

SOCIAL NORMS THEORY

By Stephen Hahn Smith Ph.D.
and Fred Springer Ph.D.

Introduction

Social norms prevention strategies are an environmental strategy that has both a common sense and a scientific appeal. The underlying ideas that support social norms prevention strategies are straightforward.

- Individual behavior is influenced by perceptions of what other people accept and expect, and how they behave.
- Individual perceptions of what others accept, expect and do with respect to substance use and other potentially harmful behaviors are often inaccurate. We often assume that others are more accepting of negative behaviors than they actually are; and that they engage in more negative behaviors than they actually do.
- Correcting these misperceptions will strengthen individual feelings that their desire to resist negative behaviors is in fact normal – shared by the majority of other people. This perception will increase the feeling of social support for positive behaviors, and increase the prevalence of those positive behaviors.

There is solid theory behind the strategies, research has demonstrated that the theory is sound, and evaluation has documented the practices and circumstances that support reductions in substance use through a social norms approach. This *Tactics* edition focuses on the social norms approach to prevention of alcohol and drug abuse. We will explore

the underlying theory of social norms based prevention strategies, research that has documented common misperceptions on alcohol and drug use, a case study of a successful social norms program at a college campus, guidelines for successful application of social norms strategies, and various resources that can be used to implement a social norms program.

Social Norms Theory

As outlined above, social norms theory posits that individual behavior is influenced by oftentimes incorrect perceptions of how other members of our social groups think and act (Berkowitz, 2004). Research has shown that individuals, especially adolescents and young adults, frequently **overestimate** the permissiveness of peer attitudes or behavior with respect to alcohol, drug use, and other problem behaviors. Conversely, individuals frequently **underestimate** the prevalence of healthy attitudes and behaviors (Perkins, Meilman, Leichliter, Cashin, & Presley, 1999; Perkins & Wechsler, 1996). This discourages individuals from engaging in those positive behaviors. These misperceptions extend to a broad array of attitudes and behaviors, including alcohol and drug use, tobacco use, risky sexual behavior, sexual assault, homophobia, academic climate, disordered eating and body image distortion, and prejudices (Berkowitz, 2004).

Peer influences, as measured by perceptions of peer behaviors or attitudes, are consistently among those factors most highly associated with individual beliefs and behaviors (Berkowitz & Perkins, 1986). These associations are typically stronger than those for many other recognized risk and protective factors, includ-

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Tactics (tak´ tiks) n. **1** a plan for promoting a desired end. **2** the art of the possible.

ing family, culture, community, teachers, religion, and a person's biology and personality. While it is difficult to prove that perceptions of peer attitude and behavior have a causal influence on individual attitudes and behavior; there are indications that the influence of these perceptions is more real than for other frequently cited risk and protective factors. For example, research has clearly demonstrated that **intervention produced change in attitudes does not lead to changes in behavior**; even though pre-intervention attitudes are associated with behavior (SAMHSA/ CSAP, 2002). Studies of social norms interventions, however, have demonstrated that changed perceptions about social norms have been accompanied by changes in substance use behavior (Berkowitz, 1997; Borsari & Carey, 2003).

In summary, the central tenet of social norms theory is that correcting misperceptions is likely to result in decreased problem behavior and increased prevalence of healthy behaviors. Extensive research has shown that peer influences are based more on what we think our peers believe and do (i.e., the perceived norm) than on their real beliefs and actions (i.e., the actual norm). By presenting information that is correct and accurate about peer group norms in a believable fashion, the mythology of the perceived norm is abandoned and the healthier actual norm is adopted. Ultimately, this leads to more healthy attitudes and behaviors.

Three types of misperceptions concerning social norms are:

- 1) Pluralistic Ignorance,*
- 2) False Consensus, and*
- 3) False Uniqueness.*

Types of Misperceptions

One of the contributions that researchers have made to social norms theory is the identification of different types of misperception. Understanding the type of misperception applicable to a specific population to be served in a program is an important guide to developing effective social norms interventions. Three important types of intervention in the prevention field are: 1) pluralistic ignorance, 2) false consensus, and 3) false uniqueness.

