

It starts at 11/12. Young people think they're invincible, they don't care, nothing can touch them....It starts off as bravado but then becomes a habit that they can't kick.

7.3.5 Peer pressure

7.3.5.1 Some young people were said to be bullied and pressured into over-consuming alcohol and undertaking in other risky behaviours.

Peer pressure is a major problem, young people follow like sheep. One bad idea leads to all young people getting hammered and getting involved in antisocial behaviour.

7.3.6 Social media

7.3.6.1 Young people using social media to communicate about social gatherings, and post pictures and comments about drinking to excess were also said to exacerbate the problem and confirm the perception that alcohol to excess is simply part of our culture.

Someone posted on social media that there was a party going on so everyone turned up and it just snowballed out of control...It took the police about two hours to disperse them....Social media is making a difference. Kids that don't know each other meet up to go to the park and drink, and then the problems start.

Online and social media is making it worse....sharing photos and memories of drinking, just makes it even more part of the culture.

7.4 Families

7.4.1 The impact of alcohol on families is also a common research theme. Some parents expressed worry and concern about raising their children in their community due to alcohol related problems. These included poor role models for their children, a lack of suitable facilities (i.e. parks which were used by young people as drinking dens) and safety concerns. As such, in some cases, parents used facilities such as swing parks and sports centres in neighbouring communities, or considered relocating to a different neighbourhood to provide a better and safer environment for their children.

I worry that I have to raise a child in this culture and community. The park areas aren't safe, there's nowhere nice to take them, and then I worry they will grow up to have the same habits as the rest of the young people around here.

I am thinking of moving from this area where I have lived all my life to give my children a better chance. So I am effectively being forced out by alcohol and the problems it causes. I need to think of my baby's safety. I want to be able to walk around with the pram and feel safe and I couldn't say that I can do that just now.

7.4.2 Very much related to the cultural nature of the problem, was the perception that children witnessed their parent's behaviour and attitudes towards alcohol and simply replicated these. Respondent's spoke of an "acceptance of these circumstances", with young people having no perceived desire to change or break the cycle. This led to a certain empathy among respondents that children were almost unwittingly forced into developing the 'accepted cultural' harmful behaviours and attitudes towards alcohol.

Kids see generations of people not working, on benefits, stealing to buy alcohol and drugs. It has a huge impact on the kids, they don't know any different...There's generations of joblessness and addiction in this area.

Both my parents drank and then I drank. When I look back it was like taught behaviour, I never even thought about it. It's just the norm.

The kids just get mixed up in the culture, they're not so much bad kids; they just get mixed up in it all. The older people do it and the young people see that behaviour and just follow in their footsteps, it's a generational thing...Families all drinking together, passing their problems on to their kids.

7.4.3 Respondents also outlined the impact of alcohol on the level of nurturing and responsible parenting provided to many children. Some spoke of it contributing to:

- a general lack of responsible parenting;
- child neglect, both emotional and practical in terms of a lack of food and clothing;
- lenient attitudes towards alcohol including parents allowing young people to drink at an early age, buying their alcohol, allowing them to drink in the house, and failing to punish or reprimand them for drunken behaviour; and
- absenteeism from school.

There's a lack of good parenting and guidance. Alcohol is an inherent problem in families and the lack of good parenting just makes this so much worse. I know parents who are buying their kids alcohol at 12 and 13, letting them drink in the house.

7.4.5 Respondents also related alcohol to family breakdown and associated issues including gender based violence, single parent households, and kinship carers.

It tears families apart; the problem goes from one generation to the next. Kids are missing out on a family life and all the things that go with it...Lots of heartbreak in lots of families...And now there are so many kinship carers as a result.

It affected me because I had to take my grandchildren, and that had everything to do with drink and drugs. It affected the kids greatly, people coming in and out of the house drunk that they didn't know...They were only babies and they saw a lot.

7.5 Children

7.5.1 Respondents spoke of how alcohol in the community affected children mainly in relation to community facilities being unfit for purpose due to vandalism, e.g. swing parks, learned behaviour with children growing up to perceive alcohol (and alcohol related problems) as part of their culture, and the range of family issues caused by alcohol (as discussed above).

7.6 Older People

7.6.1 The impact of alcohol in the community on older people has been discussed throughout the report in relation to feelings of intimidation and insecurity, resulting in restricted movement for older people, and a feeling that they are not part of the community.

Which Community Areas are Affected by Alcohol?

8.1 Survey results

8.1.1 Respondents were asked to indicate what areas in their community were affected by alcohol from a prescribed list. The results are displayed in Figure 8.1. Parks and waste ground were most commonly said to be affected (53%) followed by off licenses and surrounding areas (42%).

Figure 8.1: Community areas perceived to be affected by alcohol

Base = 2,613 Area in community affected by alcohol % of respondents



* responses add up to more than 100% as multiple responses were allowed

8.1.2 Respondents were also asked which area they considered to be most affected. Again, parks and waste ground were an issue, with a quarter of respondents indicating these areas to be most affected. Taken together, these results highlight parks and waste ground as priority areas to be considered in communities.

8.1.3 The remainder of this chapter discusses the perceived problems areas in communities. There were no significant age differences in this variable. Any differences by locality and sex are discussed throughout.

Table 8.1: Community areas perceived to be most affected by alcohol

Area in community most affected by alcohol	% of respondents
Parks and waste ground	25%
Off licences and surrounding areas	16%
Secluded areas	10%
Shopping centres	10%
Problem not specific to any area	15%
Combination of areas	11%
Other	5%
Don't know	8%

8.2 Parks and Waste Ground

- 8.2.1 The qualitative research supports the finding that parks and waste grounds are perceived problem areas. Respondents commonly mentioned young people congregating in parks to drink alcohol, partly as it was an easy place to hide. Reported problems included littering parks with empty bottles and equipment being damaged. Drug misuse was also said to impact on these areas with syringes being left lying around.

