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Preventing alcohol-related harm among Australian rural youth: investigating the 'Social Norms' approach

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The Tasmanian Institute of Law Enforcement Studies (TILES) will be publishing regular Briefing Papers on topics related to the Institute's research program. High risk drinking among young people is recognised as both a health and a community policing issue. As such, TILES and UDRH are planning to collaborate on an innovative research program aimed at preventing alcohol-related harm among Australian rural youth.

In this, our first Briefing Paper, Dr Clarissa Cook of the University Department of Rural Health (UDRH) at the University of Tasmania, discusses some key issues surrounding 'risky drinking' and the 'social norms' approach to addressing the problem. This work was also presented at the 8th National Rural Health Conference, Alice Springs, 10-13 March, 2005.

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There is a sense of urgency surrounding a key health problem of our time: high-risk drinking.[1] Misuse of alcohol is responsible for much of the acute and chronic disease burden, and is associated with mental health problems, suicides, and motor vehicle and other accidents.[2-13] Risky drinking among young people, in particular, is widely regarded as an important public health issue not only because of the various harms incurred in the short term, but also because of the multitude of health, personal and social implications that are likely to affect people later in the life-course if such drinking patterns become entrenched.[14] Australian youth in rural and remote communities are of particular concern since they consume alcohol at more harmful levels than their metropolitan counterparts.[15]

Despite substantial public investment and an array of different approaches, the 'problem' of binge-drinking has shown itself to be a highly complex and particularly intractable issue:

> In our efforts to solve the problem of binge drinking, we have none of the precision that we like; it is not an infectious disease that can be controlled or eradicated by the application of so many units of some treatment, or prevented by the careful removal of clearly defined personal, social, or environmental factors that lead to illness. [16]

In Australia, as elsewhere, there is growing recognition that it is preferable to take a preventive approach to youth binge-drinking and alcohol problems more generally, rather than wait until the problem is apparent. Preventive programs are by no means a 'new invention', however – school-based alcohol abuse prevention programs have been part of Australian primary- and high-school education for many decades. Commentators have noted a number of phases of development in this country which have tended to mirror developments overseas.[17]

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Early prevention work within schools tended to focus on the provision of information to students, particularly concerning the pharmacological dangers of substance use and the possible risky consequences of drinking. These programs often incorporated deliberate scare-tactics and have been labelled 'health terrorist'[18] approaches due to the underlying assumption that scaring the living daylights out of people will 'scare the health into them'. Put simply, it was believed that ' if young people just knew how horrible drugs were and what they did to their brains and bodies, then they would not use them'.[19] Sometimes more comprehensive school-based alcohol and drug education programs were delivered in conjunction with law enforcement agencies, with the aim of educating young people about the likely legal, social and health implications of the use of illicit drugs and the misuse of licit drugs.

Despite some residual 'scare tactic' elements within contemporary programs, the information approach as a stand-alone method of tackling high-risk drinking among youth was 'an acknowledged failure by the late 1970s'.[20] Ironically, some information-based programs have resulted in 'more educated drug users' as well as increased levels of use.[19] The ensuing phase of school-based prevention took a more holistic approach – seeking to build the self-esteem of young people so that they were less vulnerable to the vagaries of substance abuse. Sometimes these programs included resistance training components that sought to 'innoculate' youth against overt peer-pressure to engage in risky behaviours. Over time such 'affective' programs suffered the same fate as their predecessors the 'information' programs – they were gradually, if reluctantly recognised as having only limited efficacy.

With the exception of some more recent and more sophisticated 'social influence' programs,[20] alcohol programs for young people have not achieved great success, either in Australia or elsewhere despite 'good intentions and a parade of promising practices'.[16] On the whole, alcohol educators here and overseas find themselves in a frustrating and disheartening position whereby, despite determined efforts, prevention programs generally fail to deliver sustained behavioural modification.[17]

Looking for alternative approaches

In searching for possible explanations for lack of effect it is necessary, to examine the assumptions underpinning the various prevention efforts. With respect to alcohol programs, information-based approaches assume that young people will be motivated to change by appeals to long-term health consequences or mortality. With respect to the so-called 'affective' and 'inoculation' approaches, there is an underlying assumption that low self-esteem is a significant causal factor in harmful patterns of alcohol consumption among young people. Similarly, although peer factors have repeatedly been shown to be fundamental to youth drinking behaviours,[21] it is conceivable that peer pressure doesn't operate in precisely the way program designers assumed that it does.

