



## CHAPTER ONE

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# THE EMERGENCE AND EVOLUTION OF THE SOCIAL NORMS APPROACH TO SUBSTANCE ABUSE PREVENTION

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The growth in the prevention field of what has now become known as the “social norms approach” has been a long time coming. It began almost twenty years ago with a few surprising research findings about social norms and their misperceptions (Perkins and Berkowitz, 1986) followed by proposals for practical application of these findings (Berkowitz and Perkins, 1987) and a comprehensive theoretical model of the prevention approach (Perkins, 1991, 1997). The strategy suggested by this perspective remained on the margins of prevention literature and practice, however, for quite some time thereafter. Nevertheless, interest grew and a few brave prevention workers branched out to embrace it in the years following these publications. Today, although the approach is by no means dominant in the health promotion field, nor in the programs of primary, secondary, or postsecondary education, it has become a popular topic that prevention specialists are turning to with greater frequency as a positive alternative to traditional methods.

Some administrators, health workers, and educators have reluctantly begun to acknowledge the potential; others have experienced a dramatic conversion to the social norms perspective, with renewed excitement and zeal for potential change. Some people in prevention work have been attracted by the intriguing logic of the approach itself, but much more of the growing popularity has been driven by two related phenomena. First, the failed efforts or lack of improvement using traditional strategies in most youth and young adult target populations has

led professionals to look for new methods out of sheer frustration with the stagnant situation. Second, the field of health and safety promotion is recognizing the need to go beyond simply restating problem behaviors or positing what are believed to be good prevention practices, to documenting effective prevention results. Indeed, there is growing recognition that we need to know what works and then move in those directions. The prevention field is finally becoming more serious in demanding science-based evaluation. This demand is making evident the pervasive lack of impact from traditional strategies and the impressive emerging data on reduction in substance abuse and related problem behaviors that has been achieved through social norms strategies.

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### Looking Back: Transitions in the Prevention Field

The historical trajectory of substance abuse prevention work with adolescents and young adults in recent decades is instructive for understanding current interest in the social norms approach. Traditionally, prevention concentrated on reactive strategies, that is, those waiting for the problem to appear before taking action; they are an attempt to fix something once it is broken. This work has focused on ways to rehabilitate problem users and addicts, or contain their problem behaviors. In secondary schools and colleges, this usually means getting the individual into a counseling program, requiring a workshop on the effects of drugs and risks of abuse, or a punishment such as required community service. If serious rules are broken or the substance abusing individual is a threat to others, we suspend him or her. Some of these interventions may be ultimately necessary at one level to restrain and hopefully change the high-risk individual and his or her destructive behavior. These strategies are labor-intensive and expensive, however, and are mostly “containment” measures for these problem youths. They do not reduce the overall prevalence of the problem among high-risk youth; nor do they reduce the substance abuse that occurs in the larger population of youths who would not necessarily be categorized as addicts or persistent problem users.

The prevention field has moved well beyond that limited approach, of course, toward strategies that for several years now have been called “proactive.” These strategies are designed to address potential problems in a target population before they start or before they become highly problematic. Much of that work has used traditional health education models that rely on teaching and advertising about the health risks and pharmacological dangers of substance use. Most would agree that it is a good thing to be more knowledgeable about potential substances one might consume, but unfortunately this knowledge alone has not proven to have much effect in reducing problems, especially in youthful populations that are not

particularly concerned about long-term health consequences or mortality. Moreover, most advertising directed at inoculating youthful populations takes a negative approach, relying on rational behaviorist assumptions that people inevitably avoid actions that incur punishment or negative consequences for themselves. Attempts to scare young people straight—to “scare the health into them” by vividly portraying extreme dangers of use—lose credibility, however, as youths dismiss their own chance of such an event, believing it to be relatively improbable (with some accurate statistical basis for that notion, regarding extreme consequences).

More positive proactive strategies attempting to change individuals have often concentrated on changing attitudes with techniques such as values clarification training and self-esteem enhancement exercises. Other strategies seek to create positive “alternative” social events. The idea in each instance is to give students the armor, or at least the social diversion, to avoid alcohol and other drug abuse. Again, however, costs in many of these labor-intensive programs are high and a notable reduction in alcohol or other drug abuse with these methods has not been demonstrated.