People have nowhere to go in the summer when the school breaks, no money to go anywhere so they go and ruin the swing parks for the kids...lots of antisocial behaviour as it's easy to hide in the park.

- 8.2.2 Some respondents expressed resentment and frustration that community areas such as parks were being destroyed by people's drinking behaviour, meaning they went out with their neighbourhood to access such facilities, particularly parents who did not want to take their children to such areas (see Chapter 7).

The parks around here are such a mess that I go outside the area to use them, in fact I would go out with this area for everything.

- 8.2.3 In particular, respondents avoided walking through the parks in the evening.

There's the younger people who just go about drinking at night and wrecking the place and then you have the older adults who hang around parks so mothers and fathers can't take their kids to the park...and at the end of the night all you hear is smashing bottles and the next morning the place is covered in glass...Normal people just stay away from it and take their kids out of this area if they want to go to the park.

8.3 Off-licenses and surrounding areas

- 8.3.1 In the survey, off-licenses and the surrounding area were perceived to be a problem area by around 4 in 10 respondents (42%). In the qualitative research, respondents commonly associated the issue of agent purchase in relation to off-licenses, with shopping centres and shopping streets being of greater concern (as discussed in Section 8.5).

8.4 Secluded Areas

- 8.4.1 Secluded areas were a further problem, mentioned by 37% of survey respondents and particularly those respondents in the qualitative research.

If the weathers bad, they congregate in the closes cause none of the entry systems work anymore, or they go into the bin areas and start drinking and most of them don't know what's going on they are so out of it with drink...then they set fire to the bins to get a heat and wander away, we're left with the mess.

- 8.4.2 Respondents did mention some improvements in terms of secluded areas, with police patrols and CCTV being viewed as positive steps. However, there were also comments that these measures have simply moved the problem to other areas.

There are not so many hiding places as there used to be; I don't think public consumption is as bad as it used to be. I think the police have helped a bit.

There's not so many gangs hanging about the corners because of the cameras but now they go to the wooded areas to get away from the cameras.

8.5 Shopping Centres/Shopping Areas

- 8.5.1 Just under a third of survey respondents mentioned shopping centres to be an issue in the survey (32%), although this appeared to be more of a significant problem in the qualitative research. For example, respondents in Easterhouse, Barmulloch/Balornock and Ruchill/Possilpark said they would avoid shops at night due to problems such as intimidation, ASB and agent purchase.

I avoid using these [the shops] at night. Lots of young people hanging about and loads of agent purchase...I went once and there was a group of young people eyeing up my new car. They all had bottles, it was very intimidating. You shouldn't need to feel like that in your own area.

- 8.5.2 In the survey, a significantly higher proportion of respondents in the North West than in the North East and the South indicated shopping centres to be the most affected (16% compared with 7% and 8% respectively). This is also a higher proportion than in the overall sample. This is most likely due to perceived problems relating to Drumchapel Shopping Centre which were commonly mentioned in the qualitative research.

- 8.5.3 The two areas with the most perceived problems in shopping centres were Castlemilk, and particularly Drumchapel. The number of off-licenses in Castlemilk Shopping Centre, which relates to the availability of alcohol, was said to contribute to the problem.

In Castlemilk Shopping Centre there are lots of young people hanging about, it's a magnet for them as they have three off sales there. I think that's the problem. There's older people, [heavy drinkers] hanging around. Although they don't seem to be causing any bother, it's not very nice to see.

- 8.5.4 One of the clearest findings in the qualitative research was reported issues and opinions amongst respondents towards Drumchapel Shopping Centre. Respondents spoke at length about problems with ASB, drug dealing, fighting and violence, agent purchase, and intimidation. Respondents expressed frustration that such problems appeared to be particularly blatant and yet were not acted upon by the authorities.

There's a massive issue at the shopping centre, much drunk and disorderly behaviour. You can ignore them but you never know when they will shout abuse as you as you walk by. It makes you cautious.

Asking us to shop in that shopping centre, it's an insult to people. I think about 70% of people in Drumchapel do not use Drumchapel shopping centre, they'll go to Clydebank or somewhere so they can't even use facilities in their local community.

You walk through that shopping centre and you see people drinking and the Police walk straight by. They've got their bottles on them, they're meant to do something, pour them out, give them a warning but nothing at all.

What Can be Done?

- 9.1 An important aim of the research was to gather community suggestions on what actions could be taken to improve alcohol related problems in the community. Sixty eight percent of respondents provided an answer to this question. This was an open question where the verbatim answers were coded (see Table 9.1). Differences by localities, sex and gender were only investigated if 100 respondents or more provided a response.

Table 9.1 What could be done to improve the issues in your community caused by alcohol?

Solutions	% of respondents
Community Resources	
More activities for young people	20%
More support services	8%
More community groups/clubs/activities	12%
More and better employment opportunities	5%
Community Safety	
More community police	29%
CCTV	3%
Education and Awareness	
More education and awareness	22%
Licensing issues	
Stricter licensing	12%
Minimum pricing	5%
Reduce accessibility of alcohol	4%
Agent purchase	3%
Ban alcohol	2%
Parenting	
Work on parenting/family	2%
Nothing	
	2%

* responses add up to more than 100% as multiple responses were allowed

Base = 1,768

9.2 More diversionary activities and youth provision

9.2.1 A fifth of survey respondents indicated a need for more diversionary activities and youth groups/clubs for young people in the community, to deter or distract them from drinking alcohol. There was a sense that young people drank and loitered in parks and street corners due to boredom and that providing an alternative may help alleviate the problem. Further details were as follows.

