

Alcohol and Communities Survey



The Ripple Effect

How Does Alcohol Affect Communities in the City of Glasgow?

Acknowledgements

Community Researchers

Robert Barclay
Irene Bell
Julie Brown
Michael Flannery
William Green
Nancy Humphries
Tricia Logan
Susan McCarten
Brian McDonald
John Murray
John Paulley

Steering Group

Lee Craig	Glasgow Community and Safety Services
Stewart Mackay	Greater Easterhouse Alcohol Awareness Project
Linda Malcolm	Greater Glasgow and Clyde NHS Health Improvement Team
Jo Murray	Greater Glasgow and Clyde NHS Health Improvement Team

Research training

The research training and supervision of fieldwork was carried out by STREAMS.

Report writing

The Community Researchers helped to compile and organise the data for the Final Report. The principal author of the report was Anmarie Campbell of STREAMS. Lee Craig, Linda Malcolm and Jo Murray were co-authors.

Funding

The research project was commissioned by the Communities Sub-group of the Glasgow City Addictions Planning and Implementation Group and co-funded by the Communities Sub-group and the Greater Glasgow and Clyde Alcohol Action Team.

With thanks

The steering group would like to thank the Community Researchers for their commitment and hard work in carrying out the research and helping to compile the research findings. We would also like to extend a big thank you to the Communities Sub-group, local alcohol and drug fora, and local projects for helping to identify the Community Researchers, the venues for validation events and imparting their invaluable local knowledge and wisdom which helped to inform the research.

Executive summary	5
1 Introduction	8
1.1 Aims	9
1.2 Objectives	9
2 Methodology	10
2.1 Data collection tools	10
2.1.1 Street surveys (appendix 1)	10
2.1.2 Graffiti response sheets (appendix 2)	11
2.1.3 Quick evaluation tool	11
2.1.4 Body maps	11
2.1.5 Abstract pictures	11
2.1.6 Transient walks and photographs	11
2.1.7 One to one semi structured interviews (Appendix 3)	11
2.1.8 Focus groups	11
2.1.9 Telephone Interviews (Appendix 4)	11
2.2.0 Data collected/number of respondents for each collection tool	12
3 Procedure	13
3.1 Stage 1 – Recruit volunteers from the community	13
3.2 Stage 2 – Undertake research training with volunteers	13
3.3 Stage 3 – Data collection	13
3.4 Stage 4 – Undertake final research training with volunteers	13
3.5 Stage 5 – Validation of findings and further exploration of issues raised	14
3.6 Stage 6 – Final analysis and report writing	14
4 Demographics of respondents	15
4.1 Geographical coverage	15
4.2 Age and gender dispersion	16
5 Presence of issue in communities	17
5.1 Background information	17
5.2 Findings – Did people feel alcohol affected their area?	17
6 Establishing the nature of this effect	18
6.1 Background information	18
6.2 Findings – Did people feel alcohol affected their area positively or negatively?	18
7 What were the effects?	20
7.1 Background information	20
7.2 Findings – How did people feel alcohol affected their area?	20
7.3 Positive ('good') effects	20
7.4 Negative ('bad') effects	21
7.5 Negative effects felt to have increased in incidence or severity due to alcohol	21
7.6 Increase in antisocial behaviour (general)	22
7.7 Effects strongly or solely attributed to youths	23
7.8 Depression and suicides	23
7.9 General negative effects noted	23
7.9.1 Parks and play areas	23
7.9.2 Abuse and intimidation	24
7.9.3 Urinating in the street	25
7.9.4 General negative health effects	25
7.9.5 Effect on accident and emergency	25
8 Areas more affected within communities	26
8.1 Background information	26
8.2 Findings	26

9	Groups of people more affected	27
9.1	Background information	27
9.2	Findings	27
10	Further examination of most noted negative effects	28
10.1	Intimidation and fear	28
10.1.1	Intimidation and fear – Common places	29
10.1.2	Other areas mentioned	30
10.2	Territorialism and gang fighting	31
10.2.1	Protection of safe drinking areas by young people	31
10.2.2	Binge drinking and subsequent excitement seeking through ‘jumping’	32
10.3	Violence, vandalism and antisocial behaviour	33
10.4	Parks and play areas	33
10.5	Litter	34
11	Suggestions for reducing effects	35
11.1	Background information	35
11.2	Findings	35
11.2.1	Sale of alcohol	35
11.2.2	Law enforcement	36
11.2.3	Education and awareness of alcohol issues	36
11.2.4	Inclusion through activities/employment and education for young people	36
11.2.5	Other responses	36
11.3	Further examination	37
11.3.1	Education and awareness	37
11.3.2	Young people obtaining alcohol	37
11.3.3	Police	38
11.3.4	Activities for young people	39
11.4	Most noted issues regarding young people and existing services	39
11.4.1	Issue - Rejection of young people with existing alcohol issues	39
11.4.2	Issue - Locality of activities	39
11.4.3	Issue - Cost of activities	39
11.4.4	Examples of activities	39
11.4.5	Timing of activities	40
12	Awareness and knowledge of services in the area	41
12.1	Background information	41
12.2	Findings	41
13	Services people felt would help most	42
13.1	Background Information	42
13.2	Findings	42
14	Community involvement in planning and making changes	43
14.1	Background Information	43
14.2	Findings	43
15	Organisations involved in making changes	44
15.1	Background Information	44
15.2	Findings	44
15.3	Urgency of changes	44
16	Conclusions	45
17	Recommendations	46
	APPENDICES	47
	APPENDIX 1: Street survey	48
	APPENDIX 2: Graffiti Sheets	53
	APPENDIX 3: One to One semi structured interviews	56
	APPENDIX 4: Telephone Interviews	58

Executive summary

Introduction

This research sought to examine through direct community consultation, whether citizens of Glasgow City felt alcohol affected their community, and if so, to identify and examine these effects.

Like the ripple effect created by a pebble in a pond the 'ripple effect' of alcohol is thought to go far beyond the individual and their immediate family. But does a ripple effect resulting from alcohol use occur in Glasgow City's communities? And if so, what are the effects and how widely are they felt?

In order to examine this effectively, volunteers were recruited from within Glasgow City's communities to become community researchers. The community members were identified through the various alcohol and drug fora across the city which are affiliated to the Communities Sub-group of the Glasgow City Addictions Planning and Implementation Group.

They were then trained in consultation and research methods before designing, planning and undertaking the research alongside professional researchers.

The community researchers used a combination of street surveys, focus groups, participatory appraisal techniques at community events, one to one interviews and more abstract methods for young people. The aim was to collect data from as many of Glasgow City's residents as possible over a three-month period. The methodology and ethos of the survey adhered to the National Standards of Community Engagement at all stages of the project.

Key Findings

The researchers consulted with 4697 people from a variety of age groups from all areas of the city:

- 99% of people felt alcohol affected their area to at least some degree
- 79% felt the effect to be medium to large or large

Main areas felt to be affected:

- Shopping areas/precincts
- Around areas where alcohol could be purchased
- Parks/waste ground and surrounding streets

Groups of people felt to be more affected:

- Young People - using alcohol/or being victims of person related crime (e.g. rape, assault)
- Elderly- intimidation/fear of going out at certain times
- Younger children - unable to play outside or in parks safely

How were communities affected?

People were asked to give examples of positive ('good') effects and negative ('bad') effects of alcohol use.

Overwhelmingly people offered examples of negative effects felt in their communities:

- Positive effects accounted for only 5% of all example effects given and were largely said only to be true if alcohol was used in moderation
- Negative effects accounted for 95% of example effects given

Twenty three separate negative effects were identified from within example statements.

The most common general negative affect stated was 'sense of safety'. Eight of the 23 negative effects identified were each noted by more than one thousand people throughout the city.

The 8 most commonly stated negative effects of alcohol use:

1. Individual's 'sense of safety' felt within community – stated by 2011 people
2. Increase in antisocial behaviour in general – 1390 people
3. Parks being 'no go' areas at night and broken and/or littered making them unusable during the day – 1339 people
4. Increase in litter throughout the community – 1239 people
5. Abuse/intimidation of general public by others (especially young people) to purchase alcohol for them – 1170 people
6. Increase in violence (general) – 1167 people
7. Increase in vandalism (general) – 1145 people
8. Increase in incidents and severity of outcomes within territorialism/gang fighting – 1041 people

The 23 negative effects identified could be further separated into two groups:

1. Occurrences within communities that residents felt had increased or become more severe in nature due to alcohol use. Effects felt to have increased due to alcohol use noted most were:

- Antisocial behaviour
- Increase in litter
- Violence both generally and within territorialism and its outcomes

2. Other general negative effects noted. Within other general effects noted the most common were:

- Park/play areas being unusable
- Intimidation of general public to buy alcohol for others

Improving things

Not all responses gathered were suggestions for improvement. 18% of all responses city wide indicated that either:

- They did not know how things could be improved (4%) or
- They felt there was no way to improve things (14%)

82% of people, however, noted at least one possible solution. Most felt a number of different actions had to be taken together or in planned stages, and actions had to be taken with long term planning and commitment.

All solutions given were grouped with similar responses creating 19 separate categories. Just under half of all categories created (8), related to the sale of alcohol in some way.

The most common solutions given for improvement fell within four main headings:

- Restrictions/conditions on sale of alcohol
- Law enforcement (generally)
- Education and awareness of alcohol issues
- Inclusion through activities/employment and education for young people

Most commonly stated solutions were:

- Increase penalties for those buying/selling to young people and punishments for young people asking public to buy
- Increase police on beat and community police
- More things to do for young people in leisure time
- More education/awareness for young people

Service provision

Few people could name alcohol related services in their area and fewer could explain the activities of services named. The most noted service was Alcoholics Anonymous (AA) though few could say where meetings were held and fewer could explain their activities.

Regarding services needed, most people felt a combination of prevention and treatment services was necessary, with long-term commitment for both.

Types of service noted by most people were:

- Counselling – 1693 people
- Rehabilitation (Detox) – 1476 people
- Education and awareness – 1329 people
- Diversionary activities for young people – 1034 people
- Rehabilitation and inclusion activities – 659 people

Planning and making changes

A high level of community involvement in both planning and making changes was viewed as preferable by all those who answered this question (1382). It was also felt that changes need to be made with urgency. In more than half the responses given, ensuring community involvement was felt to be directly linked to raising awareness of the issues. Direct consultation with communities e.g. community surgeries was also felt to be needed.

Organisational involvement

The involvement of all organisations relating to communities in any way, working together and in unison, was commonly preferred. Most people identified several organisations along with a statement to this effect. These could be categorised in the following way:

- Law enforcement - 66% of respondents
- Government (local) - 59%
- Youth organisations - 53%
- Housing/planning authorities - 52%
- Local alcohol related projects - 52%
- Government (general) - 49%
- General local groups - 47%
- Local retailers - 43%
- Health service - 32%
- Media - 28%
- Social work services - 26%

Conclusions and recommendations

One of the most startling figures generated within this consultation was that 99% of people spoken to within Glasgow City felt that alcohol was having an effect on their community. It can be concluded that for many residents across the City of Glasgow the ability to live normally within their communities is negatively affected by problems and issues associated with alcohol use. It was also widely accepted that Glasgow has a drinking culture and that this culture impacts on its communities. In spite of this, it was widely believed that the culture not only could be changed, but that it had to be changed in order to improve the quality of life of those living within the City.

Whilst acknowledging that these changes would take time, and crucially would require a co-ordinated approach by all to tackle the identified issues, change was seen as achievable and would ultimately help to reduce the 'ripple effect' of alcohol upon communities.

The effects highlighted in the survey alongside the suggested solutions should now:

- ▶ Inform and direct the work of the Communities Sub-group of the Glasgow City Addictions Planning and Implementation Group and its associated alcohol and drug fora, prioritising need and identifying areas of concern
- ▶ Provide a standard reference point for communities, forums and agencies to evidence alcohol related funding bids
- ▶ Inform locality based Community Alcohol

Action Plans and the alcohol action plans of individual alcohol and drug fora

These action plans should:

- ▶ Inform and direct key services to identified areas of concern
- ▶ Address the issues and solutions identified which relate to the key groups of people who are adversely affected by alcohol within Glasgow City
- ▶ Address the issues and solutions identified which relate to the key areas that are affected by alcohol within Glasgow City
- ▶ Explore further possible solutions for reducing the negative effects alcohol has upon Glasgow City's communities
- ▶ Aim to raise the knowledge and awareness of alcohol services within communities
- ▶ Aim to respond to the public perception of alcohol related service requirement

It is hoped that the findings from the survey will attract community interest to alcohol and drug fora by tackling issues identified by the community through consultation and engagement. During the consultation it became evident that people within Glasgow City's communities felt that any attempt to redress any of the highlighted negative effects would be most beneficial if residents were both informed of, and involved in, any actions taken or planned. It is essential therefore that any Community Alcohol Action Plans developed should be made available to local residents for appraisal.

Encouraging residents to be involved will help ensure suggested actions are practical and realistic for the communities in which they are to be undertaken. Being informed and involved in this final planning stage will also help residents to feel ownership of planned actions and therefore will be more likely to help ensure their success.

'Glasgow residents felt the use of alcohol within their community was having a negative impact in a number of ways'

1 Introduction

'Like the ripple effect created by a pebble in a pond, the 'ripple effect' of alcohol is thought to go far beyond the individual and their immediate family'

Alcohol use has been the subject of much research over the years, we now know a great deal about how alcohol affects our health and have been given insight into prevalence of use, mortality rates, and types of use. The wide-ranging effects on individuals and close relatives have also been explored along with studies on the links between violence and alcohol use. However, what there is very little evidence on is the extent to which the effects of alcohol go beyond the individual. Excluding alcohol related violence, which we hear much of in the media, the wider effects of alcohol within a community have been largely neglected in research.