In the face of these limitations and failures, prevention work has begun to concentrate more on the environment and how the larger culture within which students live may offer the critical focal point for successful prevention. This perspective looks at how phenomena beyond the individual’s personality and personal values and interests may be important determinants of the individual’s behavior and to what extent they can be changed. The discussion and research now emanating from this environmental movement takes two directions, although they are by no means necessarily mutually exclusive. The first pursues a public policy strategy: creating legal and institutional policy restrictions in the school environment to reduce access to alcohol, tobacco, and other substances. It institutes punitive measures and controls to discourage problem behavior overall. These policies are set up not only as environmental controls on individuals but also as constraints on business and organizations within the community that affect the availability and promotion of alcohol and other substances. In some circumstances, these policies have been effective, to a degree, in reducing problems among adolescents. In college populations, however, creating new restrictive policies as a singular response to problems has not to date produced the desired reduction in problem use.

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## The Emergence of the Social Norms Approach

Finally, we come to what we call the social norms approach, with its own theories of behavior and strategies for intervention. It can be understood as environmental in that it is not immediately concerned with directly changing an individual’s

personal attitude. It uses, instead, the revelation of accurate information about the environmental context—in the form of group or population norms—to reduce individual problem behavior and enhance protective behavior. On the surface, the approach may sound a bit nonsensical: using what already exists in terms of normative patterns regarding substance use to change or reduce the problem behavior within those patterns. But there is a simple, perhaps elegant, logic to the approach, as we shall see. What is demanded of prevention specialists and health educators when first encountering the social norms philosophy and strategy is that they be willing to suspend their accustomed notion of how to change behavior and start thinking “outside the box.”

The story of the development of the social norms approach begins with research documenting misperceptions about peer norms. The initial systematic research on this topic was conducted several years ago at Hobart and William Smith Colleges (Perkins and Berkowitz, 1986), a small private college in upstate New York. Research on this student population demonstrated a pervasive and continuing pattern of misperception about alcohol norms among student peers. Students generally believed the norm for the frequency and amount of drinking among peers was much higher than the actual norm or average level of consumption, and they believed their peers were much more permissive in personal attitude about substance use than was the true pattern of attitudes. Even though actual levels of consumption in this college population were fairly high as found in many college environments, the misperceptions about the norms for peer attitudes and use still far outpaced the actual norms.

Following this research, similar misperceptions of alcohol norms were found (and reported in unpublished prevention program research) at institutions diverse in region, size, and student characteristics, among them the University of California (Los Angeles), Linfield College (Oregon), Carroll College (Wisconsin), the University of Virginia, and the University of Arizona. Published research demonstrating pervasive misperception of peer drinking norms was subsequently reported from studies at the University of Washington (Baer, Stacy, and Larimer, 1991), Princeton University (Prentice and Miller, 1993), and Northern Illinois University (Haines and Spear, 1996). Among students attending a university in the Northwest, Page, Scanlan, and Gilbert (1999) found that males and females alike overestimated the extent of heavy episodic drinking among their peers of the same and opposite gender. In research conducted on nationwide data from colleges and universities that have participated in the Core Institute Alcohol and Drug Survey, Perkins and others (1999) found most students perceived substantially more use of alcohol among their peers than really occurred at their school in all of the one hundred institutions in the study. This pattern of misperception was the result at each particular institution, regardless of the actual level of use locally. Thus we now know

that exaggerated perception of alcohol norms is commonly entrenched in both public and private schools of every size across the country.

Likewise, these patterns of exaggerated perception have been found for all other drug types included in substance use research (Perkins, 1994; Perkins and others, 1999). Misperceived norms also exist across subpopulations of youth—not just among men, not just among women, not just among certain ethnic groups, nor simply among students who are living in residence halls, but also among commuter students, Greek organizations, and independents (cf. Baer, Stacy, and Larimer, 1991; Baer and Carney, 1993; Borsari and Carey, 1999). Various groups may have their own level of actual use, but misperceptions are widely held across most subpopulations. Furthermore, these misperceived norms are not unique to college populations; they can also be found in the high school context (Beck and Treiman, 1996) and statewide populations of young adults (Linkenbach, 1999).

Importantly, none of this research claims that alcohol or other drug abuse is only a minor or inconsequential problem among adolescents and college students. The evidence is clear, for example, that collegiate alcohol abuse in particular presents substantial and fairly widespread consequences that negatively affect the abusing individuals, others around them, and the academic institution with which they are associated (Perkins, 2002b). Rather, the findings of social norms research point out that, regardless of actual problem level, perception of the pervasiveness of these problems far outpaces actuality.