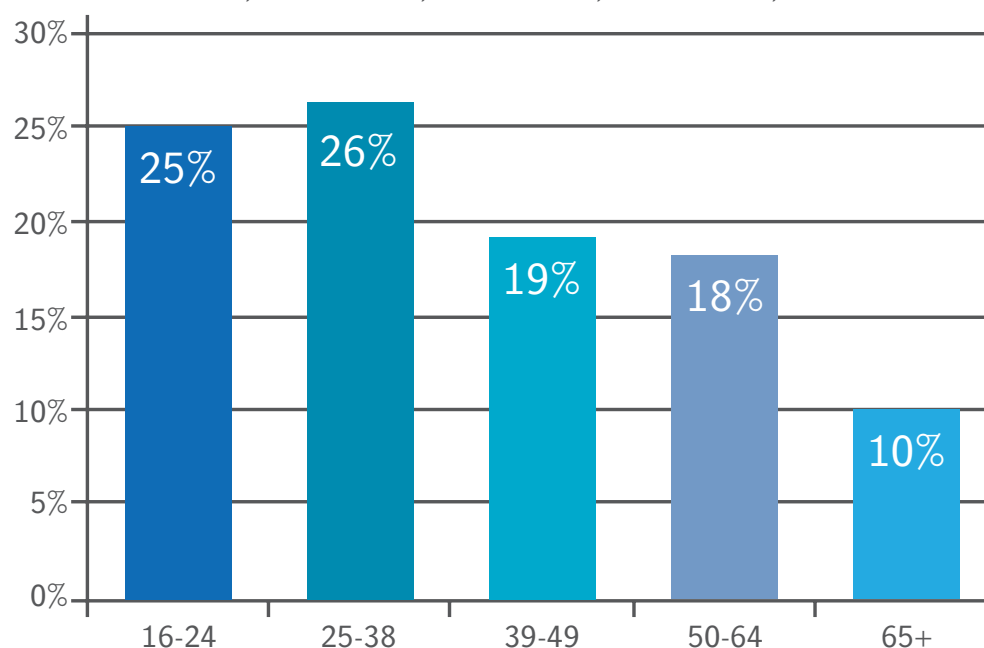
- There is a need for more funded youth organisations with youth workers who are trained and skilled in reaching out to young people, particularly the most disadvantaged and excluded. Providing street work at weekend evenings was a frequent suggestion.
- More positive activities for young people which will increase their self-worth.
- Activities that are free or affordable, and accessible for all.
- There is a need for consultation with young people in each area to determine their preferences in terms of activities to ensure the provision is tailored. Suggestions of fun activities were pop up football, roller skating, pool, BMX tracks and cafes or spaces where “young people can just be”.
- Young people should be encouraged to be involved and take ownership of activities, and be rewarded for their involvement through accreditation schemes.
- There is a need for community venues to extend their opening hours to be more accessible for young people, and crucially, to be open at the times of greatest risk for young people consuming alcohol and taking part in ASB, i.e. weekend evenings.

9.2.2 This result highlights a need for better promotion and awareness raising of the range of activities and provision that does exist in these neighbourhoods, both for young people and other community members.

9.2.3 There were no differences by locality or sex, but perhaps unsurprisingly, more younger than older people suggested that there was a need for more youth provision and diversionary activities (see Figure 9.1).

Figure 9.1: Respondents suggesting more youth provision and diversionary activities for young people, split by age

Base: 16-24 = 291; 25-38 = 519; 39-49 = 436; 50-64 = 509; 65+ = 281



9.2.4 An increase in diversionary activities and youth provision was also suggested in the qualitative research.

They need to make more of an effort, especially in the summer, to give young people something to do and somewhere to go. Because it's a nightmare here, alcohol fuels the fire of all the fights and problems.

9.2.5 The need for accessible, free (or heavily subsidised), tailored provision provided on weekend evenings in particular was viewed as crucial; findings which support the quantitative survey. As such, it was suggested that young people should be consulted on the following in order to increase their interest and involvement in such activities.

- the type of activities provided;
- where and when these should be provided;
- who should be involved;
- how these should be advertised and promoted.

You need to think of how these are advertised and pitched to young people, as otherwise it can be seen as geeky to go.

Young people don't always engage so it has to be something they can take ownership of, be consulted about. Their space where they can meet and talk, and is tailored to young people. There's only so much you can do for the young ones, and the minute grown-ups decide what they would like and put it on for them in the community, they turn away because it's uncool. So it has to be young person led.

9.3 More community facilities

9.3.1 As well as more provision for young people, respondents complained about the lack of decent community facilities in many of the neighbourhoods which has led to a lack of community spirit and exacerbated alcohol related problems. Suggestions included the following.

- More community centres offering a range of activities.
- Consultation with community members to gain suggestions on what types of events and activities are required in the neighbourhood, which will also empower people to "have their say and be heard".
- More funding for existing community and voluntary organisations to extend their provision.
- Free community events to bring the community together.
- Activities for the over 50s, as isolation was perceived to be common amongst this age group.
- Upgrading existing community facilities to encourage use, e.g. the shopping centres.
- Alcohol free events and activities.
- Extending the opening hours of existing community facilities, and offering these for free if not in use.

9.3.2 There were no differences in this result by locality, age or sex.

9.4 More support services

9.4.1 Eight percent of survey respondents indicated the need for more, better quality and accessible support and rehabilitation services. Details were as follows.