This research sought to examine through direct community consultation, whether citizens of Glasgow City felt alcohol affected their community, and if so, to identify and examine these effects. Like the ripple effect created by a pebble in a pond, the 'ripple effect' of alcohol is thought to go far beyond the individual and their immediate family. Therefore, does a ripple effect resulting from alcohol use occur in Glasgow City's communities, and if so, what are these effects and how widely are they felt?

It was decided that community members would be best placed to carry out the survey due to their localised knowledge of areas across the city. In order to become community researchers, the community members received training on various research and community engagement skills. Those trained were integral to the entire process, from the initial design of the survey questions and techniques through to the look and design of the final report. The methodology and ethos of the survey adhered to the National Standards of Community Engagement at all stages of the project.

The community members were identified through the various alcohol and drug fora across the city which are affiliated to the Communities Sub-group of the Glasgow City Addictions Planning and Implementation Group. The remit of the Communities Sub-group is "to encourage and support local communities and service providers to jointly develop and implement programmes and activities that will reduce drug and alcohol use. This will be achieved through the development of local structures (such as forums) and action plans".

The findings in the Alcohol and Communities Survey will be used to inform the alcohol aspect of local and area wide action plans and in turn direct the programmes, activities and services that will aim to reduce alcohol related harm within communities. The next stage is for the research findings to be taken back to local communities and planning structures to agree on the best way to tackle the identified issues and formulate these into 'Community Alcohol Action Plans' for each locality.

1.1 Aims

- The survey will provide a baseline of knowledge and evidence that will establish how communities are adversely affected by alcohol
- The survey will further examine whether the use of alcohol by a person or persons within a community has any affect on other people within that community, and if so, to identify those effects and how widely within the community they are felt
- The findings will then inform 'Community Alcohol Action Plans' as well as the action plans of individual alcohol and drug fora across the city

1.2 Objectives

- Determine whether residents of Glasgow City feel alcohol has an effect on their community
- Identify what these alcohol related effects are
- Identify key groups of people who are affected by alcohol within Glasgow City
- Identify key areas that are affected by alcohol within Glasgow City
- Explore the possible solutions for reducing the negative effects alcohol has upon Glasgow City's communities
- Assess knowledge and awareness of alcohol services within communities
- Explore public perception of service requirement
- Train community members in basic research and community consultation techniques so that they can be actively involved in, and take ownership of, the survey

The identification and exploration of these alcohol related issues within communities will then serve to:

- Inform and direct the work of the Communities Sub-group of the Glasgow City Addictions Planning and Implementation Group and its associated alcohol and drug fora, prioritising need and identifying areas of concern
- Inform locality based Community Alcohol Action Plans
- Inform the alcohol action plans of individual alcohol and drug fora
- Attract community interest to alcohol and drug fora by tackling issues identified by the community through consultation and engagement
- Inform and direct key services to identified areas of concern
- Inform strategies and action plans where alcohol features
- Provide baseline data on how communities perceive alcohol to be affecting their community
- Provide a standard reference point for communities to evidence alcohol related funding bids

2 Methodology

Given that the research sought to gain the views of those living within Glasgow City's communities the research steering group chose participatory appraisal as the main consultation technique.

In line with the ethos of this technique volunteers were recruited through the various alcohol and drug fora across Glasgow City then trained to help undertake the research and inform it with their local knowledge. Following the training the volunteers were then referred to as 'community researchers'.

This resulted in the research being:

**completed by the community,
within the community,
for the community**

Methods of data collection were chosen in order to ensure participation in the research by anyone who wished to do so, removing barriers such as literacy difficulties. More traditional research methods, such as face to face and telephone interviews, were undertaken to explore some of the initial findings in more depth.

More localised information from the survey can be accessed within the Local Area Reports.

2.1 Data collection tools

A variety of data collection tools were used:

2.1.1 Street surveys (appendix 1)

These were used to gather data in key locations in communities throughout Glasgow City (shopping centres, key streets within communities, community events).

In addition to ensuring research objectives were being met the street survey was designed to ensure maximisation of both the number of respondents and number of responses given to each question. This was achieved by ensuring the following issues were accounted for in questionnaire design:

- Length of time respondents were asked to stop in street/venue was kept to a minimum
- Ease in understanding of questions
- Ease of response recording

This resulted in the questions being chosen to:

- Cover the key objectives of the consultation
- Ensure that the number of questions asked was kept to a minimum
- Ensure questions were jargon free and largely open

Respondents were able to write their own responses on questionnaires if they wished.



However, this was largely undertaken by the researcher, who also read the question aloud to the respondent to ensure that any literacy issues could be overcome. A coding system was used to identify any difference of opinions within gender and age categories.

2.1.2 Graffiti response sheets (appendix 2)

These were used to gather data where community venues allowed the display of wall sheets (community centres/halls, schools, libraries etc). This tool was also utilised at validation events to allow additional responses to be gathered.

Key questions identified for the street survey were used within graffiti response sheets. These issues were explored further with additional questions at all validation events.

As with the street survey, researchers were on hand to ask and write responses. Respondents were also given the option of reading and replying to questions on their own.

Coding was again used to allow later identification of any difference of opinion between gender and age categories. Within this method different coloured stickers were used to categorise responses.

2.1.3 Quick evaluation tool

This technique was used within both graffiti response sheets and street surveys. It can be seen within the street survey (appendix 1). The tool allowed people to place statements in three different sections: Good effects; Bad effects; Ideas for improvement.

2.1.4 Body maps

Body maps were used to encourage younger people to take part in the survey. Young people were asked to draw characters of people affected by alcohol in their community. Most chose to draw a character based on the common characteristics of those they felt to be most affected by alcohol, although some chose to base their character on a real person. This technique had few restrictions apart from no real names or identifying factors were to be used.

This technique not only allowed an examination of young people's perceptions of alcohol use in their community but also afforded an examination of respondent's awareness of possible issues and consequences of alcohol use.

2.1.5 Abstract pictures

As with body mapping, this tool was chosen to encourage input from younger community members. Initially, young people were simply asked if they thought alcohol affected their community. If they said yes they were then asked to draw a picture of how they saw alcohol affecting their area. A short interview then took place based on what the young person had drawn to ensure accurate analysis of drawings.

2.1.6 Transient walks and photographs

Transient walks are simply walks through a community, with a person from that community where possible. This not only helps the researcher to familiarise themselves with the area but understand what respondents were referring to when, for example, local nicknames were used for local hotspots. This technique was also used to identify and photograph visible effects of alcohol within communities.

2.1.7 One to one semi structured interviews (appendix 3)

These were undertaken with a quasi-random sample of respondents from street surveys who had noted personal experience of at least one of the effects identified by the wider community and had volunteered to undertake a more detailed interview. The aim was to gain further understanding of the previously identified effects of alcohol on people's lives.

2.1.8 Focus groups

These were undertaken to promote further discussion of the issues raised in street work and at community events in order to explore possible solutions.

Participants were recruited during data collection and selected simply on the basis of availability.

2.1.9 Telephone Interviews (appendix 4)

These were undertaken with community members who were contacted during both fieldwork and validation events. Those who gave their contact details but were unable to attend the focus group were telephoned and given the opportunity to participate in a more in depth interview.

The main purpose of these additional interviews was to further investigate issues already identified during previous data collection.

2.2.0 Data collected/number of respondents for each collection tool

DATA COLLECTION TECHNIQUE	NUMBER OF RESPONDENTS
Street survey	3351
Graffiti response sheets	1230
Body maps	68
Abstract pictures	43
Telephone interviews	187
One to one semi structured interviews	29
Focus groups	117
	QUANTITY
Transient walks (number of areas)	11
Photographs (number of photographs)	232

Most respondents for focus groups, telephone interviews and one to one interviews were contacted through street survey or data gathering at other community events. Hence their inclusion in other data collection techniques was not added to the total number of respondents.

The Total number of respondents from all techniques = 4697

3 Procedure

The research was undertaken in 6 stages:

3.1 Stage 1 – Recruit volunteers from the community

Volunteers to help undertake the consultation were recruited from Glasgow's communities. They were largely identified through existing local alcohol and drug forums which are affiliated with the Communities Sub-group.

3.2 Stage 2 – Undertake research training with volunteers

Volunteers took part in an alcohol awareness session and were trained in a variety of research techniques applicable to the consultation process:

- Participatory Appraisal – ethos, process and data collection techniques (quick evaluation tool, body mapping, spectrum lines, evaluation wheel, pair-wise ranking, timelines, area mapping, models, use of photograph and video)
- Traditional research methods – designing and undertaking interviews, questionnaires and focus groups
- Research and question design for consultation

3.3 Stage 3 – Data collection

Volunteers drew up a timetable and a list of areas where the fieldwork was to be carried out. These fell within the geographical boundaries of the alcohol and drug fora and covered most of the areas within the bottom 15% of the SIMD (Social Index of Multiple Deprivation). Methods of data collection included: -

- Street surveys
- Street survey and graffiti response sheets at community events e.g. fun/gala days, parents evenings
- Semi structured interviews

Key locations for data collection were:

- Bridgeton
- Cardonald
- Castlemilk/Croftfoot
- Drumchapel
- Easterhouse
- Gorbals
- Govan
- Maryhill
- Parkhead
- Partick/Kelvingrove
- Pollok
- Pollokshaws
- Possilpark, Springburn, Milton
- Shettleston
- Toryglen
- Yoker (Dumbarton Road Corridor)

More detailed and localised information from the survey can be accessed within the Local Area Report.

3.4 Stage 4 – Undertake final research training with volunteers

The training was undertaken in two stages, with the relevant training being delivered immediately prior to the corresponding tasks in the research schedule. As a consequence the following sections of training were withheld until later in the research schedule. This helped ensure practical experiences of academically learned tasks were undertaken closely together to facilitate a consistent flow to the learning process.

- Data analysis, validation and report writing skills
- Presentation and dissemination skills

3.5 Stage 5 – Validation of findings and further exploration of issues raised

Drop-in events known as ‘validation events’ were held in community venues throughout Glasgow to present the emerging findings. The purpose of this was twofold:

- To present and validate what the community had said thus far
- Invite further comment and input from the community

Focus groups were also held at this time in all of the areas where reasonable numbers of community members were available.

Telephone interviews were also conducted to further explore particular issues that were raised.

3.6 Stage 6 – Final analysis and report writing

The group of community researchers were brought back together to consider the analysis of the findings and sign off the final report. This involved:

- Collation of all data gathered
- Group discussion on key findings
- Group discussion on what should be included within the report
- Group discussion on the report layout and finished look

4 Demographics of respondents

4.1 Geographical coverage

The only criterion used to control the sample of respondents was that all respondents had to live within the Glasgow City Council boundary. The research will be utilised by Glasgow's alcohol and drug forums to inform alcohol related action plans for their specific area. As such, data was organised across each of the five Community Health and Care Partnership (CHCP) areas - North, East, South East, South West and West (see Fig.1 below). A more detailed account of localised areas can be found within the Local Area Reports.



Fig.1 Glasgow Alcohol and Drug Forums

The total number of respondents across Glasgow City was 4697. Taking geographical sizes of areas into account these were dispersed fairly evenly throughout the city (see Fig.2 and graph 1).

The only exception was the West where a slightly smaller number of respondents were contacted. Community researchers reported difficulties in this area when encouraging participation from members of the public. Many noted an apathy from residents in this area *'what can you do about it...there's no point'* or simply a disinterest in becoming involved, with no apparent explanation.

The East was the area with the highest number of respondents; however, this may be explained in several ways. Geographical size and population density is slightly higher than any of the other areas. Community researchers were also greater in number from here, hence local knowledge that helped inform and target data collection venues may have been more productive.

4.2 Age and gender dispersion

Age and gender dispersion was also achieved. Males accounted for 46% of total respondents and females 54%.

Although on first inspection it may seem there are larger numbers of respondents within the 'General Adult Population category', it must be noted that this category has the largest span of ages (between 26 and 64 yrs of age). Once statistical weighting procedures were applied a representative sample from each age group was found.

Given the statistics, it can be seen that there was a large enough sample from each of the five wider geographical areas, and enough coverage of smaller geographical communities with viable age and gender dispersion throughout the city, to allow conclusions to be drawn from the findings.