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## Causes and Consequences of Misperceived Norms

Perkins (1991, 1997, 2002a) put forth a comprehensive theory of the causes and consequences of this phenomenon that was based on attribution theory, social conversation mechanisms, and cultural media predicting that these misperceptions would be found among most students in virtually all peer-intensive environments. First, there is the general social psychological tendency to erroneously attribute observed behaviors of other people to their disposition, and to think the behavior is typical of the individual when the action cannot be explained by the specific context or put into perspective by knowing what the other person usually does most of the time. So when one observes a peer involved in substance abuse, one tends to think it is characteristic of that individual when it cannot be explained as an unusual or rare event by personal knowledge of the context. We simply tend to assume that what we have observed of others on occasion is what they normally do if we have no concrete basis to think otherwise.

Second, the extravagant behavior of an individual or a few people under the influence of alcohol or other drugs is easily noticed and remembered, whether it

is a funny scene of uninhibited action, the disgusting circumstance of someone sick from inebriation, or a frightening encounter with a belligerent or violent individual. Youths go home from parties and social gatherings remembering and talking about these incidents and focusing on how drunk or “wasted” some peers were, rather than talking about the less interesting majority who remained abstinent or sober. We simply do not collect information from a cross-section of peers in social gatherings and reflect on it in casual conversation. Instead, the tendency is to recall the most vivid behaviors and then conversation gravitates to the extreme incidents, in the end making them seem more common than is really the case.

Finally, cultural media reaffirm and amplify these exaggerations. Music and film entertainment for youth and young adults frequently depicts and often glamorizes substance use, making it appear to be more common than it is among most youths. Then news media and community forums give headline attention to the problem behaviors among youths, rather than highlighting the healthy majority who are typically not seen as newsworthy. As the news and public discussion concentrate on the problem, the fact that it is a statistical minority gets lost on youths who simply hear the story that many young people are involved with alcohol, tobacco, and other drug use. This story quickly gets translated to “most” and “almost all” youths, as it is passed along in casual conversation. Left unchallenged, the exaggeration will persist over time.

On the basis of social psychological theories of conformity, peer identity formation, and cognitive dissonance, Perkins (1997) has argued that such misperception is likely to have substantial consequences on personal use. Research has long pointed to the dramatic power of peer influence in adolescence and young adulthood, but what has not been adequately considered in previous research and prevention strategy is whether this peer influence comes simply from what other peers actually believe is the right thing to do and how they behave, or from what young people *think* their peers believe is right and how they think most others behave. The social norms model proposes that much of the problem behavior may come from students following “imaginary peers” as they wish to, or feel pressured to, conform to erroneously perceived group patterns. Several studies of college students at large and small schools in various regions have supported this claim by showing that perceived social norms are significantly correlated with students’ personal drinking behavior (Clapp and McDonnell, 2000; Nagoshi, 1999; Page, Scanlan, and Gilbert, 1999; Perkins and Berkowitz, 1986; Perkins and Wechsler, 1996; Wood, Nagoshi, and Dennis, 1992). It is a sociological dictum that if a situation is perceived as real, it is real in its consequences; perception of reality can ultimately produce behavior leading to a “self-fulfilling prophecy” (Merton, 1957).

Most adolescents, young adults, and indeed most everyone else are heavily influenced by the norms and expectations of other people. We are social creatures, operating for the most part by what the social group has set out as guidelines and expectations. The problem is that most students do not accurately perceive what the normative guidelines and expectations of their peers really are, and so they are guided, if not controlled, by a “reign of error” (Perkins, 1997). Students who are ambivalent about drinking or using other drugs and prefer to abstain feel pressure to indulge because they erroneously perceive that “everyone” expects it of them. Students who, left to their own inclination, would choose to drink only a moderate amount of alcohol with limited frequency are likewise nudged along to drink more heavily by their mistaken notion of what most other peers expect them to do and what they think most others are doing at parties and other social settings. Thus students with relatively moderate attitudes sometimes take risks with their drinking that they would not otherwise take, thanks to their distorted perception of norms. Finally, students who do have a permissive personal attitude, and who are thus personally prone to frequent heavy drinking or taking risks with other substances, can do so without reservation, naively thinking they are part of the majority. Perversely, other students give them the license and encouragement to do so because most other students hold the misperception of what is normative as well, even if their own behavior does not reach the falsely perceived standard. Overt peer opposition to destructive behavior declines in the face of misperception. Students become less willing to speak out against abuse and less willing to intervene when a peer is about to engage in risky behavior because they think they are the only ones who are concerned or uncomfortable with the actions of a peer.