- A suggested need for more accessible addiction services which offer different treatment options and help reduce the stigma of traditional addiction services. Examples included recovery cafes.
- Involving the recovery community in all such services.
- Community drop-ins which offer counselling for people who need support.
- Accessible services on related issues such as mental health and bereavement.
- Family support services which offer prevention work to deter the escalation of alcohol problems in families.
- Better advertising and promotion of services to encourage uptake.
- More funding for voluntary organisations and crucial services in the community.

9.5 More and better employment opportunities

9.5.1 Only 5% of survey respondents mentioned more and better employment opportunities in the areas as a means of reducing alcohol related problems. Benefits of having both more employment, training and education opportunities in the area were seen to include:

- Giving people hope, a purpose and direction which would increase their self-esteem and self-confidence;
- Alleviating the boredom associated with alcohol consumption, by giving people something productive to fill their time;
- Empowering people to improve the quality of their life; and
- Providing positive role models for children and young people.

9.5.2 Giving people a purpose through meaningful employment or training opportunities was a significant issue raised during the qualitative research. In fact, this was viewed to be more important than simply providing diversionary activities as it was seen to be a solution which would help alleviate the deep rooted social problems to which alcohol is a symptom.

Young people need something positive to strive for, to have faith in, something bigger so they don't want to drown their problems and boredom in alcohol.

9.6 More community policing

9.6.1 The most common suggestion in the survey was for more community police on the beat (29%). A further 3% suggested the need for more CCTV. Respondents indicated that a more visible and higher police presence may deter much of the ASB that takes place, particularly during the weekends and evenings.

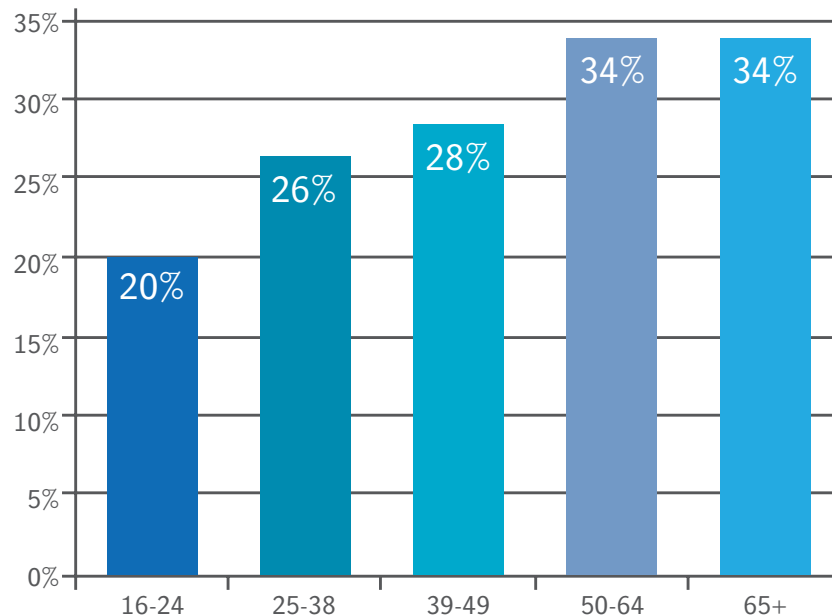
9.6.2 More detailed suggestions were as follows.

- A need for police patrolling 'hotspot' areas such as parks, off-licenses, shopping centres and pubs by foot.
- As well as providing a deterrent, having more police 'on the beat' would increase their awareness of which young people were a potential nuisance, and target areas for ASB.
- It would also allow for a more rapid response to any incidents requiring police assistance.
- Some respondents highlighted a need for more plain clothed police officers.

9.6.3 There were no differences in this variable by locality and sex. However, there was an age difference, with older people being more likely than young people to suggest more police as an improvement (see Figure 9.2). This is perhaps as older people often perceived young people and ASB to be closely linked, thus requiring a greater deterrent.

Figure 9.2: Respondents suggesting more police as an improvement, split by age

Base: 16-24 = 208; 25-38 = 441; 39-49 = 372; 50-64 = 464; 65+ = 249



9.6.4 There were mixed views in the qualitative research as to whether more police would help alleviate alcohol related problems in the community. Respondents in Castlemilk and Barmulloch/Balornock in particular indicated the need for more police.

We need more community police. There are not enough on the beat, especially around park areas and areas which are known to be trouble, and especially in late evenings in the summer.

We need more police to deter people, more police roaming the streets and wooded areas... The police aren't here at night.

Where are your community police where and when they're needed? In the parks, open spaces...Because the public aren't able to stop it cause they're too frightened.

9.6.5 Some respondents questioned the effectiveness of an increased police presence given the scale of the problem and the number of target areas in the community to be monitored. There were also comments that the police were present and active and did reprimand young people, but that this did not seem to be the solution to the problem.

You see the police pulling young people up all the time and it doesn't make any difference...The police already work the streets. I see them reprimanding young people and pouring out their alcohol in front of them.

I don't think more police would help. You can't expect them to sit at each shop stopping people from buying alcohol.

9.7 More education and awareness

9.7.1 Just over a fifth of survey respondents (22%) indicated the need for more education and awareness raising on the impacts of alcohol. In particular, early intervention involving educating children from primary school onwards was suggested as a means of challenging the Scottish culture and acceptability of alcohol. Further comments were as follows.

- Education and awareness raising should be provided both in school and community settings, i.e. community centres, youth organisations.
- Members of the recovery community should be involved in such education.
- The approach should be harm reduction and responsible drinking rather than abstinence.
- Hard hitting messages and “honest, non-sugar coated information” were perceived to be most effective.
- Specific topics should include: the impact of alcohol on the body, appearance, the family, and the community; safety issues relating to alcohol; and resisting peer pressure in relation to alcohol.
- Increasing awareness of support options was also suggested.