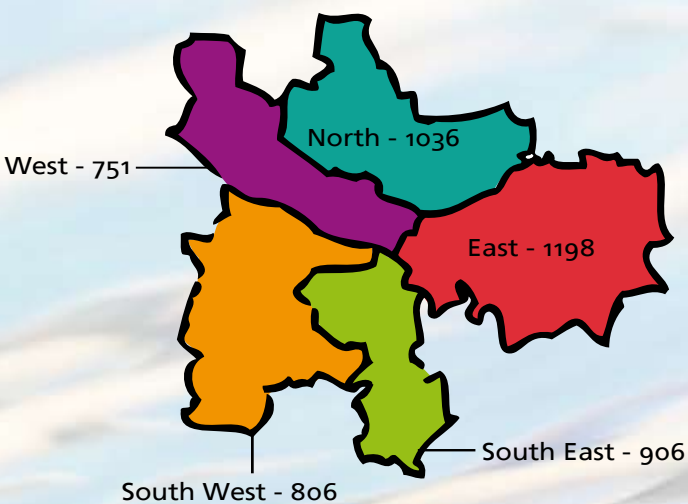
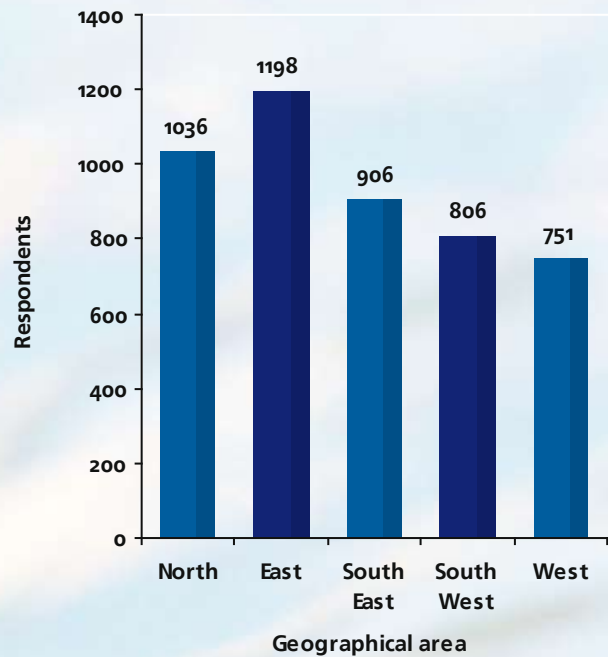
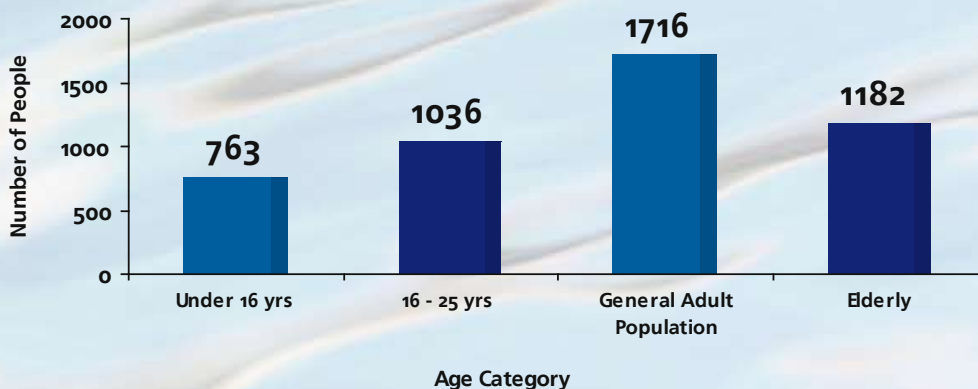


Fig.2 – Number of people spoken to in each CHCP

Graph 1 - Number of respondents by geographical residence



Graph 2 - Age of respondents



5 Presence of issue in communities

5.1 Background information

Key question – Does alcohol affect your community/area?

Tools used – Spectrum line on graffiti response sheet and street survey (see Fig. 3 below). Young people in particular were asked a direct verbal question prior to completing abstract drawings or body maps.

How they were asked – Most (4586) responded by placing either a sticker or pen dot on a spectrum line at the point they felt demonstrated the degree to which alcohol affected their community. The remaining 111 respondents to this question were young people who all simply verbally replied 'yes' or 'no' before being asked to proceed to drawing what they perceived the effects to be.

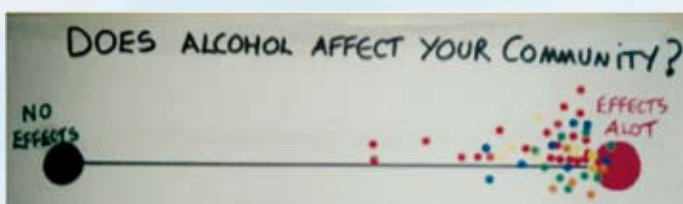


Fig. 3 – Spectrum line with raw data

5.2 Findings – Did people feel alcohol affected their area?

Of the 4586 people asked:

- 99% felt alcohol affected their area to at least some degree
- 79% felt effects were 'medium to large' or 'large'

18 people wished to distinguish between different degrees of effect on different days and times. All who chose to do this indicated a larger effect within their community at weekends and a moderate effect at all other times.

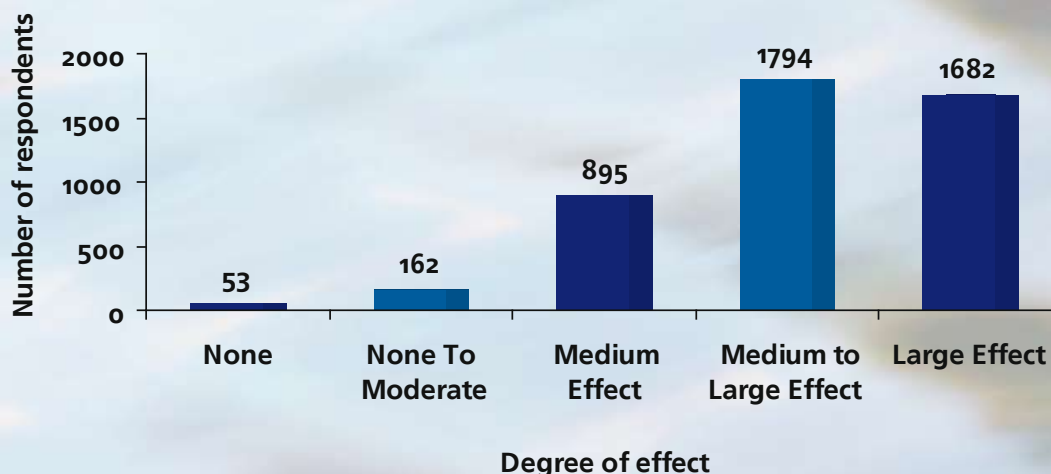
All other responses given on spectrum lines were found to be halfway or above on the spectrum (95%), with 79% indicating alcohol as having a 'medium to large', or 'large' effect on their community (graph 3). In comparison, relatively few people felt that alcohol had a 'small to medium' effect (4%) and those indicating alcohol had 'no effect' on their community were extremely low in number (1%).

Hence 99% of respondents felt alcohol affected their community to at least some degree with most feeling the effects were to a large degree.

Young people asked verbally:

- All 111 young people asked 'does alcohol affect your community/area' replied 'yes'.

Graph 3 - Does alcohol affect your community/area?



6 Establishing the nature of this effect

6.1 Background information

Key question – How does alcohol affect your community/area?

Tools used – Quick evaluation tool on graffiti response sheet and street survey (see Fig. 4 below) and examination of young peoples drawings.

How they were asked – Respondents were asked to give as many examples as they could of how alcohol affected their area and to place their example(s) in either the positive and/or negative section of the response sheet ('good effects' and 'bad effects') These were then simply counted to assess whether there were more positive effects or negative effects given.

6.2 Findings – Did people feel alcohol affected their area positively or negatively?

Examples placed on positive (good) and negative (bad) categories

4586 people placed at least one example of a 'good' or 'bad' effect occurring within their area (see Graph 4).

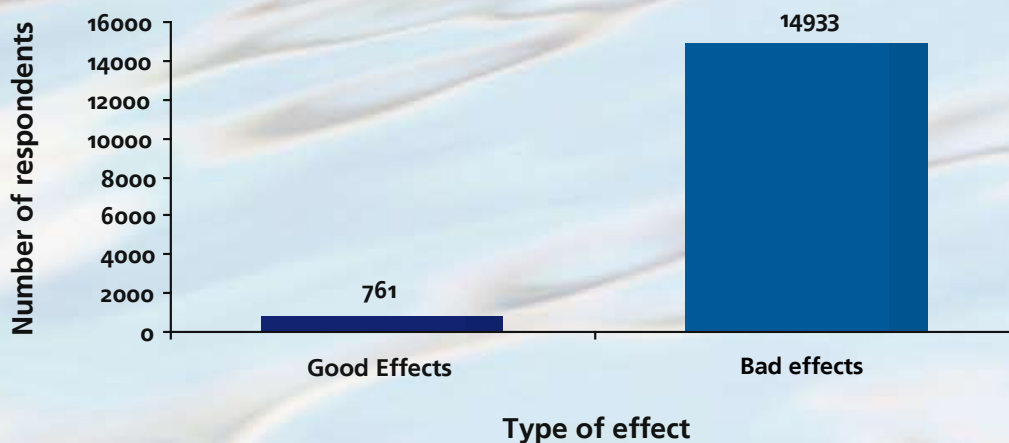
- 95% of examples were negative effects
- 5% of examples were positive effects.

Number of respondents = 4586. Number of examples = 15694. Average examples given per person = 3.4



Fig. 4 – Graffiti response sheet for positive and negative effects

Graph 4 - Number of positive and negative examples



It can be concluded that 95% of respondents within Glasgow felt that alcohol had a distinctly negative effect upon their community.

A handful of people (11) felt that they could not place comments either within positive or negative categories. Statements given referred largely to the circumstances of both the environment and the individual.

Young peoples abstract drawings:

Of the 43 drawings in total, 100% of these depicted a negative example of how alcohol affected their area.

Most common drawings were:

- Local play parks vandalised/littered
- Litter around homes/gardens
- Homes vandalised (broken windows etc)

“Depends on where you’re drinking, who you’re drinking with, and on the person themselves. Some people are no problem drunk, others are”

Male General Adult (Yoker)

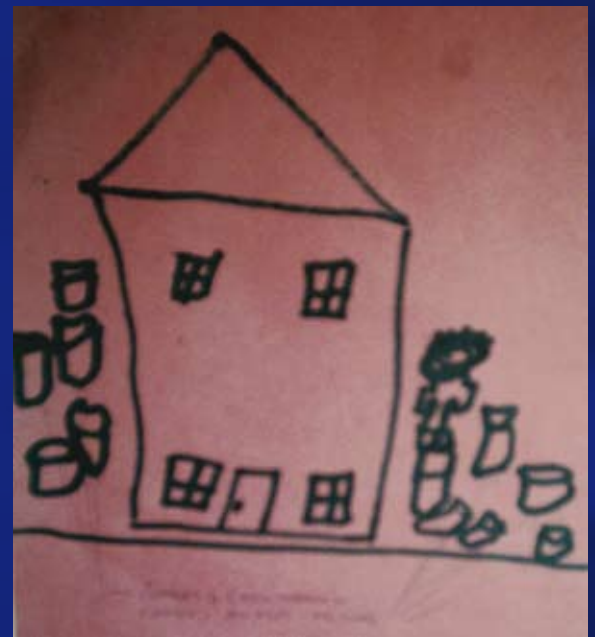


Fig.5 – child's picture of house with empty bottles / cans strewn in garden

7 What were the effects?

7.1 Background information

The effects were firstly identified in stage 1 of data collection and then explored further in stage 2.

Key questions

Stage 1 - How does alcohol affect your community/area?

Tools used – Quick evaluation tool used as part of street survey, graffiti response sheets, abstract drawings and body maps.

Stage 2 - Questions posed within one to one interviews, telephone interviews and focus groups were all largely designed to explore issues identified from initial question in stage 1. This was to establish both the relevance of the issue within the area and explore the issue further (full list of questions for each of these can be found in appendices 3 and 4 respectively).

Tools used – One to one interviews, telephone interviews, focus groups, photographs and transient walks within communities.

7.2 Findings – How did people feel alcohol affected their area?

As noted people felt that the effects of alcohol on their area were largely negative. Analysis of all data collected found a total of 761 examples of positive effects and 14,933 examples of negative effects.

- The positive effects of alcohol noted most (303 examples) was 'socially' e.g. increase confidence
- The negative effects of alcohol noted most (2011 examples) was 'decreased sense of safety'

7.3 Positive ('good') effects

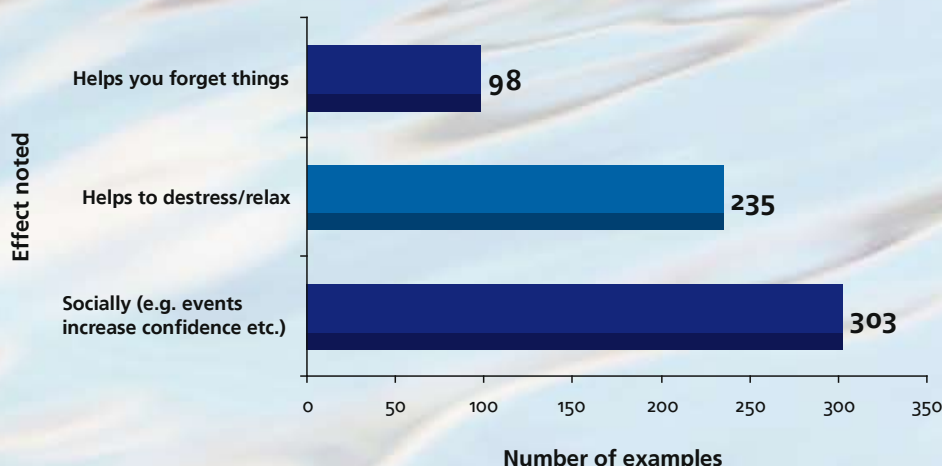
- 5% of all effects were positive (761 noted statements)
- Almost all who stated good effects also noted that this was only the case if used in moderation (87%)
- No good effects were illustrated in children's pictures
- 2 good effects were portrayed in young people's body maps (both related to social situations and confidence)

Almost all good effects noted (86%) could be categorised and placed in one of three categories (as illustrated in Graph 5)

Other 'good' effects noted were:

- Positive health effects 43 responses
- Only good for those profiting from sales 11 responses
- Good for employment in area 5 responses
- Meeting new people 2 responses
- Going to different places for pubs and clubs 2 responses

Graph 5 most commonly noted good effects



'Good' effects noted by young people (under 25yrs) accounted for 8% of all positive examples given:

- You get a laugh 24 responses
- It's fun 21 responses
- It's a buzz 17 responses

7.4 Negative ('bad') effects

- 95% of all example effects noted during the consultation were negative
- All 43 children's pictures illustrated negative effects
- 55 of the 57 body maps from young people illustrated negative effects
- 15,839 separate statements of negative effects were noted
- Once grouped, alcohol was perceived to have 23 different negative effects on communities

The 23 effects identified were analysed and will be discussed in two categories:

- Negative effects felt to have been increased in incidence or severity due to alcohol
- General negative effects of alcohol noted

7.5 Negative effects felt to have increased in incidence or severity due to alcohol

Many negative effects noted were expressed or explained in terms of alcohol increasing the amount of times they occur, or increasing the severity of the outcome. Effects noted of this nature accounted for just under two thirds of all negative effects (9,261 examples).