Pluralistic Ignorance is the most common misperception and occurs when a majority of individuals falsely assume that most of their peers behave or think differently when in fact they are similar. For example, most students drink moderately or not at all, yet they incorrectly assume that other students drink more than themselves. The effect is that their behavior might shift to more drinking because they perceive this to be the norm. Social norms interventions correct pluralistic ignorance by informing the majority that their behavior is actually more shared than they previously thought. Values of moderation are upheld by knowledge that moderation is indeed the norm. An ad campaign by the Hobart and William Smith Colleges Alcohol Education Project (the HWS Project, described later in this edition) stated several facts to dispel pluralistic ignorance:

False consensus is the incorrect belief that others are like oneself when they are not. For example, heavy drinkers may think that most other students are heavy drinkers when this is not true. The false consensus misperception helps an individual deny that his or her attitudes or behavior are problematic or unusual. The exaggerated drinking norm, which is

A Healthy Dose of Reality:

- The majority of students in 1999 reported never smoking cigarettes
- Students most typically report drinking alcohol once a week or less
- Among athletes, 87% never miss or perform poorly in an athletic contest due to drinking

totally out of line with reality, is used to justify abusive drinking or drug use. Extensive research has shown this bias with heavy drinkers, drug users, smokers, and in many other areas (Berkowitz, 2004).

False uniqueness occurs when individuals exaggerate the difference between their own behavior and the behavior of others. False uniqueness, like false consensus, is a misperception about the differences between oneself and others. Abstainers, for example, may assume that they are “unique” in their behavior and withdraw, feel isolated, or experience unwarranted questioning of their own position. Increasing their understanding that “they are not alone” can help them maintain their positive behaviors with respect to alcohol and drug use.

These three misperception types can all provide a conceptual basis for the application of prevention interventions based on social norms theory. However, as demonstrated below, these interventions must be designed to match the misperceptions being addressed with the types of misperception most likely to influence the particular population being targeted in the intervention.

Designing Successful Interventions using the Social Norms Approach

Social norms theory can be used to develop interventions that focus on the three levels of prevention: universal, selective, and indicated. **Universal intervention is directed at all members of a population without**

specifically screening intervention participants for substance use or factors that put them at risk for substance abuse. By definition, this means that the intervention will be relevant to a broad spectrum of individuals. From a social norms perspective, pluralistic ignorance, or the over-estimation of peer substance use, is the most likely social norms misperception to drive these interventions. False uniqueness misperceptions may also be relevant to social norms intervention messages because non-users may assume that they are socially isolated when they assume that their peers are overwhelmingly users.

Selective intervention is directed at an at risk group in which members experience risk factors or circumstances that put them at risk for alcohol or drug abuse problems. For this population, all forms of misperception may be relevant. Emphasizing that people who share their circumstance are not alcohol and drug users can make pluralistic ignorance and false uniqueness misperceptions directly relevant to selective groups. **Indicated prevention interventions are directed at individuals who already are experiencing alcohol or drug use problems.** For these intervention participants messages designed to address false consensus misperceptions will reinforce just how aberrant their behavior is.

Delivery methods for universal populations frequently involve broad dissemination “public relations” methods such as public service media or posters and messages in schools or other high traffic spots. Messages to selective and indicated populations will be focused more directly on participating youth. In addition to these basic guides concerning relevant misperceptions, there are many other considerations in determining the precise design of a social norms intervention.

Berkowitz (2003) outlines key questions to ask in order for the social norms model to be applied effectively: Answers to these questions help guide the exact content and delivery of the social norms message.

- What exact misperceptions exist with respect to the attitude or behavior in question?
- Are there over or under-estimations of attitudes and/or behavior?
- What is the meaning and function of misperceptions for individuals and groups?
- Do the majority of individuals in a group or community hold these misperceptions?
- Does the target group function as a group with respect to the behavior in question? That is, are the group norms “salient,” and are the individuals in the group an influence on each other’s behavior?
- What is the hypothesized effect of these misperceptions?
- What changes are predicted if protective behaviors that already exist in the population are supported and increased?