9.7.2 Education and awareness were also suggested in the qualitative research, although not to the same extent. Issues raised were increasing awareness of the consequences of alcohol particularly on families, resisting peer pressure, encouraging responsible drinking, and discussing safety issues.

Increasing awareness and education among young people of the consequences, emphasise the drinking responsibly message.

Peer pressure is massive. It causes young people to drink as they want to be accepted whether it is good or bad choices they are making. We need to teach young people about positive choices.

9.7.3 Similar to the survey, respondents indicated the need for early intervention and prevention beginning in primary school or even nursery. This was linked to the purpose of changing the culture and acceptability of alcohol by consistently reinforcing positive messages through the education system and beyond.

Start at very early age – primary school – give the message a long time to get through and to be reinforced.

Early intervention, education at a young age...take the glamour out of alcohol, show how it ruins families...shock them into the health dangers.

I think you have to go into nurseries, something that can be taught that will stick. Going in as early as possible which kids will take in without realising it.

9.7.4 As well as education about alcohol specifically, respondents in the qualitative research also mentioned education and support in relation to more general life and coping skills. This is another example of how respondents in the qualitative research more often than in the survey were able to focus on the wider impact of alcohol and the range of factors which impact on the community.

It's not really their fault cause people haven't been taught how to live and survive. So they should have classes and support on how to manage money, how to make a pot of soup...they should have things like that in the community, something that would really benefit them because they get their benefits one day and they're skint the next.

9.7.5 A common finding in the qualitative research, highlighted throughout the report, was the perception that alcohol related issues were complex, deep-rooted and originating at a family and community level. This was also the case in relation to suggested solutions, where qualitative respondents stressed that education in school settings was insufficient, but that instead changes had to be made at a family and cultural level.

It's at the family level, it's not about imposing attitudes in an education setting, it's about people in the community have the right attitudes towards alcohol and passing that onto their children.

There's no point in throwing education at them [young people]. It has to start at the family; it's about changing a way of living.

9.8 Stricter licensing

9.8.1 The issue of stricter licensing was raised by 12% of survey respondents, with 5% mentioning minimum pricing and 2% suggesting a ban on alcohol. Suggestions for stricter licensing laws included the following.

- Increased monitoring of sales to underage customers and stricter enforcement and harsher penalties for licensees.
- Increased monitoring and harsher penalties in relation to agent purchase.
- Increasing the age of purchase to at least 21, or more commonly 25.
- Limiting the amount of alcohol that can be purchased.
- A ban on drinks promotions and “bargain booze”.
- Higher tax on alcohol.
- Restricted opening hours for licensed premises and off-licenses.
- Harsher penalties and greater enforcement of street drinking regulations.

9.8.2 There were no differences in this variable by locality, sex or age suggesting that these opinions were fairly uniform among community respondents.

9.8.3 Respondents in the qualitative research made similar suggestions.

Increase the age limit to 21 like they do in the U.S.

Shut licensed grocers earlier, no alcohol sold after a certain time.

How are they getting the alcohol? And if we find someone who is selling it to them, then they need to be prosecuted...That's the starting point, hammer any operators that they catch, make them an example so legislation has to help and make retailers responsible for the product they sell

9.9 Reduce accessibility to alcohol

9.9.1 In the survey, only 4% of respondents suggested restricting the accessibility of alcohol. However, this was a common suggestion in the qualitative research. Respondents disliked the number of both pubs and off-licenses in their local communities, and suggested stricter regulation on the granting of alcohol licenses.

There needs to be more emphasis on responsible licensing. There are too many off licences, alcohol is too available.

Right across the City we have a problem with too much alcohol consumption, regardless of the price, so we need to be tighter about shop licenses; that has to be curtailed. Because we now have supermarkets at the corner of every street. The availability just exacerbates the problem, makes it too normal, too much part of the culture.

9.10 Parenting and Family Issues

9.10.1 Only 2% of survey respondents mentioned issues relating to parent and family as a solution for addressing alcohol related problems in the community. This was in contrast to the qualitative research, where there was a perception that solutions to alcohol related problems should originate at the family and community level, with parents being better supported and being provided with education opportunities on both parenting and alcohol related risks.

We need better education and awareness for parents cause that's where it begins.

Conclusions and Recommendations

10.1 The Ripple Effect Research 2014/2015 is a comprehensive action research project that has involved seeking community perceptions to a significant problem in the chosen communities – the impact of alcohol. The results of both the quantitative and qualitative research provide valuable insights into the scale and magnitude of the problem, and thus the significant challenge required to reduce the harmful impact of alcohol on Glasgow communities.

10.2 Baseline

10.2.1 The purpose of the 2014/2015 Ripple Effect research was to provide a baseline measure of community perceptions surrounding the problem of alcohol in communities. The rationale for this approach was founded in the original Phase 1 Ripple Effect research which highlighted alcohol to have a vastly significant impact on communities, and the SOA which involves a 10 year approach to improving alcohol related issues in Glasgow's Thriving Places.

10.2.2 While the quantitative result shows that there has been an improvement since the previous Ripple Effect research, the qualitative research suggests that the impact alcohol has on the community is as great as ever. Key findings include the following.

- 78% of survey respondents agreeing that alcohol is a problem in their community.
- There being almost uniform agreement in the qualitative research that alcohol is a problem.