The effects most commonly noted as increasing due to alcohol use were:

- Antisocial behaviour (general)
- Litter
- Violence (general)
- Vandalism
- Incidence and severity of gang fighting/ territorialism

All were viewed by large numbers of respondents (over 1000 for each) to have increased in incidence due to alcohol use within their community (Graph 6).

"Gang fighting has always happened but young people are taking more alcohol, and alcohol and drug cocktails, before they go out now so they think less about what they are doing to people and injuries are much worse."

Female General Adult (Toryglen)

"More litter, mostly bottles, cans, plastic bags from off licences left by drinkers of all ages."

Female Elderly (Govan)

"More stabbings"

Male General Adult (Parkhead)

"Increase in antisocial behaviour with youths in street"

Female General Adult (Carmyle)

7.6 Increase in antisocial behaviour (general)

This was found to have the highest number of examples (1390). Further analysis of these statements was undertaken to determine whether any patterns emerged. Although many respondents linked the increase to the behaviour of youths and drinking, youths were not seen as solely to blame. Increases were found to be linked to:

- Youths (609)
- Older males within the general adult population (237)
- Couples (174)

The remaining 370 examples of effects relating to antisocial behaviour were not linked to any particular groups.

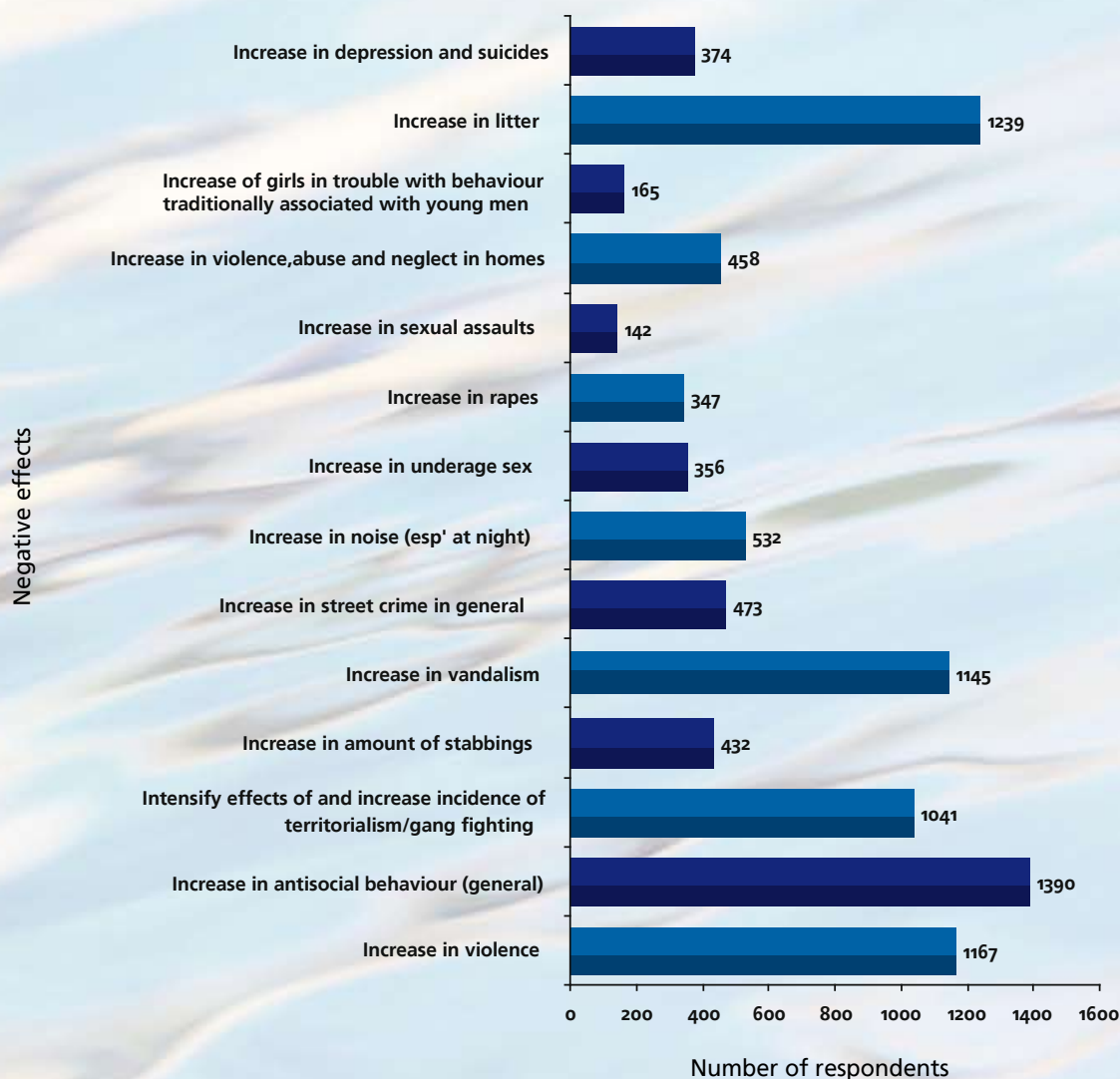
"You always see at least one couple in the park drunk arguing with each other in front of kids"

Female General Adult (Pollok)

"Older men hanging around outside shopping centres drunk, fighting daily"

Male Elderly Adult (Croftfoot)

Graph 6 - Negative effects increasing in incidence/severity



7.7 Effects strongly or solely attributed to youths

Effects strongly or solely attributed to youths and alcohol use were:

- Underage sex (100%)
- Girls increasingly involved in behaviour traditionally associated with young men
- Changes in territorialism/gang fighting (90%)
- Violence (general) (70%)

7.8 Depression and suicides

An increase in depression and suicides was not one of the most quoted effects citywide, however, there was one local area within the city where this was stated far more than in any other. This area in the North of the city accounted for almost one third of all examples of this effect given throughout the city (116). This was investigated further within focus groups and telephone interviews with people from the area.

A major factor identified by residents as key to this increase was local housing policy. It was said to be commonplace for those with addiction issues to be placed within a particular tower block in the area. This was felt, by those who discussed the issue to exacerbate levels of depression and suicide in several ways:

- Living within the tower block gave direct access to a method of suicide
- Living among those with similar issues meant they could feed off each others benefits to maximise the amount and consistency of alcohol intake
- Being surrounded by others with the same addiction led to a justification of their own addiction
- An increase in feelings of depression fuelled by others depressed states and heightened by alcohol use
- The lack of people without alcohol related issues staying in the block would result in less people around to notice and attempt to stop the person

It should be noted that suicides were felt to have occurred so often in this particular block that incidents were no longer reported in the media.

7.9 General negative effects noted

Effects placed within this category were discussed most often as factors that stem directly from alcohol use within the community, and in some instances, it was felt they would be largely non-existent if alcohol was not available.

General negative effects noted by the largest numbers of people (over 1000 for each effect) were:

- Sense of safety
- Parks/play areas unusable
- Intimidation of general public to buy alcohol for others

Although not solely responsible, two distinct groups of people were identified more than any others within 'sense of safety' statements:

- Youths drinking/intoxicated in a variety of public areas
- Older males congregating at particular points in shopping areas

7.9.1 Parks and play areas

1339 people felt their local parks and play areas were unusable. This was said to be largely, though not solely related to the behaviour of young people and alcohol.

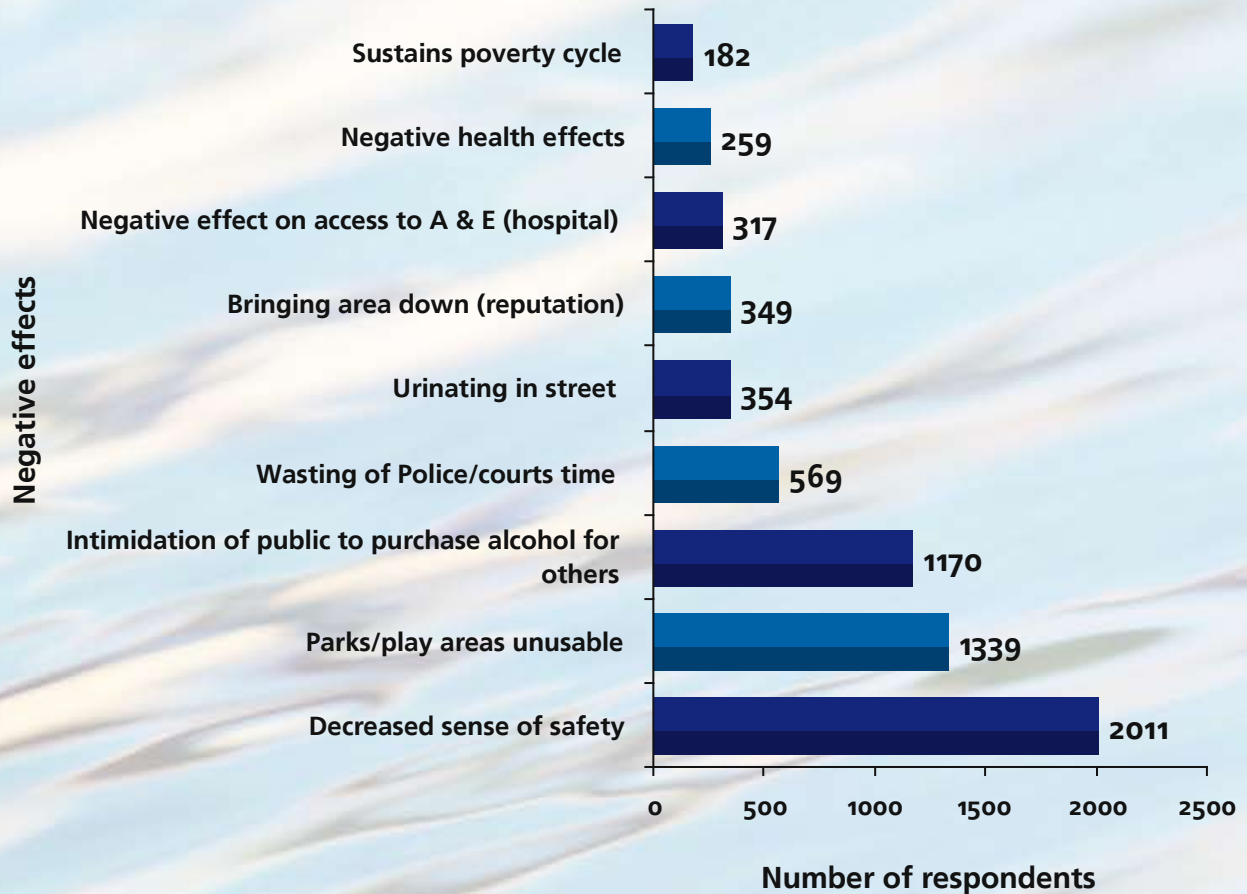
Reasons given for parks being largely 'no go' areas were also related to three other negative effects:

- Sense of safety
- Vandalism
- Litter

7.9.2 Abuse and intimidation

Abuse and intimidation directed towards members of the public to buy alcohol for others was also one of the most noted effects in this section. As the nature of the issue dictates, this largely related to young people. However, in the East and North of the city a small number of respondents noted older drinkers who had been banned from specific premises or refused further purchase for harassing members of the public in this way.

Graph 7 - Negative effects directly linked to alcohol use



"I've seen myself thinking twice before taking the kids to A&E if they hurt themselves at the weekend. You don't want them to be in that environment and you know you'll wait ages"

General Adult (Milton)

"Children are supposed to be seen as a priority but when these people pipe up staff just want to see them quicker and get them out the way in case they become violent so you still end up waiting longer, even with kids"

Female General Adult (Anderston)

7.9.3 Urinating in the street

Urinating in the street was not one of the most mentioned effects city wide, however, geographical patterns were found. Residency of those stating this effect largely fell within the vicinity of the three areas of the city that were home to larger football grounds. The effect was stated most in the East (Celtic Park), South East (Hampden) and South West (Ibrox) of the city.

7.9.4 General negative health effects

Negative health effects in general was one of the least stated effects, accounting for only 259 of the total examples given. Most responses that were found to fall within this category related directly to the effects an individual's use of alcohol can have upon their own health.

7.9.5 Effect on accident and emergency

Negative effect on access to Accident and Emergency (A and E) was the second health related category that emerged. This was largely explained through the number of A and E cases admitted that were directly related to alcohol use. It was felt that those who were there due to an alcohol related injury, incident or severe drunkenness affected others by causing a longer waiting time.

Due to the presence of many intoxicated people it was also felt to be a less desirable environment in which to wait. This was felt to such an extent that some parents would rather not take their children there. This was perceived to be far worse at the weekend.

8 Areas most affected within communities

8.1 Background information

Key Questions - Is there any area/place in your community you feel is more affected?

Tools used: Data collection - Street survey, graffiti response sheets, maps of areas.

Data analysis - Mapping and focus groups examining areas indicated alongside mapping of local amenities and further discussion of affected areas.

How were people asked – Within the street survey people were verbally asked the question and any places/areas they stated were noted. On graffiti response sheets people were given the option of simply stating a response or placing a sticker on a map to indicate more affected areas.

8.2 Findings

As people could highlight as many areas as they wished the number of responses to this question was just over double the number of respondents, with a total of 9463 responses noted citywide.

Areas illustrated in all localities throughout the city were found, in later examination, to almost wholly (92% of responses) fall within one of four categories:

- Shopping areas and spaces around where alcohol could be purchased (33%). Over half of these related to off licences and surrounding streets
- Parks/waste ground and surrounding streets (31%)
- All over the community (23%)
- Any secluded area in their community e.g. behind houses/flats where lighting is low or non existent (5%)

Of the remaining 8% of responses 2% indicated that community members felt there was strategic allocation by housing authorities whereby prospective residents known to have existing drug/alcohol problems were commonly placed together, e.g. in one tenement/block of flats, when housing is allocated.

The remaining 6% of responses could not be found through mapping or discussion to fall under the four main categories that other specific streets could be linked to. All were streets within communities with no direct access or links to off-licences, shopping areas, parks or any other identifiable indicator of risk.