Students with the most permissive personal attitudes are therefore bolstered by the misperception they (and others) hold and articulate, which makes them believe they are in a comfortable (albeit fictitious) majority. If students who are at high risk in terms of their own attitude begin to acquire or hold a more moderate—more accurate—perception of the peer norm for alcohol use, however, they are then placed in a more cognitively dissonant circumstance, which makes heavy drinking more difficult (Perkins and Berkowitz, 1986). Perkins and Wechsler’s research (1996) on nationwide data from 140 colleges and universities found that differing personal perceptions of the campus drinking culture have an important impact on students’ own use and problems, in addition to the effect of the actual climate at various campuses. It also found that the effect of these perceptions was strongest in accentuating or constraining alcohol abuse among those students with the most permissive personal attitudes.

If youths are pulled in the direction of these exaggerated (misperceived) norms, as the research suggests, then one might wonder why students do not

ultimately reach the level of consumption and risk in their actual behavior that they perceive to be the norm among others. Several factors explain why actual norms never rise to meet the level of perceived norms. First, when actual risky behavior among students at a school increases, so does the misperception of group members, through a series of causal dynamics where conversation and memory give attention to extreme behaviors, making them seem normative (as previously described). So misperception continues to outpace reality as the new extreme behavior becomes the object of attention and talk, as if it were normal. But this explanation alone would suggest a continuous inflation of actual and perceived norms, with the implication that a perpetual increase in substance abuse should be rampant. This is not the case, of course, for at least two reasons. First, not all youths are personally affected equally by their misperception of the norm. Biology, religious beliefs, and jobs, for example, exert a constraint on some youths in spite of their exaggerated notion of what others do. If one can not physically tolerate ingestion of alcohol, as is the case for some people, or if one is raised within a belief system of strict abstinence, one is not likely to drink or drink heavily just because one thinks most others do so. If the young person has to work a part-time job that conflicts with social activities where alcohol is readily available, then one has less opportunity regardless of misperception of the social norm. So not all students steadily increase their risk behavior on the basis of their misperception. Nevertheless, even those “protected” youths can still be a problem as “carriers” of the misperception “virus,” spreading it to others in conversation who in turn may be personally influenced (Perkins, 1997).

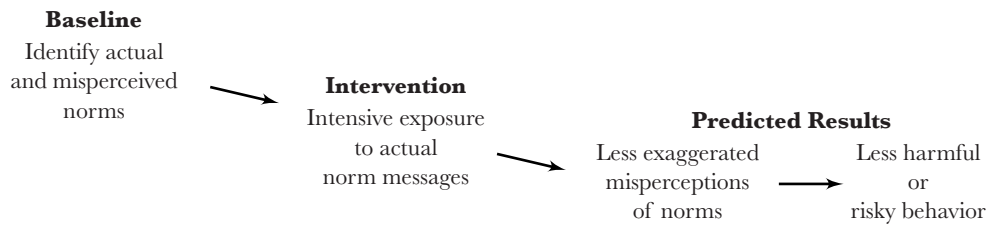
The second reason actual secondary school or college norms of a student population do not noticeably inflate for the group as individuals change behavior in response to their misperception is that we are not observing a static population where students remain forever as one group increasingly conforming to their misperceptions. They move through secondary school and college. Substance use behavior does increase for a cohort as it moves through grades and enters college. Then students graduate and react to new perceived norms of the “real work world,” or they drop out of school along the way (not infrequently because of a drug or alcohol abuse problem nudged along by their misperception of norms). So the “pool” of youth in the system responding to misperception is ever changing, as students move through educational institutions. They frequently respond to misperception of the norm for their new grade or new school negatively but ultimately move out of the group they erroneously perceived, all the time creating the illusion of a static level of substance abuse to the observer looking at the aggregate rate. Left unchecked, these taken-for-granted misperceptions of peer norms continue to work perniciously and unnoticed as both students and prevention specialists focus on the problem behaviors.

## The Social Norms Model of Substance Abuse Prevention

The strategy of the social norms approach, put simply, is to communicate the truth about peer norms in terms of what the majority of students actually think and do, all on the basis of credible data drawn from the student population that is the target. The message to students is a positive one—the norm is one of safety, responsibility, and moderation or abstinence because that is how the majority of students think and act in most student populations. (Whether the normative message focuses specifically on moderation or on abstinence depends, of course, on the substance involved and the age level of the youthful population.) In some instances or on the basis of some empirical measures, the actual norm may not be ideal, but it will be substantially less problematic than what students believe the norm to be. Therefore, communicating the truth about student norms becomes a constraining intervention on problem behavior, no matter what the actual norms are. As students begin to adhere to a more accurately perceived norm that is relatively moderate, the actual norm becomes even more moderate as the process of misperception leading to problem behavior is reversed (see Figure 1.1).