10.2.3 Issues to consider when interpreting these findings.

- Differences in presentation of the data from the previous Ripple Effect project, where the qualitative data was essentially quantified to produce a percentage.
- There was a slight difference in the demographic profile of respondents taking part in the quantitative and qualitative research. The qualitative research purposefully focused on more targeted groups (as representation of these groups was not as high as hoped for in the quantitative research) and also as this method was thought to be more suitable for these respondent groups. Thus, there may be an expectation of difference in experience and opinion. It should be noted that all respondents in the research were from the 12 selected areas.
- The topic of alcohol is potentially sensitive, given the harmful impact that alcohol can have on communities and families. There are undoubtedly social desirability characteristics involved in conducting research on alcohol, given the tendency for individuals to under-report their alcohol consumption and their behaviours. Although this research was not examining personal alcohol consumption, there are still barriers to be overcome in using a street survey methodology where there is little time to establish a rapport between respondent and interviewer.

- Comparing the results of the quantitative and qualitative research provides an insight into the different type of information collected. The qualitative research allowed for a thorough and detailed discussion of the subject of alcohol, encouraged debate and discussion between respondents, and allowed the respondent more time to consider the wider ranging impacts and causes of alcohol related community issues. To be succinct, the qualitative results focus on the multi-faceted, complex and wide ranging factors that are associated with alcohol in the community such as poverty, deprivation, family breakdown, parenting and unemployment. The quantitative results are not as in-depth and consist of more standard and previously discussed issues surrounding alcohol.
- The need for quantitative data that can be shown to be statistically significant, and can be used to track trends is well recognised, but the accuracy of the results gained from using a street survey methodology has to be considered.

10.2.4 Recommendations

- The next Ripple Effect community consultation is amended to consist of more qualitative research which allows for the further probing of opinions and experience with a smaller scale survey used to gather statistical data.
- That while allowing for tracking of information, the survey questions are re-considered to overcome some of the issues faced eliciting information, e.g. the question on the personal impact of alcohol in the community.
- Quantitative and qualitative methods of the next Ripple Effect research project are piloted with different demographic groups to further investigate the suitability of both methods.

10.3 Overarching research themes

- 10.3.1 The research is valuable in providing a voice to community respondents about the impact of alcohol on their communities. The results appear to suggest that in order to address any alcohol related problems, there is a need to consider much wider social issues impacting on communities, i.e. deprivation, poverty, unemployment, neglect, family breakdown, lack of opportunity, and lack of hope linked to disadvantage.
- 10.3.2 Respondents spoke of alcohol being a symptom and a painkiller to dull the despair caused by the range of multi-faceted problems faced in these communities. There was also a lack of hope among some respondents that they would break the cycle of disadvantage. What also became clear is the difficulty in separating the problem and the symptom as one appears to exacerbate the other.
- 10.3.3 This suggests the need for multi-agency community based interventions that tackle the root of the problem rather than simply considering the symptom, i.e. alcohol.

10.3.4 Recommendations

- The results of the Ripple Effect research are shared widely with stakeholders who have an interest and investment in improving Glasgow communities and making them Thriving Places as the scale and complexity of the problem necessitates a multi-agency approach.
- Special interest reports are developed and shared with the community and stakeholders as part of dissemination of the Ripple Effect. For example, short, user-friendly reports that focus on specific issues, e.g. the cultural aspect of alcohol.
- Given the scope of the research and the number of factors which have arisen as key themes, where possible, the Ripple Effect links in with other related pieces of work such as Community Alcohol Campaigns.

10.4 Cultural Problem

10.4.1 Glasgow's harmful relationship with alcohol has been well documented, and is further supported by the current research. A significant factor impacting on choices, behaviours and attitudes towards alcohol in the sample communities was the fact that alcohol was viewed by some as an accepted part of everyday life, meaning some children were raised within this culture of alcohol acceptance. Some respondents spoke of alcohol "seeping through" and being a significant part of their life, which they did not particularly question. It was also the case that some respondents displayed stereotypical, negative and insulting attitudes towards individuals experiencing alcohol addiction.

10.4.2 Recommendations

- The cultural nature of the problem of alcohol in these communities has to be considered, in order to challenge the long term attitudes and expectations surrounding alcohol consumption and related behaviours.
- Actions are taken to change the stereotypical view of an individual experiencing alcohol addiction, and to raise awareness of the addiction.

10.5 Family and Parenting

10.5.1 A common theme in the research was the impact of parenting and role modelling on a child. This issue was very much linked to the cultural nature of the problem as discussed above, with some children being raised to assume that harmful alcohol associated behaviours and drinking patterns were normal and expected. The lack of positive role models for some children, to teach them about aspiration and achievement was said to be a further issue. There was a recognition that many parents themselves had been raised with a lack of positive parenting and role models, and then continue to sustain this cycle with their own children.

10.5.2 Respondents highlighted many alcohol related problems linked to family breakdown, and a lack of responsible parenting including neglect.

10.5.3 Recommendation

- There is greater support and intervention targeting the family, and parents in particular, in order to improve the outcomes for young people.

10.6 Alcohol and Young People

10.6.1 The connection between young people, alcohol and problems in the community were intrinsically linked throughout the research. In essence, young people were perceived as both the cause and victims of alcohol related issues in the community.

10.6.2 Young people were frequently mentioned in relation to the following.

- As experimenting with alcohol at a younger and younger age, and as being the main perpetrators of ASB and harmful behaviours linked to alcohol.
- As being the victims of poor parenting and a culture of alcohol which has predisposed them to develop a harmful relationship with alcohol.
- Of having a lack of positive and meaningful job and training opportunities meaning they lack direction and purpose and thus turn to alcohol for escapism.
- Of being victim to peer pressure to drink alcohol and undertake in risky behaviours.