More detailed and localised information from the survey can be accessed within the Local Area Reports.



Fig. 6 Example of mapping

9 Groups of people more affected

9.1 Background information

Key Question - Are there any groups of people within your community you feel are more affected?

Tools used - Street survey, graffiti response sheets.

How were people asked – Within the street survey people were verbally asked the question and any responses were noted. On graffiti response sheets people were given the option of verbally stating for a researcher to write or writing on the sheet themselves.

9.2 Findings

This question yielded a total of 7038 responses, an average of 1.5 responses per person. A small number of people simply stated 'don't know' to this question (1%).

Of the remaining responses three key groups were seen as more affected:

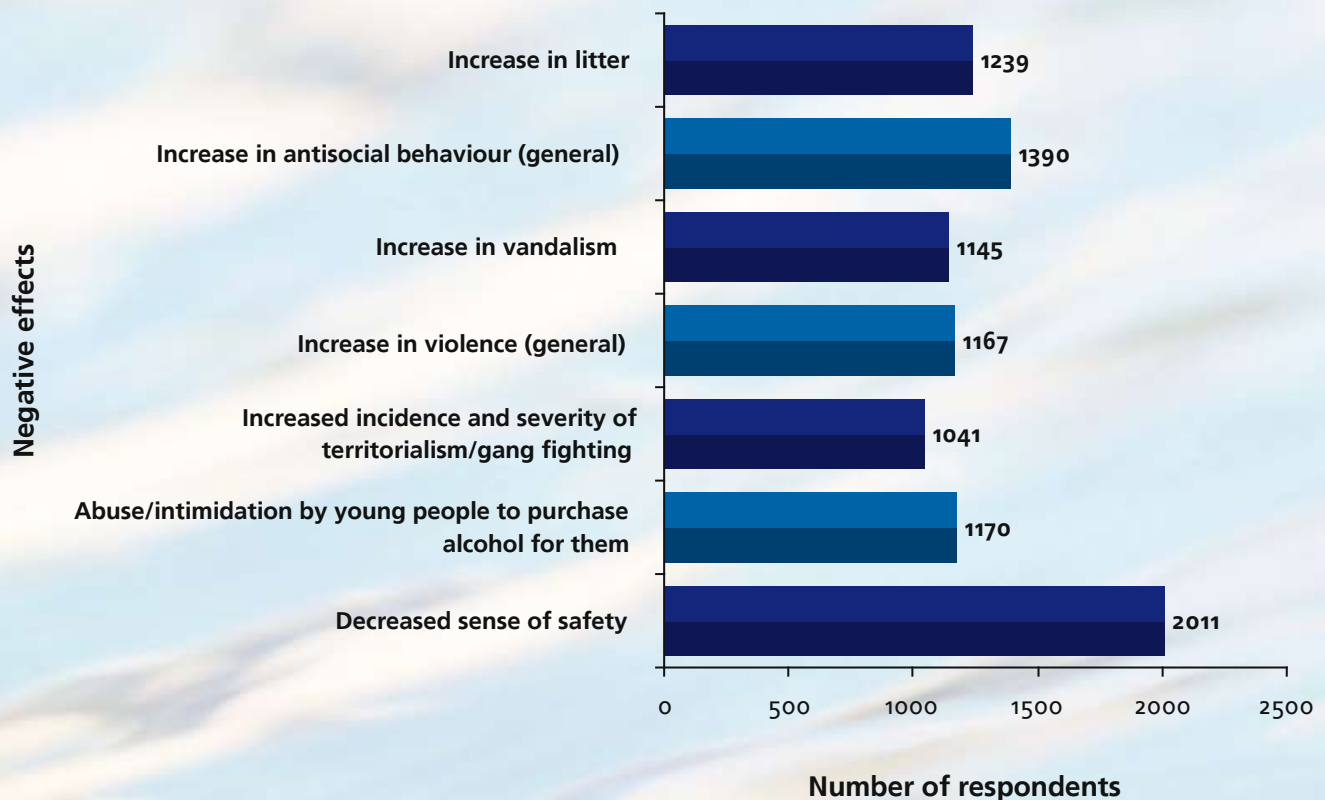
- Young People – particularly using alcohol and/or being the victim of a person related crime (e.g. rape, assault) (36%)
- Older people – largely explained in terms of intimidation/ fear going out at certain times (30%)
- Younger children – unable to play outside or in parks safely (21%)

The remaining 12% of responses indicated that all people living in communities were affected in different ways.

10 Further examination of most noted negative effects

All eight negative effects placed in this group had been stated by more than 1,000 respondents. Overall, fear and intimidation was cited by large numbers of people throughout the city with 3181 examples noted.

Graph 8 – Most common negative effects and number of people noting them



10.1 Intimidation and fear

Intimidation/fear felt by general public was noted by large numbers throughout the city.

This concept was placed within two separate categories:

- Intimidation of general public by young people to purchase alcohol for them (1170)
- Sense of safety – general fear and intimidation was felt when walking in certain areas or at certain times (2011)

Because of their obvious similarities these are discussed together in this section.

"Scared to walk the streets at night"

Female 16-25 yrs (Shettleston)

"There are old folk in this area who are terrified to go out from early evening as there are always youths hanging about the shops"

Female General Adult (East End)

"Young people asking you to buy their alcohol for them are becoming very aggressive when you refuse. I was assaulted by two boys last night outside (local off license), that's where the bruises came from"

Male Elderly (Springburn)
(Gentleman had bruising down left side of face at time of initial street interview)

"Sometimes me and my mum have to go to the shops at night, we are really scared to go out at night"

Male Under 16 yrs (Dennistoun)

"Scared to walk the streets at night and during the day. The park seems to be a bad area all week and at nights"

Female General Adult (East End)

None of the five geographical areas in Glasgow (North, East, West, South East, and South West) were felt to be totally free from either of these two effects. Young and old alike expressed, in large numbers, some form of intimidation/fear as a result of others alcohol use within their area, in particular from those who chose to consume their alcohol in public places.

14% of those who indicated this effect felt it was not specific to any area and that they would be unwilling to go anywhere in their area in the evening or at night unless they had no choice. 62% of those who felt these effects occurred all over their area at these times resided in the East and North of the city.

10.1.1 Intimidation and fear – Common places

The most common places respondents were subject to intimidation and fear were:

- Parks/public recreational areas (outdoor)
- Directly outside and in close vicinity of licensed premises, especially off-licences (Table 2)

Although some people perceived these effects during the day both of these places were felt to be largely no go areas in the evening/night.



10.1.2 Other areas mentioned

Derelict areas of ground

Derelict areas of ground within communities highlighted as a problem were largely seen to be connected to young people and alcohol. These areas were discussed both in terms of meeting areas for the consumption of alcohol and areas used for gang fighting

Two pieces of ground within the South East were particularly highlighted. The first was commonly known by many locals as “the fighting field”. This grass area separated the local community from another in the city and territorial battles between groups of rival youths were said to be regularly “scheduled” for this area at weekends.

Other areas highlighted within the North and South East of the city had previously housed buildings that had now been demolished and sites had then been left, in some cases for years, to decay without any regular clearing or development.

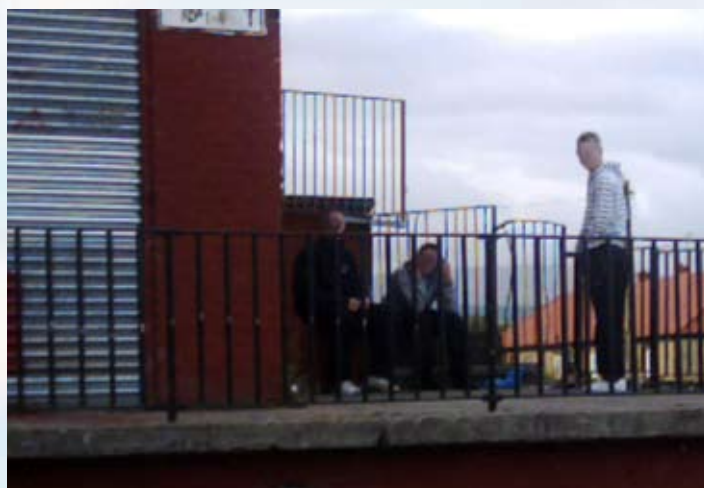


Fig. 8 Young males congregate beside off-licence



Fig.9 Older drinkers congregate at rear of shopping area to share alcohol

Table 2 – Specific areas where people felt they were subject to intimidation/fear

Area	Age category of those causing largest degree of effect	% of people noting areas
Parks/communal outdoor recreation areas	Young people at night (12yrs – early 20’s) All age groups during the day (exaggerated during warm days and holidays)	73%
Directly outside and in close vicinity to off licences	Young people (especially ages 12yrs – 17yrs)	67%
Derelict areas of ground within communities	Young people (12yrs – early 20’s especially at night and weekends)	35%
Around specific points in local shopping centres	Middle aged and elderly males, (localities chosen by these groups were not directly linked to locality of licensed premises)	29%

Shopping centres

Specific spaces around shopping centres were also highlighted as areas within communities where locals felt intimidated or afraid at certain times, due to alcohol use.

These were noted mostly in 3 localities (South East, North and West) with all being said to have groups of middle aged to older males loitering while intoxicated and/or consuming alcohol.

None of the areas pinpointed at shopping centres were directly adjacent to off licences or public houses and no obvious reason could be found as to why these areas were chosen, even among some of those who congregated there.

10.2 Territorialism and gang fighting

Territorialism/gang fighting are not new concepts within the city, however, many people felt both the number of incidences and the severity of outcome for those involved had changed as a result of increased alcohol use by young people. Reasonably large numbers of

respondents noted this occurrence in all areas of the city except the West.

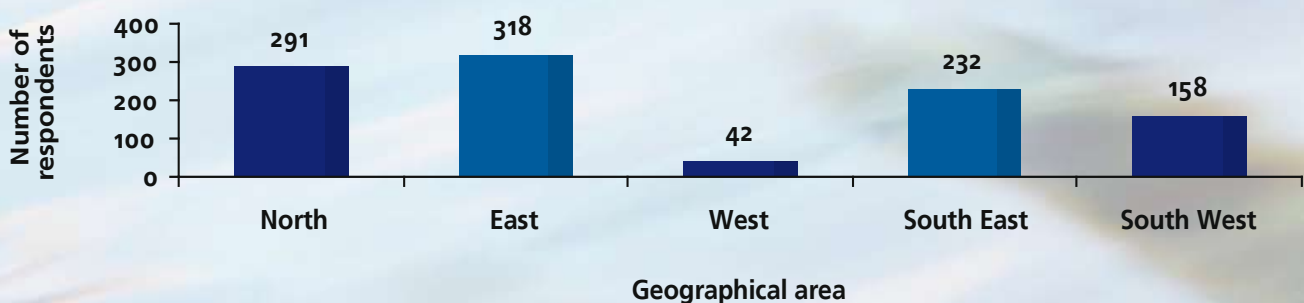
An increase in the number of territorial incidents was discussed as being linked to alcohol use in two main ways:

- Protection of safe drinking areas by young people
- Binge drinking and subsequent excitement seeking through 'jumping'

10.2.1 Protection of safe drinking areas by young people

Young people, especially teenagers, were felt to be increasingly using alcohol for a number of reasons; however, as most are below the legal drinking age there are limited places for them to drink. As a consequence it was felt that many young people might feel a need to protect their safe drinking areas from others. Consequently, the general increase in use of alcohol by younger people was felt to increase the likelihood of young people acting territorially.

Graph 9 - Numbers noting territorialism in geographical areas of the city



"They stand at the entrance to the centre every day some of them are there all day it can be really scary trying to go in the shops especially on warmer days when they seem to be more drunk"

Female General Adult (Springburn)

"I meet with drinking buddies here (front of shopping centres) get gab a bit of company...I don't know why it's here, I wouldn't take them to my house but suppose we could meet somewhere else but where? you don't plan who your going to meet you just come down and see who's about"

Elderly Male (Drumchapel)

10.2.2 Binge drinking and subsequent excitement seeking through 'jumping'

This was felt to be linked, in part, to an increase in binge drinking and the mixing of drinks and drugs by young people, especially at weekends. For many, once "tanked up" (intoxicated), excitement was sought under the term "jumping". This involves the gang of youths picking a member of the public at random and instigating a fight with them and then beating them up. Finding someone who was walking in an area where they did not live was said to be a favourite way to begin this.

Although true territorialism was not viewed as the root of these attacks people felt that when reported and discussed within communities, they were often wrongly discussed under the territorialism concept. Subsequently, this helped to fuel further violent acts of revenge, for what young people had been led to believe were previous acts of territorialism by youths from other areas. Hence these incidents often indirectly resulted in an increase in young people's tendency toward acting territorially.

Severity of outcome in territorialism and violent incidents in general were widely accepted to have changed in recent years.

The major changes in nature were:

- Increased use of weapons
- Subsequent worsening of injuries

This was linked directly to:

- Common effects of alcohol e.g. impaired judgement, reasoning
- A lack of respect for life in general, perceived by many people to be present in many of today's teenagers

Although it was felt society as a whole had become more aggressive in nature, severity of outcome and an increase in general violent occurrences were viewed to be almost exclusively due to increases in alcohol use and its resultant effects on an individual's behaviour.



Fig.10 Young males drinking in a local park – writing on back of shirt was in memory of two friends recently lost to territorialism related violence

10.3 Violence, vandalism and antisocial behaviour

Violence, vandalism and antisocial behaviour in general were all felt to have increased as a direct result of an increase in alcohol use within communities. This was explained through the effects of alcohol use such as loosening of inhibitions, false sense of safety and heightening of emotions, especially anger and impaired judgement.

The likelihood of being a victim of a person related crime (e.g. rape, assault) was also seen to have increased for those using alcohol excessively. There was a general belief that if alcohol use were non-existent in communities these effects would be greatly reduced.