Any social norms intervention initiative must begin with collecting and assessing credible data identifying misperception and constructing data-based messages to counter them. Then a variety of methods can be employed to deliver the social norms message about accurate positive norms. Strategies have included print media campaigns (posters, billboards, student newspaper articles and ads, and targeted mailings to students), television and radio announcements, computer media communications, and classroom presentations. Peer educator programs have begun to focus their work on delivering messages about accurate positive norms. The approach is even being integrated into brief counseling strategies, where normative feedback is provided to confront misperceptions and help break

**FIGURE 1.1. MODEL OF SOCIAL NORMS APPROACH TO PREVENTION.**



down the denial of students with a problem by letting them see where their behavior falls on the continuum of actual behavior. Several case studies and experiments using a number of these strategies with young and college age students have yielded significant positive results in terms of reduced substance use (Agostinelli and Brown, 1995; Borsari and Carey, 2000; Haines and Spear, 1996; Hansen, 1993; Hansen and Graham, 1991; Jeffrey, 2000; Johannessen, Collins, Mills-Novoa, and Glider, 1999; Perkins and Craig, 2002; Schroeder and Prentice, 1998; Steffian, 1999).

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## Chapter Contributions to This Book

The methods of collecting data, the choice of particular normative messages, and the means of delivering the credible information vary, of course, across school contexts and age groups. The projects presented in the chapters of this book present examples with further breadth and detail of social norms strategies along with extensive evaluation data providing evidence of the impact of this approach. In the first set of case studies (in Part Two), we find a number of college campuses that have introduced intensive social norms initiatives targeting alcohol abuse, each witnessing a remarkable reduction in high-risk use following introduction of this approach. Their findings are even more remarkable given that several nationwide studies have demonstrated no reduction in the high-risk drinking rate at colleges and universities in general across the nation over the last ten years, when these case studies were being conducted (Johnston, O'Malley, and Bachman, 2001; Wechsler, Lee, and Kuo, 2002).

These applied experiments in college populations are quite important taken together as a set. They make a strong collective statement of the potential power of this approach, for two reasons. First, although any one case study might be criticized for imperfect methodology in some regard—be it a low survey response rate, a limited set of empirical measures, or the limited ability to control other events in the immediate campus environment occurring during the experimental period—the potential weakness of any particular study is far overshadowed by the consistent positive result achieved by all experiments conducted with diverse methodologies. Second, this consistent positive result was found across a range of schools representing academic institutions in the eastern, midwestern, southwestern, and northwestern regions of the United States. These schools include public and private institutions with student populations from less than two thousand to more than thirty-five thousand. Some of these schools draw students from a predominantly upper-middle-class background while other schools have a more

middle-class and working-class constituency. Some schools are essentially residential; others have a significant commuting population.

The Northern Illinois University experiment (Chapter Two) presents the first applied experiment using the approach in a college student population and lays out an extended time frame for assessing impact. The experiment used print media and cocurricular activities publicizing actual norms to change perceptions; it documented a dramatic and continuing decline in heavy drinking among students. The Hobart and William Smith Colleges experiment (Chapter Three) describes the development and results of an experimental social norms intervention implementing multiple interlinked strategies to achieve a synergistic effect in reducing misperceived drinking norms. Electronic media and curricular innovations were designed to enhance and extend print media communicating actual student norms. Results drawn from multiple survey techniques and an extensive set of survey measures over five years demonstrate both immediate and long-term reduction in high-risk drinking and negative consequences. The University of Arizona (Chapter Four) replicated the NIU print media strategy with further development of media intervention methods and coordinated the strategy with coalition building initiatives within the university, again witnessing a significant reduction in heavy drinking.