10.6.3 Recommendations

- Resources are targeted towards further prevention and education interventions for young people, to delay the onset of alcohol intake, and focus on resilience approaches to risk taking behaviours so young people are able to resist peer pressure.
- Resources are targeted towards providing opportunities for young people in the form of volunteering, training or employment.
- There are more tailored diversionary activities for young people, which they are consulted on, to provide an alternative to alcohol consumption.
- Community members, particularly young people, are consulted about improvements and details of service and youth provision;

10.7 Quality of life

10.7.1 A clear research finding was that alcohol related problems in the community impacted on the quality of life of some community members who:

- witnessed ASB;
- felt intimidated and unable to use community facilities and resources (particularly at night) which led to isolation and frustration;
- reported litter, graffiti and vandalism in their community;
- were asked to buy alcohol for young people (and often had to suffer the consequences when refused); and
- were concerned about raising and “tainting” their children in a community and culture which fostered harmful behaviours and attitudes linked to alcohol.

10.7.2 Recommendations

- The range of factors impacting on the quality of life of community respondents are considered when developing interventions and approaches.
- Further monitoring of park areas and shopping centres takes place, so parents and children can use community facilities safely and at ease.

10.8 Differences?

10.8.1 Given the wide range of complex issues surrounding the impact of alcohol on communities, there was very little difference by demographic group. The limitations in terms of the sample have been discussed, but the results clearly indicate a certain level of agreement among community members about most issues. For example, there were almost no sex differences in any of the variables. There were some age differences, with younger and older respondents being less likely to perceive there to be an issue.

10.8.2 Although there were not many differences by locality, in terms of neighbourhood, more respondents in Drumchapel than in other areas agreed that alcohol was a problem in their community. Drumchapel Shopping Centre was raised in the qualitative research as an area particularly affected by alcohol, and a target for antisocial behaviour.

10.8.3 Recommendations

- Given that the community identified agent purchase as a significant issue, interventions tackling agent purchase are undertaken, e.g. Community Alcohol Campaigns.
- At the City wide and locality level, work should be targeted on those areas/places in the neighbourhoods that the community identify as most problematic.

10.9 Areas

10.9.1 The research revealed a number of community areas prone to the negative impact of alcohol. Parks and waste ground, secluded areas and shopping centres caused concern for community members who either avoided these areas or felt uneasy when using facilities such as shopping centres due to the “time bomb” nature of alcohol related ASB and violence.

10.9.2 Recommendation

- Interventions to curb ASB, vandalism and other problems associated with alcohol are directed to areas including parks and waste ground, secluded areas and shopping centres.

10.10 Achieving a Thriving Place

10.10.1 A key research finding was a perceived lack of community in these neighbourhoods, with respondents feeling isolated and uninvolved in their community. Respondents expressed a desire to be consulted about their community, and be involved in decisions made about how to reduce the negative impact of alcohol and other social issues.

10.10.2 Recommendation

- Community members should be supported to be more involved and less isolated by having more community events in community venues, and by providing wider opportunities for people to be involved in shaping the future of their community.

10.11 Solutions

10.11.1 There were a range of solutions suggested through the quantitative and qualitative research. However, alongside many of these suggestions was the premise that the problem surrounding alcohol in the community would necessitate a multifaceted, long term, comprehensive approach. Suggestions included more and better:

- community resources and events to both provide community members with options of how to spend their time, and also to create a sense of community spirit, ownership and involvement in the community;
- diversionary activities and youth provision including streetwork;
- jobs, training and volunteering opportunities to give young people self-esteem, a sense of purpose and a reason to not fall into the cycle of poverty, deprivation and alcohol;
- community police on the beat who would deter young people from undertaking in ASB; and
- stricter licensing laws including further monitoring and repercussions for irresponsible licensees, further focus on agent purchasing, minimum pricing (although this issue was debated) and restricting alcohol purchase and opening hours.

10.11.2 In relation to the suggestions, was the need for community consultation to ensure any changes and improvements were tailored to the needs of the target group and community. This was particularly the case for young people, to ensure that youth provision was attractive to them.

10.11.3 Recommendations

- Community members, particularly young people, are routinely consulted about improvements and details of service and youth provision.
- There is increased promotion and awareness raising of community facilities and youth provision that does exist in communities, and that this is included as part of the dissemination process.

- Given the scope of suggested improvements, and the impact of these on a community as a whole, the findings should be shared widely with key stakeholders to facilitate partnership working and buy-in.

10.12 The Ripple Effect Model

10.12.1 The current research involved the input of 19 ACES who were trained and supported to form a valuable part of the research process. There were many challenges faced in facilitating ACES' involvement in the process and ensuring that 1; the Ripple Effect project provided a positive and rewarding experience for the ACES; and 2; targets were achieved in terms of completing a comprehensive quantitative and qualitative project.

10.12.2 Recommendations

- Key learning would suggest that ACES may gain a more positive experience from being more involved in the qualitative research, while ensuring they have input into any aspect of the project they would like to be involved in.
- The next wave of the research should involve a methodologically sound survey involving a representative sample, with input from ACES if desired.
- Given the challenges involved in the research, and the level of effective project management, planning and partnership working involved, sufficient lead in time is allowed before the next Ripple Effect research.
- Plans are made for ongoing monitoring and evaluation of the Ripple Effect work undertaken, to chart what activity takes place and where possible, to evaluate the impact of that work.

10.13 Replicating the Ripple Effect process

10.13.1 The process of conducting the Ripple Effect research required flexibility and ongoing project management to react to challenges and overcome barriers. This necessitated changes applied to the research process, such as including online and self-completion approaches. There has also been key learning as regards to the most effective methods of conducting the research. The fluidity of approach should be recognised when replicating the research and considering changes to the baseline results.

10.13.2 Recommendation

- Ongoing key learning from the current research and any further Ripple work is applied to the methodology for any repeat of the next large scale Ripple Effect research project. These changes should be considered when interpreting changes in results.