Seven focus groups also felt that if illegal drugs were non-existent in their communities incidents of this nature would occur with even greater rarity. These discussions concluded that alcohol had a greater effect on the increase in number of incidents of violence, vandalism and general antisocial behaviour, than drug use had.

10.4 Parks and play areas

Parks and play areas were felt to be common areas within communities for many to congregate and consume alcohol. Alongside 'sense of safety', another effect of this was the condition these areas were left in. This was felt to have resulted in many play areas within parks being largely unusable and unhealthy environments for children to play due to:

- Graffiti, of an offensive/unsuitable nature for children to see/read often covering all available surfaces
- Damage to equipment due to wilful destruction and inappropriate use
- Additional hazards on ground (bottles, cans, needles)



Fig.11 Vandalised phone box



Fig.12 See-saw in a local park vandalised, covered in graffiti and surrounded by broken glass

10.5 Litter

A 9 year old girl in the South West of the city was asked to draw what she felt were the main effects of people drinking alcohol in the area in which she lived. She chose to show the effect on her local swing park (Fig. 13).

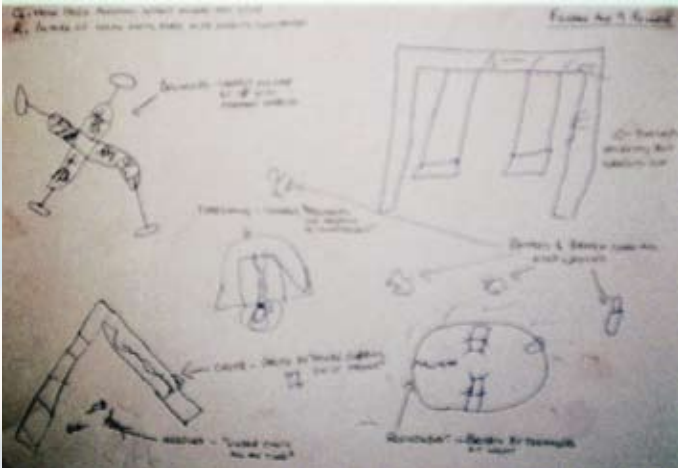


Fig.13 Child's abstract picture

The picture contains: 'bouncers' – covered in graffiti; a chute – "broken by older ones jumping on it when they're drunk" and with discarded needles on ground underneath; a roundabout – broken by drunken teenagers; a tyre swing - deliberately damaged by "weapons they use", bottles and cans strewn around park ground; and a set of swings that were actually working.

Four other young people, spoken to at different times from the same area, drew this same park. All were asked the same research question and all drew the same broken equipment and alcohol and substance misuse litter on the ground. These children were all between the age of 8 and 11 years. Litter was felt to be an issue in all areas of the city; however the greatest numbers stating this effect resided in the East and North. Most discussions focused on the danger to young children and pets from discarded glass bottles and cans.

Areas of waste ground that had previously housed buildings that had since been demolished were highlighted in both the South East and North of the city. These sites had been allowed to deteriorate without any development or regular clearing. These sites were heavily strewn with broken bottles, cans and other litter.

One area of ground in the South East of the city was highlighted by respondents as particularly severely affected in terms of alcohol related litter; the ground was located directly behind the local shops.



Fig.14 Young boys playing near where they live. These areas within residential localities of the city were felt not only to be unsightly but also to act like a magnet for local youngsters who would play around them. They were identified as a danger, in particular to younger children and pets



Fig.15 Close up of ground beneath the boys' feet, strewn with glass from broken alcohol bottles

11 Suggestions for reducing effects

11.1 Background information

Key questions – Do you have ideas for improvement?

How can we change this? (Asked after each key question) If you were in charge what would you do to stop anyone having this type of experience?

Tools used - Quick evaluation tool, graffiti response sheets, street survey, focus groups, one to one interviews and telephone interviews.

How were people asked - Within quick evaluation tool (appendix 1) a section was placed directly below the 'good' and 'bad effects' sections with a light bulb drawn and ideas written above it. People were then asked to place their response on a post it note. With all other tools the relevant question was simply asked directly.

11.2 Findings

The total number of respondents to these questions were 4,697. The number of example statements relating to suggestions for improvement/reducing effects was 12,949, with an average of 3 responses per respondent.

Not all responses were suggestions for improvement. 18% of all responses city wide indicated either:

- They did not know how things could be improved (4%) or
- They felt there was no way to improve things (14%)

Almost 14% of those who stated there was no way to improve things noted culture as being the major factor that would hinder any attempt at change "it's a culture you can't do anything". Exploration on the cultural issue validated the feeling among many in Glasgow that the city was home to a drinking culture, with all seven focus groups who discussed the issue noting the well known 'Chewin' the Fat' phrase "Go on, take a drink". They agree that people are often encouraged to drink by other community members and frowned upon or viewed as abnormal if they did not wish to drink.

There were also some commonly noted exceptions. There was a general understanding of the difficulties involved in alcohol addiction, with general respect and encouragement for those who had severe issues and had managed to refrain from use. However, despite this and the communal encouragement to consume alcohol those perceived to have an alcohol 'addiction' which they were not addressing were viewed less favourably.

Even with the wide acceptance of a 'drink culture', discussions did not result in an apathy towards the issue that 14% of the initial respondents had noted i.e. "things can't be changed".

All further discussions accepted that not only must we change this culture but also that the culture can be changed. However, it should be noted that it was also largely accepted that this would take much time and commitment from all.

Ideas for improvement were given by 82% of people. These were then grouped with similar responses creating 20 separate categories. Of these, just under half (8), related to the sale of alcohol in some way. Although percentages in categories may seem relatively small it should be remembered that each 1% of total responses is actually equal to 129.5 responses.

11.2.1 Sale of alcohol

- Grant less licences and enforce licensing regulations more rigorously (5%)
- Increase age limit and/or enforce current legislation better (5%)
- Increase penalties for those buying/selling to young people and introduce punishments for young people asking/intimidating general public to buy for them (10%)
- Ban drink/stop selling it (2%)
- Do not sell from off licences on Sundays and close them earlier (3%)
- Increase prices and/or limit amounts sold to one person (5%)
- Only sell from pubs (2%)

- Introduce a drinking licence similar to driving licence, issued after passing awareness tests, with penalty points/removal if any drink related offence is committed (0.2%)

11.2.2 Law enforcement

- Increase police on beat and community police to get to know young people better (10%)
- More CCTV and CCTV that functions properly (many respondents believed that cameras did not work) and more street lighting in secluded areas (4%)
- Use camera vans at peak times (2%)
- Curfews/dispersal orders for young people (2%)

11.2.3 Education and awareness of alcohol issues

- More education/awareness for young people (9%)
- More parental education and ways of enforcing parental control (2%)

11.2.4 Inclusion through activities/ employment and education for young people

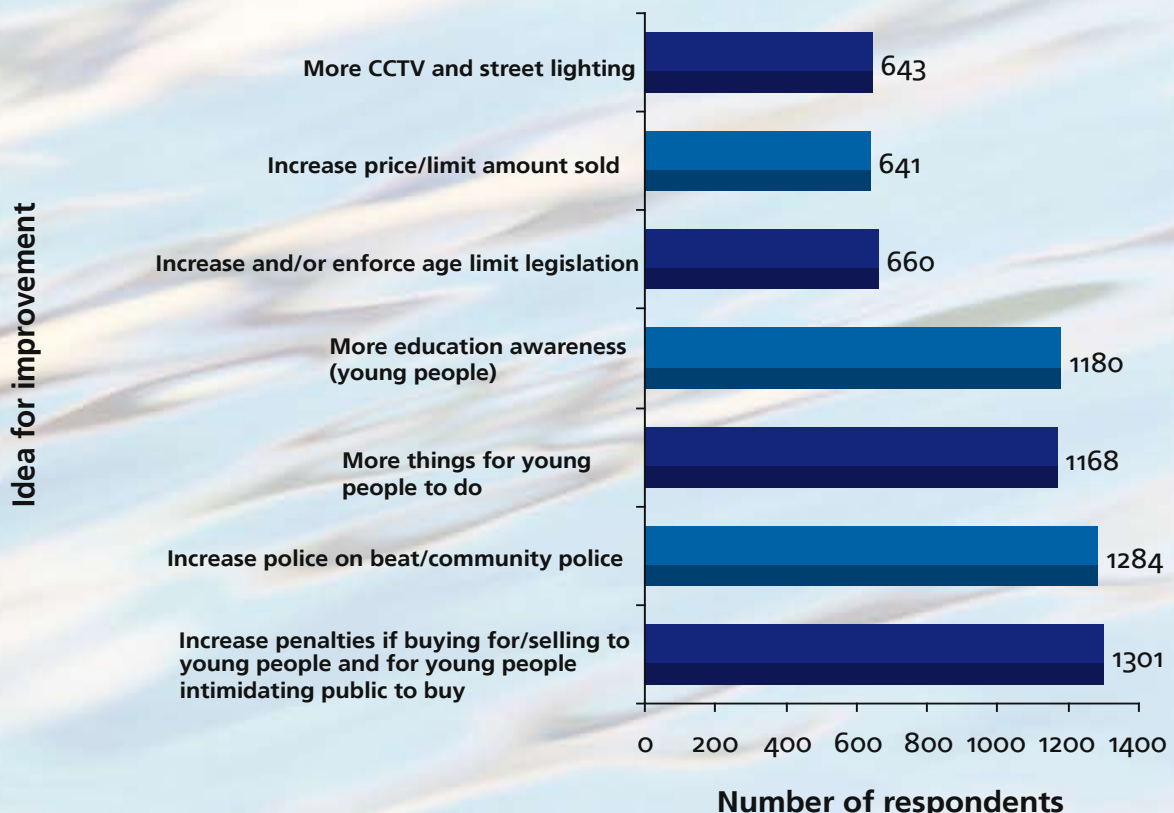
- Build a youth pub/somewhere with atmosphere, without alcohol and with transport home to teach young people to have fun without alcohol (1%)
- Bring back some form of national service and/or increase prospects of young people through enforced training, job and education schemes for under 21's (4%)
- More things to do for young people in leisure time generally (9%)

11.2.5 Other responses

The remaining three categories of responses were:

- Bring street cleaners round more often (2%)
- Ban glamorous advertising (2%)
- Stop giving more benefits if registered alcoholic and use the money to pay for help to stop people being alcoholics instead (1%)

Graph 10 - Most commonly noted ideas for improvement



The most commonly suggested ideas were often strongly linked to young people. This was found in four of the seven most common responses (Graph 10). The two most common ideas also related to 'sense of safety', the most common negative effect noted in the survey.

11.3 Further examination

Focus groups were used to explore some of the 'key ideas for improvement' further.

11.3.1 Education and awareness

More education and awareness was felt to be a viable solution by 1180 respondents. Many who noted it in initial data collection simply stated 'education' or 'education and awareness'. Tony Blair's "education, education, education" statement was quoted regularly in street surveys completed in all areas of the city. Although most often associated with the education of young people, 259 respondents also suggested education of parents.

Although males and females offered this solution in fairly even numbers, young people placed it less high in their list of solutions most likely to make a difference. 54 young people, aged between 12 and 18yrs, discussed the issue further.

These young people felt they were currently being taught enough education and awareness and that no amount of knowledge could stop most young people being encouraged to take a drink or limit their consumption whilst out with friends. They all said they had been given some form of education or awareness within the last 18 months but still felt there was no point in drinking unless you got extremely drunk as "that was the point"

The age at which education/awareness should begin to be taught was noted by 424 respondents (Graph 11). The majority felt it should begin in primary 5 or 6 (around age 10), although many also felt it should begin as soon as children entered formal education (age 5).

11.3.2 Young people obtaining alcohol

The obtaining of alcohol by those under age was viewed as having both a high negative impact on members of Glasgow City's communities and as requiring direct action by many respondents. Within all discussions the tackling of this issue was seen as being twofold, any actions taken had to target both:

- Young people themselves (in particular to reduce intimidation of general public)
- Those buying for/selling to those under the legal age

Focus groups (all adult groups) who discussed the issue all concluded that this would be best achieved in four main stages:

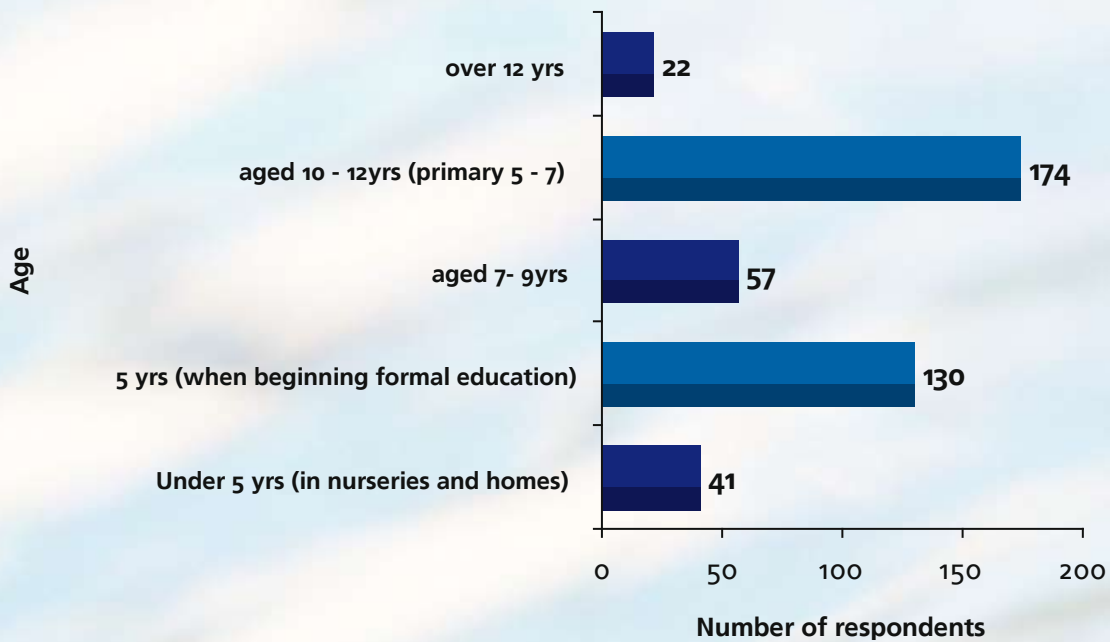
Stage 1: Government agreement on increased penalties for those buying for/selling to those under the legal age and punishment for young people intimidating general public

Stage 2: Awareness campaign highlighting the wider effects of current/new legislation on the obtaining of alcohol by those under age

Stage 3: Introduce new legislation and penalties for young people and for those buying for/selling to those under the legal age

Stage 4: Enforce fear of penalties by having periods of targeting by law enforcement (e.g. stings, increased supervision of licensed premises by police)

Graph 11 - Age indicated as best for beginning alcohol education



11.3.3 Police

Increasing police on the beat was felt to be a measure that would ensure both prevention of, and direct action on, negative effects. Those discussing the issue in focus groups stated they would not walk in their own area after dark. It was commonly viewed that more Police on the beat were needed to reduce the fear perceived by the community. It was also felt that incidents occurring on the streets would reduce in time through this measure.