Besides the alcohol or drug use patterns of the affected individuals, important cultural and social factors such as ethnicity, language, and religion should be taken into consideration when planning an intervention strategy. For instance, knowledge about the role of family or faith-based institutions in various communities would be important in tailoring effective messages.

Some of these questions can be addressed directly by surveying a sample in the population or by conducting focus groups to look for trends and patterns. Community leaders, student representatives, teachers, and parents can help as key informants to help uncover an initial foundation for beginning an implementation plan. In the beginning, it is critical to form the beginnings of a baseline measurement process. This is not only key to designing an effective intervention, but

also key to monitoring outcomes of the intervention. JUST ASK...and MEASURE!

Case Study: Hobart and William Smith Colleges

A campus-wide survey at Hobart and William Smith Colleges in 1995 found that 89 percent of students typically drank alcohol during the average week and that 55 percent of students were frequent heavy drinkers often drinking five or more drinks in a row; Perkins & Craig, 2002. To address this serious alcohol use problem, the Hobart and William Smith Colleges Alcohol Education Project (the HWS Project) began in the late fall of 1996. The project was designed to test the social norms approach on the campus.

The goal was to see if communicating accurate norms about actual student drinking behavior could produce substantial positive effects on alcohol use. The project’s strategy was to initiate a comprehensive social norms campaign combining essential elements for a social norms approach (Perkins & Craig, 2002).

1. Baseline Data on alcohol use and perceived norms was collected to establish pre-intervention social norm perceptions and to guide the intervention design. These data established that Hobart and Smith students perceived alcohol use and binge drinking to be even more prevalent than they actually were.

2. Traditional print media featured messages about actual attitudes and drinking patterns on campus, which were far more moderate than actual student perceptions of peer attitudes and behaviors concerning alcohol. For example, one printed poster stated that one-third of all HWS students consumed three-fourths of all alcohol consumed on campus, demonstrating that heavy drinking involved a minority of students.

3 Electronic media included screen savers placed on all student-accessed, college owned computers with social norms messages; an interactive, multi-media computer program called “Campus Factoids,” which gave the campus community access to a database of information, video clips, and online discussions related to alcohol and other drug use as well as other topics; and a project website (<http://alcohol.hws.edu>) to provide general information on alcohol and other drugs, the social norms approach, project activities, and findings.

4 Curriculum development activities included a survey of faculty regarding the current AOD related content in curricula, the purchase of books and videos for the campus library, the enhancement of a model interdisciplinary course on alcohol use and abuse, and the delivery of educational workshops for faculty and for student-teachers to facilitate discussion of AOD issues and social norms with their students.

5 Co-curricular activities included campus lectures, staff development, and other co-curricular activities to influence campus norms regarding alcohol use. The goals of these offerings were to expand the conversations about alcohol and community norms.

The results of the HWG project revealed strong evidence of program success. Post-implementation surveys indicated a high degree of exposure and recall of the print media as well as the messages contained in the electronic media. Almost two-thirds of students had used the interactive media program. **After only one year of the social norms prevention strategy was**

implemented, there were considerable changes in perceptions and behaviors:

- At pre-test, students perceived 70 percent of other students were heavy drinkers (5 or more drinks in a row). After the intervention, this number decreased to 55 percent, a 21 percent decline.
- At pre-test, students perceived 14 percent of the student population were abstainers. After the intervention, students perceived that 23 percent of fellow students were abstainers.
- Reported actual drinking decreased as well. The reported actual average drinks at a party or bar was 5.1 at pre-test and 4.4 at post-test, a 14 percent decrease.

After five years:

- 41 percent increase in the number of students who correctly perceived the campus drinking norm as moderate
- 39 percent decrease in the number of students who incorrectly perceived their peers to be permissive of high-risk drinking

The Hobart and William Smith Colleges project is a strong example of the success that can be achieved through a comprehensive and sustained social norms intervention. Successes like this confirm the value of well-implemented social norms strategies for ameliorating serious substance abuse problems such as college age binge drinking. Social norms strategies are a valuable evidence-based tool for achieving prevention outcomes.