At Western Washington University (Chapter Five), another print media campaign was conducted, this time adding social norms delivery through a large peer educator program and, for students already manifesting an alcohol problem, delivery through an alcohol screening and intervention program. A significant reduction in high-risk drinking was achieved in this project as it simultaneously reinforced abstinence and the choice of substance-free housing. The Rowan University Social Norms Project (Chapter Six) reports replication of the social norms intervention approach at an East Coast university using print media as well as orientation program presentations and radio programming. Assessment results demonstrate that as exposure to campaign materials increased each year, a corresponding reduction in high-risk drinking was the result. The Small Group Norms-Challenging Model at Washington State University (Chapter Seven) introduces strategies and results of multiple efforts to reduce misperceived peer norms and related high-risk drinking through class presentations, workshop formats, and small-group interaction especially targeting high-risk groups with control group comparisons demonstrating the impact of the strategy.

The next group of studies (Part Three) consider expansion of social norms intervention to other campus applications. Chapter Eight is an evaluation of a social norms marketing intervention to reduce the onset of smoking among new college students at one university; it compares the outcome with data from another

school acting as a control site. The experiment demonstrated a significant reduction in onset of smoking among students exposed to messages about accurate student norms as compared to students at the control site. Chapter Nine discusses the potential importance of using a social norms approach to build campus support for policy change, an important first step in applying policy-oriented environmental strategies. Policy controls are likely to be more effective if there is known to be significant student support, yet students often underestimate the level of support for regulations that actually exists among peers. Survey data are presented to support this claim, and the implications are discussed for building comprehensive prevention strategies.

Part Four looks beyond the college campus to research and models applying the social norms approach to young adults in general. Chapter Ten reports the results of a statewide survey of eighteen-to-twenty-four-year-old residents in Montana that examines actual and perceived norms for frequency and quantity of alcohol consumption and prevalence of drinking and driving. Results again reveal a dramatic discrepancy between actual and perceived norms for both men and women. The next chapter (Chapter Eleven) follows up this statewide research with discussion of the strategic steps taken by one social norms program to take the social norms approach for promoting health to a statewide level of implementation. It reviews important issues, from data gathering to message development to building coalitions and stakeholder support.

In Part Five, contributing authors turn their attention to middle school and high school students. Chapter Twelve reveals the pervasive pattern of misperception regarding peer tobacco, alcohol, and illicit drug norms found among middle school and high school students across the nation. The data were collected in a Web-based survey conducted in twenty-eight schools in five states across the country. The dramatic potential for introducing the social norms model in secondary education is made apparent by the prevalence of misperceived norms at these earlier age levels. The next study (Chapter Thirteen) describes a social norms experiment conducted among twelve-to-seventeen-year-olds living in seven Montana counties, with results compared to youths in the rest of the state. At the end of the experimental time period, the social norms media intervention was associated with a significantly lower rate of first-time use of tobacco compared to the rate of first-time use in the rest of the state, where other types of prevention strategies were employed. Chapter Fourteen describes the intervention conducted at two Midwestern high schools using social norms media to significantly reduce cigarette smoking and drinking among tenth grade students during a two-year period. This project was unique among social norms interventions in that it used media to change the parents' and teachers' perceptions of students as well as the students' perceptions of their peers.

In the final portion of this book (Part Six), we present further applications of the social norms model. Chapter Fifteen reports on a statewide study of parents of teenage children that examines parenting behaviors and parents' perceptions of parent norms. Parents typically misperceived parent norms, believing most parents to be less involved and more permissive in parenting as related to curfews, talking with teens about substance use, and other serious concerns than is actually the case. This study demonstrates a circumstance in which the social norms approach can be extended to family life by correcting parent misperceptions and reinforcing effective parenting. If parents can be strengthened in their resolve to pay conscientious attention to their children's social lives, it is likely to reduce substance abuse among youth. This chapter also presents examples of media intervention resulting from these findings.

The phenomenon of misperceived norms goes well beyond alcohol and other drug use and can be observed in such areas of prevention work as hate speech, sexual aggression among men, and eating disorders among women. Many educators, counselors, and clinicians working on problems of substance abuse may also be working on other such problems of health and well-being in their practice and professional work with adolescents and young adults. Thus one does not have to limit the use of a social norms approach strictly to a focus on substance use. Much of what has been learned in applying the model to substance abuse prevention can be translated to other areas as well, although care must be taken in translating this approach to other topics. Chapter Sixteen extends the horizon for using a social norms approach to these areas and presents a review of the limited work of relevance. It speculates about the utility as well as limitations of a social norms approach for these other areas.

In Chapter Seventeen, I conclude the book with a look at the promise of the social norms approach on the basis of available research. I also address common questions and criticism about this method of promoting health, and I point out what future studies are needed to address remaining questions and lead to further advances in substance abuse prevention work.

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