Community policing was mainly seen to be the best measure to prevent negative effects associated with alcohol. This solution was also the focus of discussion within the concept of reducing the negative effects directly linked to young people. The main benefits of this type of policing were seen as:

- Knowledge of the environment (e.g. knowing young people’s hide outs)
- Opportunity for police to build relationships with young people themselves (or at least getting to know them in terms of which ones are likely to be violent etc).

It was generally felt that with this type of policing young people could be moved on or escorted home if intoxicated with much more ease. This would reduce the likelihood of repercussions for both the police and the community.

11.3.4 Activities for young people

More things to do for young people accounted for 9% of all solutions given. Many discussions on the issue among the general public centred around whether young people not having enough to do was a major cause of alcohol related negative effects, and would this help solve the issue if addressed. In discussions with young people the focus was mainly on what activities young people would actually attend and when they should be available.

Discussions among the general population did not entirely validate the view that young people do not have enough to do. Around one quarter of the total respondents who discussed this further (428) felt there were enough amenities, clubs etc for young people. However, there was an acknowledgement that existing services were often viewed to be largely inaccessible by the young people who needed them most.

11.4 Most noted issues regarding young people and existing diversionary services

These issues were raised and discussed by young people and adults within focus groups and general discussions during data collection events

11.4.1 Issue - Rejection of young people with existing alcohol issues

This issue related to young people being refused entry or participation in diversionary activities/ services if there was any hint that they had consumed alcohol.

Solution - This was seen as an issue that would not have a simple solution but it was felt the following ideas may help:

- Increase alcohol training for those who work with youths
- Youth project/groups should build stronger links with young peoples alcohol services for possible referrals
- Young people's alcohol services should have 'inclusion in activities' as part of their treatment, with activities being arranged exclusively for young people affected. It was felt this would encourage involvement in more generally available activities

11.4.2 Issue - Locality of activities

This issue was almost wholly related to territorialism within Glasgow's communities. (i.e. if activity base was not in young person's local area this rendered the activity inaccessible, particularly for teens).

Solution - Introduce more local activities and build more localised amenities. Use of derelict ground in the North and South East was particularly recommended for this and was thought likely to result in less territorialism in the long term.

11.4.3 Issue - Cost of activities

Relating to the financial cost of activities being a barrier for some people to attend.

Solution - Subsidisation of more expensive activities that young people actually want to do (e.g. dancing and other music related activities).

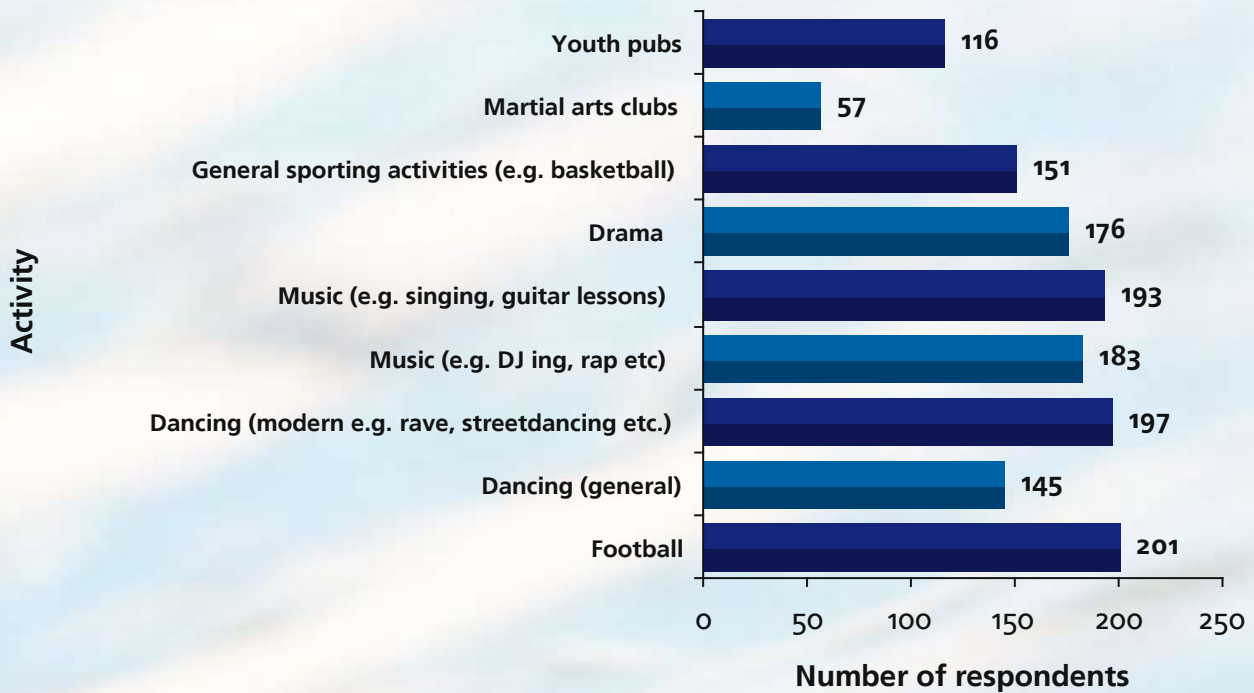
11.4.4 Examples of activities

Overall it was felt that inclusion of young people in more positive activities would reduce alcohol use amongst young people. However, much work still had to be done in order to promote such inclusion.

Young people were also encouraged in further discussion to offer examples of activities that they and their peers would take part in if they were available and accessible.

The two most common activities identified for boys were football and music. Activities with music decks and producing rap songs were also frequently mentioned. It was noted by young people that there were many football teams around for young people, but if you did not begin one when younger or were not able to play exceptionally already then you could not access these teams. In the words of one young person "we need a neds league... where it wouldnae matter how good you were or anything, if you wanted to play you could".

Graph 12 - Activities suggested for young people



The most frequently quoted activities by young girls were dancing (in many forms) and drama/ singing lessons. The most frequently quoted barrier for these was seen to be cost.

Examples of activities felt to be more desired by young people, and therefore offer potential for involvement, were collated from the initial and follow up data sets. The total number of example activities given in response was 1,419. These are shown in graph 12.

11.4.5 Timing of activities

Most adults felt that activities for young people should be available particularly at weekends and during holidays. These were perceived by most respondents to be the peak times for young people to become involved in alcohol use.

Adults viewed this as further reason to ensure young people were occupied on Friday nights and that the organisers of such activities should ensure that any Friday night activity was one that was sure to encourage young people to attend. However, young people who discussed this were largely keen to leave Friday and Saturday nights free, especially Friday.

12 Awareness and knowledge of services in the area

12.1 Background information

Key Questions - Do you know of any alcohol related services in your area? Can you tell us what they do?

Tools used - Street survey and graffiti response sheet.

How people were asked – Within graffiti response sheets people were asked to place a dot in the 'yes' or 'no' category before placing a response to the follow through question on a post it note (Figure 16). In the street survey people were simply asked to respond verbally.

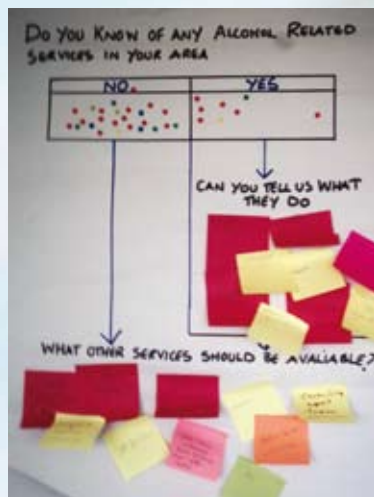


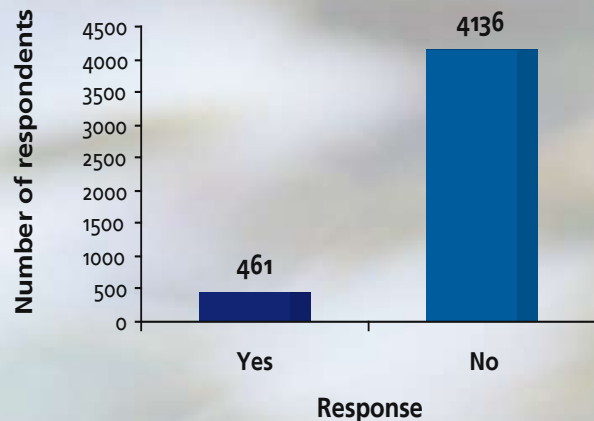
Fig.16 Example of graffiti response sheet used

The most common service quoted was Alcoholics Anonymous (A.A.) although within most areas of Glasgow City the majority of respondents who noted the service could not say where meetings were held, or exactly what service A.A. provided. Most simply presumed there must be an A.A. service as "there is one in every area, isn't there?"

The greatest number of services noted, with knowledge of the services activities also demonstrated, was in the West. All other areas had relatively few services either named or explained by respondents.

Most services named and explained in other areas within the City were named at validation events as opposed to during the fieldwork.

Graph 13 - Respondents stating knowledge of alcohol related services in their area



12.2 Findings

Across the City few people could say that they knew of any alcohol related services in their area (Graph 13). Of those who had heard of services most had little or no knowledge about the service.

The most likely explanation for this is that, although validation events were open to all, many who chose to come along may have had some form of interest in the subject of alcohol use within their area already. For example, those with an alcohol addiction or those who worked in services that dealt with alcohol issues in some way.

Given that alcohol was perceived by respondents to affect large numbers of community members in some way and the general acceptance by respondents that alcohol use had increased in recent years within their area, the likelihood of anyone in the community requiring knowledge/awareness of alcohol related services for themselves or others known by them could be seen to be high. This makes the lack of service knowledge/awareness amongst the general public a worrying prospect.

13 Services people felt would help most

13.1 Background Information

Key Questions – What services do you think would help/should be available?

Tools used - Street survey, graffiti response sheet and focus groups.

How people were asked – Within graffiti response sheets people were asked to place their response on a post it note below the question. In the street survey people were simply asked the question verbally. Focus groups explored the identified key issues further.

13.2 Findings

There were no distinctions in terms of age, gender or geographical locality in the City between the types of services respondents felt would help most. Within the initial findings and further focus group discussion the following two points emerged:

- Most people felt that increasing both prevention and treatment was necessary and that these had to be done at the same time and to the same degree
- Most people also felt that change would take time, and long term commitment to both prevention and treatment was necessary, as it may take a couple of generations to see a real difference

Prevention was largely discussed in terms of alcohol education and awareness services alongside inclusion and diversionary services for young people.

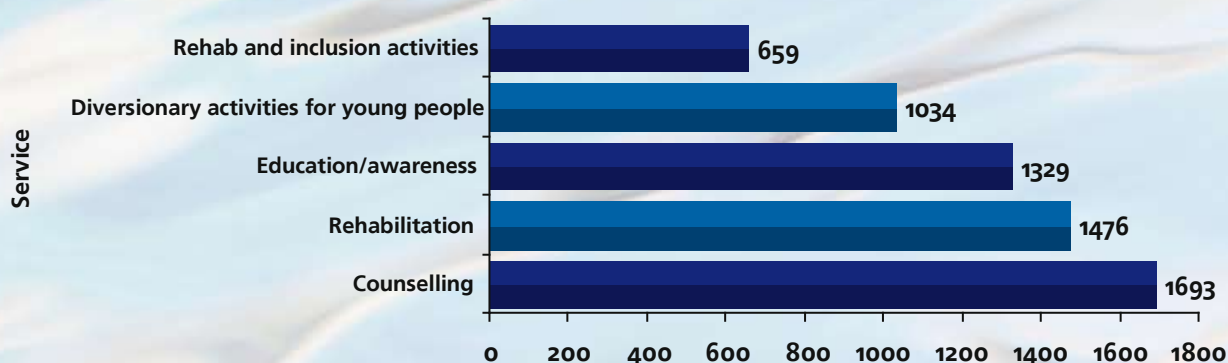
Treatment services were discussed as rehabilitation services ('rehab') and counselling. Many people who noted these services felt that they should be available more readily when people wished to access them. A common suggestion for an addition to this current type of service was a 'drop in' or out of hours service i.e. between 5 pm and 8 am.

Detoxification ('detox') and rehabilitation were both discussed as being the same thing (both are classed under 'rehabilitation' in graph 14). However, a reasonable number of respondents also added that 'inclusion activities' should be incorporated in both these services.

The drink culture present within the City of Glasgow and the West of Scotland was raised throughout with most feeling established drinking practices would take longer to change, but that they could be changed. "It takes a long time to make a culture and a long time to change one". However, it was also largely agreed that no "short sharp" interventions in any form would help to change this on their own.

It was also felt that many of the effects noted earlier, particularly regarding 'sense of safety' and 'under age obtaining of alcohol', required some form of immediate action to reduce them but that attitudes and behaviours towards alcohol in general had to be changed gradually over the longer term to have any lasting effect. All immediate actions discussed related to law enforcement and the targeting of youths who congregate in the vicinity of off-licenses.