10.14 Limitations with the current research

10.14.1 As mentioned previously, a key strength and characteristic of the Ripple Effect project is that it involves community volunteers taking an active role in the consultation and dissemination process. However, in terms of achieving a methodologically sound piece of research, there are limitations.

- The sample achieved is not representative of that of Glasgow City.
- There was missing data (particularly postcodes) which limits the level of analysis possible.
- The possibility for error and lack of objectivity is heightened as the survey was not always conducted by experienced researchers.

Although the data gathered is of great use, these factors should be borne in mind when interpreting the findings.

Appendix A – Questionnaire

Date Interviewer

Area Venue

Q1a) Can I check, do you live or work in this area (or both)?	Circle
Live	1
Work	2
Both	3
Q1b) And how long have you lived/worked here?	Circle
Less than a year	1
1-2 years	2
3-5 years	3
6 -10 years	4
11 years plus	5
Q2) To what extent do you agree or disagree that alcohol is a problem in your community? Do you strongly agree, tend to agree, neither agree nor disagree, tend to disagree or strongly disagree?	Circle
Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5
Don't know	X
Q3) And what type of problems does it create? CODE AS APPROPRIATE	Circle
Antisocial behaviour	1
Violence	2
Vandalism	3
Litter	4
Gang fighting	5
Territorialism	6
Drinking dens	7
Increased noise at night	8
Increased sexual crimes	9
Increased gender based violence	10
Decreased sense of safety	11
Negative health effects	12

Q3) And what type of problems does it create? CODE AS APPROPRIATE		Circle
Damages reputation of community		13
Agent purchase		14
Sustains poverty cycle		15
Don't know		X
Other WRITE IN		Y
Q4) What type of issues does alcohol use in your community create for you personally? CODE AS APPROPRIATE		Circle
Mental health issues		1
Physical health issues		2
Personal safety		3
Quality of life		4
Restricted movement (due to fear leaving the house)		5
Agent purchase		6
Appearance of area where you live		7
Don't know		X
None		Y
Other WRITE IN		Y
Q5) Who in your community is	a) Affected MULTICODE	b) Most Affected SINGLE CODE
a) affected by alcohol?		
b) MOST affected by alcohol?		
Children	1	1
Young people	2	2
Older people	3	3
Families	4	4
Don't know	X	X
Other WRITE IN	Y	Y

Q6) Which area in your community is a) affected by alcohol? b) MOST affected by alcohol?	a) Affected MULTICODE	b) Most Affected SINGLE CODE
Off licenses and surrounding area	1	1
Shopping centres	2	2
Parks/waste ground	3	3
Secluded areas (e.g. behind flats)	4	4
Problem not specific to any particular area	5	5
Don't know	X	X
Other WRITE IN	Y	Y
Q7) What could be done to improve the issues in your community caused by alcohol?	Circle	
Don't know	X	
Would you mind if I asked you a few questions about yourself. This is just so we can make sure we are speaking to a broad sample of the community.	Code	
Male	1	
Female	2	
PostCode		
To which of these age groups do you belong?	Circle	
16-17	1	
18-24	2	
25-38	3	
39-49	4	
50-64	5	
65 plus	6	
Refused	Y	
Can I check whether you are...?	Circle	
Employed	1	
In education	2	
Unemployed	3	
Retired	4	
Not working due to ill health	5	
Carer	6	
Other (WRITE IN)	7	
Refused	X	

And which of these groups do you belong to?	
White	Circle
Scottish	1
Other British	2
Irish	3
Gypsy/Traveller	4
Polish	5
Other White ethnic group, please specify	6
Mixed	Circle
Any mixed or multiple ethnic background, please specify	7
Asian, Asian Scottish, or Asian British	Circle
Indian, Indian Scottish or Indian British	8
Pakistani, Pakistani Scottish or Pakistani British	9
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	10
Chinese, Chinese Scottish or Chinese British	11
Other, please specify	12
African	Circle
African, African Scottish or African British	13
Other, please specify	14
Caribbean or Black	Circle
Caribbean, Caribbean Scottish or Caribbean British	15
Black, Black Scottish or Black British	16
Other, please specify	17
Other Ethnic Group	Circle
Arab, Arab Scottish or Arab British	18
Other, please specify	19
Don't know	20
Refused	21

Appendix B – Topic Guide

Could you tell me about the effect of alcohol in your community....

- Do you agree or disagree that alcohol is a problem in your community?
 - And why do you say that?
 - How big a problem do you consider it to be?
 - And how does that make you feel about living here?
 - Do you feel your community has a reputation for alcohol related problems?
 - Is it any worse/better in your community than surrounding areas/other areas in Glasgow?

- What types of problems does it create in your community:
PROBE FROM LIST IN QUESTIONNAIRE IF NECESSARY.
 - Can you give me any examples?
 - What are the most common problems? Most serious?
 - And do any of these alcohol related problems affect you?
 - Have you experienced any of these?

- And has alcohol in the community affected you personally? PROBE:
 - In relation to things such as the quality of your life? Whether you feel safe?

- Do you think there are any community groups who are particularly affected by alcohol?
 - Why do you say that?
 - And in what ways does it affect this group?
 - Have you had any personal experiences of this group and alcohol related problems?

- And what about areas in your community? FOR EACH
 - Does that discourage you from going to that area/using any services /community resources?
 - Probe on swing park areas, agent purchase, off-licenses, secluded areas.

- What do you think could be done to improve the issues in your community caused by alcohol?
 - And who do you think should be involved in making those changes?
 - Should the focus be on any particular type of alcohol related problem, group, area etc.

The **Ripple Effect**



**FINAL REPORT
GLASGOW**

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