Graph 14 - Prospective services noted



14 Community involvement in planning and making changes

14.1 Background Information

Key Questions - How much should the community be involved in planning/making changes? How can we ensure community involvement?

Tools Used (see Fig.17) -Graffiti response sheets with spectrum lines and questions, focus groups.

How people were asked – People were first asked to place a dot on the spectrum line to indicate the degree they felt the community should be involved in both planning and making changes. They were then asked to use post it notes to offer ideas of how involvement can be achieved.

14.2 Findings

A total of 1382 respondents indicated a desire for a high level of community involvement in planning and making changes. This was found in all areas across the city within all ages and genders of respondents.

Around one quarter of people felt the community should be slightly more involved in planning changes than in making them.

One respondent in the East noted:

“Should develop a community alcohol plan”

More than half of respondents felt that ensuring community involvement was directly linked to raising awareness of the issues. The most common suggestion linked to this was direct consultation with communities in some form e.g. “days like this to ask them what they think should happen” or “local surgeries to discuss issues and inform of changes”

A very small number of respondents (3%) felt that although community involvement was necessary to ensure changes were more successful, there was no way you could encourage most people to be involved.



Fig.17 Graffiti response sheet used

15 Organisations involved in making changes

15.1 Background Information

Key Question - What organisations should be involved in making/planning changes?

Tools Used -Graffiti response sheets with questions and focus groups.

How people were asked – People were asked to place a response on a post-it note. This was then explored further in focus groups.

15.2 Findings

This generated a total number of 5216 examples from a sample population of 1382 respondents. These could be categorised in the following way:

- Law enforcement (66%)
- Government (local) (59%)
- Local/national youth organisations (53%)
- Housing/planning authorities (52%)
- Local alcohol related projects, groups (52%)
- Government (general) (49%)
- General local groups e.g. neighbourhood watch (47%)
- Local retailers (43%)
- Health service (32%)
- Media (28%)
- Social work services (26%)

There was a general indication that any change would be best made with the involvement of all organisations that were in any way related to communities, working together, in unison. Many respondents (34%) noted general comments towards this end instead of stating specific organisations in their response e.g. "anyone who can!" and "It'll only work if they all help".

15.3 Urgency of changes

A follow-on question to community and organisational involvement was simply 'when do changes need to be made?' Overwhelmingly, the response to this was that changes needed to be made within Glasgow City's communities with urgency. The most common response was, "as soon as possible" or simply "A.S.A.P". Some felt changes were overdue with responses such as "yesterday". Responses such as this further exemplified the vast effect citizens of Glasgow City felt alcohol was having on their communities and the strength of desire for changes to be made to reduce those effects.

16 Conclusions

One of the most startling figures generated within this consultation was the number of people who felt alcohol was having an effect on their community (99%). This coupled with the fact that most felt this was both negative and to a relatively large degree further evidenced the need for the consultation itself.

Very few people throughout the city felt alcohol did not affect their area in any way and almost all those who felt alcohol did have an effect on their area provided a number of examples of negative effects. The ratio of negative (95%) to positive examples of effects (5%) was startling, with the negative far outweighing the positive.

Amongst Glasgow City's residents, 'sense of safety' in general within their communities was felt by many to be negatively affected by others alcohol use. Parks/recreational areas and areas around retail outlets were noted to be particularly affected by other people's use of alcohol. These effects were not confined to areas commonly viewed as less advantaged as respondents for the study were drawn from all geographical areas of the City and effects highlighted were also noted to have occurred to some degree in all areas.

Within negative effects and solutions, young people's drinking habits were particularly highlighted as a root cause of many of the 'sense of safety' and 'environmental effects' noted by respondents. This was particularly related to increased noise, violence, and intimidation/safety issues noted for others living in the community.

Overall, groups of people more affected were seen to be young people in terms of those using alcohol most. However, elderly males were noted in some areas as those most affected by their own usage of alcohol. The elderly were also felt to be most restricted within their community as a result of 'fear/sense of safety'.

Younger children were also highlighted by respondents throughout the city as being more affected. This was largely felt to be the result of litter/vandalism in play parks and the inability to use parks at certain times due to people choosing to congregate in park/play areas to consume alcohol.

Middle aged older people who chose to drink in the street were also highlighted by many

respondents as an issue, particularly around shopping centre entrances/exits during the day time. However, unlike the issues noted that were perceived to be created by young people, there were no solutions offered directly relating to this group.

Although the increased presence of depression and suicide as a result of alcohol use was mentioned by relatively few people in most areas it should be noted that there was an exception. The North of the City accounted for one third of respondents noting this issue citywide.

Despite the large number of respondents feeling alcohol affected their own or others ability to live 'normally' in their area, very few people had knowledge and awareness of local services that could help. Services required to help facilitate change were described as being two fold, 'prevention' and 'treatment', moreover, long term commitment for both were seen as crucial to ensure that positive changes and outcomes were achieved.

Solutions offered by residents to improve things within their community were strongly related to addressing sense of safety and the behaviour of young people. Solutions relating to the sale of alcohol in general were also often quoted across the City, with many of these solutions relating to young people. Specific solutions were largely centred on law enforcement, education and diversion from alcohol activities. Most people felt changes had to be made both immediately and in the longer term with the maximum involvement from both the community and all possible community related organisations.

It can be concluded that for many residents across the City of Glasgow their ability to live normally within their community is negatively affected by problems and issues associated with alcohol use. It was also widely accepted that this is reinforced by a deep rooted drinking culture. In spite of this, it was widely believed that the culture not only could be changed, but that it had to be changed in order to improve the quality of life of those living within the City. It was also felt that these changes would take time, and crucially, would require a co-ordinated approach by all to tackle the identified issues and thereby help to reduce the 'ripple effect' of alcohol on communities.

17 Recommendations

The major purpose of this consultation was to gather data that would help local communities assess the impact residents felt alcohol had in their areas and to gather ideas for suggested actions people felt may help alleviate any negative effects. The survey has fulfilled the aim of providing a baseline of knowledge and evidence that has established how people across the city of Glasgow perceive alcohol to have affected their community.

The effects highlighted in the survey alongside the suggested solutions should now:

- Inform and direct the work of the Communities Sub-group of the Glasgow City Addictions Planning and Implementation Group and its associated alcohol and drug fora, prioritising need and identifying areas of concern
- Provide a standard reference point for communities, forums and agencies to evidence alcohol related funding bids
- Inform locality based Community Alcohol Action Plans and the alcohol action plans of individual alcohol and drug fora

These action plans should:

- Inform and direct key services to identified areas of concern
- Address the issues and solutions identified which relate to the key groups of people who are adversely affected by alcohol within Glasgow City
- Address the issues and solutions identified which relate to the key areas that are affected by alcohol within Glasgow City
- Explore further possible solutions for reducing the negative effects alcohol has upon Glasgow City's communities
- Aim to raise the knowledge and awareness of alcohol services within communities
- Aim to respond to the public perception of alcohol related service requirement

It is hoped that the findings from the survey will attract community interest to alcohol and drug fora by tackling issues identified by the community through consultation and engagement. During the consultation it became evident that people within Glasgow City's communities felt that any attempt to redress any of the highlighted negative effects would be most beneficial if residents were both informed of, and involved in, any actions taken or planned. It is essential therefore that any Community Alcohol Action Plans developed should be made available to local residents for appraisal.

Encouraging residents to be involved will help ensure suggested actions are practical and realistic for the communities in which they are to be undertaken. Being informed and involved in this final planning stage will also help residents to feel ownership of planned actions and therefore help ensure their success.

For further information contact:

**Alcohol Development Worker
Glasgow Community
& Safety Services
Westergate
11 Hope Street
Glasgow G2 6AB
0141 276 7652**

**NHSGGC Health
Improvement Team
(Alcohol and Drugs)
Dalian House
350 St Vincent Street
Glasgow G3 8YZ
0141 201 4745
0141 201 4986**

Electronic versions of The Ripple Effect documents are available on www.glasgowgrand.org

APPENDICES

APPENDIX 1: Street survey

1 = Under 16yrs 2 = 16 -25yrs 3 = general adult 4 = elderly

Q.1 DOES ALCOHOL AFFECT YOUR COMMUNITY?

NO EFFECT



LARGE EFFECT



Q.2 HOW DOES IT AFFECT YOUR COMMUNITY

BAD



EFFECTS

GOOD



EFFECTS



IDEAS FOR IMPROVEMENT

Q.3 IS THERE ANY AREA IN YOUR COMMUNITY YOU FEEL IS MORE AFFECTED BY ALCOHOL?

CAN ANYTHING BE DONE TO CHANGE THIS?

Q.4 ARE THERE ANY GROUPS WITHIN YOUR COMMUNITY YOU FEEL ARE MORE AFFECTED?

CAN ANYTHING BE DONE TO CHANGE THIS?

Q.5 DO YOU KNOW OF ANY ALCOHOL RELATED SERVICES IN YOUR AREA
and IF SO WHAT THEY DO?

No	Yes



DO YOU KNOW WHAT THEY DO?

Q.6 WHAT KIND OF ALCOHOL SERVICES DO YOU THINK SHOULD BE AVAILABLE?

THANK YOU FOR TAKING THE TIME TO TALK TO US TODAY

WOULD YOU BE WILLING TO TAKE PART IN A FOCUS GROUP WITH OTHER PEOPLE FROM YOUR AREA TO DICUSS THIS ISSUE MORE?

FOCUS GROUP PARTICIPANTS

NAME	AREA	PHONE OR MOBILE	ADDRESS OR EMAIL	BEST TIME TO TAKE PART

APPENDIX 2: Graffiti Sheets

These were used wherever wall space allowed at a venue. The following questions were used:

Sheet 1:

Q.1 – Does alcohol affect your community? (name of community)

This was written above a spectrum line to allow respondents to place sticker at degree of affect.

Q.2 – How does it affect your community? (name of community)

Sections were then drawn with headings: 'good effects' (represented by a happy face), 'bad effects' (represented by a sad face) and 'Ideas for improvement' (represented by a light bulb). People's responses were then placed in appropriate sections on post it notes.

Q.3 – Is there any area/place in your community you feel is more affected?

Q.3a – Can anything be done to change this?

People were given the option of writing a specific area/place on a post-it note or placing a sticker on a map of their area

Q.4 – Are there any groups of people within your community you feel are more affected?

Q.4a – Can anything be done to change this?

Q.5 – Do you know of any alcohol related service in your area?

IF YES

Q.5a – Do you know what they do?

Q.6 – What kind of services do you think would help?

Sheet 2:

This sheet contained two spectrum lines for responses to:

Q.7 – How much do you think the community should be involved in planning the changes?

Q.7a – How much do you think the community should be involved in making the changes?

Q.8 – How can we ensure community involvement?

Q.9 – What organisations should be involved in making changes?

Q.10 – How soon do changes need to be made?

Q.11 – Is there any particular day/time that your area is more affected?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Night							

Q.12 – Is there anything that can be done to change this?

Q.13 – How much do you think different age groups within your community drink?

People placed a sticker in the appropriate box for each age category. Drawings were also placed below each heading to represent the range i.e. one bottle, one bottle one can, two bottles one can etc.

	None	A little	Moderate amount	A lot	Too much
Under 16					
16-25					
General adult					
Elderly					

Q.14 – Is there anything that can be done to change this?

The following question was asked in two localities within the West and South East of the city as neither had existing forums

Q.15 – Do you think this area would benefit from an alcohol/drug Forum? (If you would be interested in forming a forum with others in your area please give your details to one of the community researchers)

APPENDIX 3: One to one semi structured interviews

Thank you for agreeing to discuss your experiences further with us

- Area:
Age:
Time living in Glasgow:
Time living in area:
- How has alcohol use within your area affected you?
- Did this change how you/your family lived your lives on a day to day basis? (If yes explore)
- How long had you lived in the area before (effect)?
- (if no longer in local area) How long did you stay in the area after (effect)? and If not already stated – did (effect) have anything to do with your decision to move?
- Has/did you/your family do anything to try to stop the effect?
- Has anyone else offered or given you help?
- (If appropriate) Did you try to get help from anywhere and not get it? (explore)
- Who or what do you feel is largely responsible for the effect?
- Is the effect still having an impact on you/your family's life today?
- (If no) When did it stop affecting you/your family?
- Why / how did it stop affecting you/your family? (explore)
- If you were in charge what would you do to stop anyone having this type of experience? (explore)

APPENDIX 4: Telephone Interviews

These were based around issues/effects and solutions found in each local area. Therefore, although similar for each area, they were not identical. The semi-structured format below was followed:

- **To what degree do they feel (issue noted) is an issue in their area?** (1 – 10 scale: 1 being not an issue, 10 being large issue)
- **Can they explain the issue?** (Explore – definition of issue, how does it affect the area? Does it affect how people choose to live their lives? Is it a new issue/old one? Who is largely responsible for issue? Who does it affect most etc).
- **To what degree do they feel alcohol use in your area is responsible for (issue)?** (1 – 10 scale: 1 being not an issue, 10 being large issue)
- **What else could be responsible for (issue)?**
- **If anything noted – to what degree would they say this was responsible?** (1 - 10 scale: 1 being not an issue, 10 being large issue)
- **If they were in charge what would they do to stop (issue) and explore (i.e. is suggestion realistic? who would have to do it? when would it start/stop? how would it reduce/stop effect?)**
- **If they were given a choice between living in another area of the city and staying in their own area right now, what would they choose?** (Explore - if other area which area would you go to and why? if same area how do they feel about living with effects? If alcohol use was not an issue in their area would they make the same decision?)



This research was co-funded by the Communities Sub-group and
the Greater Glasgow and Clyde Alcohol Action Team

Published by Communities Sub-Group

Copyright © Glasgow Community and Safety Services

ISBN 978-1-906807-00-9