With such issues in mind, there is merit in the development of a 'sociology of drinking'. d'Abbs recognised that although the public health approach to alcohol-related problems is valuable from a descriptive and risk-factor identification perspective, it "fails to acknowledge the extent to which, and the many ways in which, drinking is a social as well as an individual act".[22] There is strong evidence that a sociological approach to alcohol consumption 'matters very much',

…not only because drinking is a social act, but because virtually the entire public health repertoire of policies and measures are… attempts to intervene in the social control of drinking.[22]

As noted earlier, some of the more recent 'social influence' approaches to alcohol abuse prevention are yielding promising results. This could be because they incorporate environmental/cultural factors and acknowledge and utilise complex social control processes, rather than having a blinkered focus on the individual's knowledge, values or personality.

The pursuit of a theoretically sophisticated sociological approach to alcohol consumption represents an important way forward for rational program design and evidence-based policy development. One recent prevention approach that is gaining in popularity and deemed worthy of the label of 'sociologically-informed', is known as 'Social Norms' (SN). SN has a theoretical basis in social-psychology, and draws upon theories of peer identity formation, conformity and cognitive dissonance.[23] A distinctive feature of SN is its clarification and utilisation of peer-related influences on behaviour. As explained by a pioneer of the approach:

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.[18]

The SN approach has been extensively employed in the United States, and has been heralded as an effective strategy for reducing alcohol-related harm in youthful populations by identifying and correcting such attitudinal and behavioural misperceptions. The following section of this paper, sketches out how the approach has developed since the foundational research was conducted nearly two decades ago, and considers whether or not the encouraging results achieved overseas would be likely to be achieved in the Australian context.

About the Social Norms approach

The foundational research was undertaken in the late 1980s by social scientists Perkins and Berkowitz, who discovered widespread misperception of alcohol-related attitudes and behaviours among college students at Hobart and William Smith Colleges in upstate New York. Specifically, they found that students consistently overestimated how often and how much their peers drank, as well as overestimating their peers' support of risky drinking behaviours. Perkins and Berkowitz subsequently theorised that much high-risk activity stems from people wishing to, or feeling pressured to, conform to the behaviour and expectations of 'imaginary peers'.[18]

These early contentions have been supported by more recent studies - for instance, Beck and Trieman's finding that "teens' drinking behaviors are not driven so much by a need for peer approval or to be accepted by a group, but rather by *what is perceived of as normal behavior among one's close friends*".[19, 24] Essentially, what is problematic about misperception is the self-fulfilling prophecy[25] effect whereby the (often erroneous) assumption that 'everyone is doing it' leads to a situation where 'everyone does it'. Certainly, many studies demonstrate that perceptions of drinking norms predict, or are at least positively correlated with, individual drinking behaviours.[21, 26, 27] However, just as inflated perceptions of drinking norms contribute to a social environment that is supportive of high-risk drinking, accurate norm perceptions will tend to have the opposite effect.[17] Therein lies the 'secret weapon' of this important alternative to 'health terrorism':

> 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. [18]

The basic stages of an SN intervention are as follows:
The initial phase involves the collection of baseline self-report data about use and attitudes. These data are then analysed and the key messages are crafted, with an emphasis on positivity. (for example, '70% of Greentown High students have three or fewer drinks when they party'). Scare tactics and negative slants are notably absent. The next phase involves the incorporation of the key messages (i.e. the 'actual norms') into a media campaign utilising radio, flyers, screensavers, and newspaper ads, for example, that is then delivered intensively to the target population. The population from which the baseline data were collected is always the intended recipient of the media campaign, but sometimes additional groups (such as parents and teachers) are included. The media phase is then monitored for impact in terms of recognition and understanding of the message, changes to norm perceptions and resultant changes in behaviour.

Social norms interventions are rapidly gaining in popularity in the United States. In a survey of 4-year colleges nationwide in 1999, 20% of the colleges surveyed reported having conducted social norms marketing campaigns, and by 2001 this figure had risen to nearly 50%.[28] There is a growing body of evidence of encouraging and often dramatic reductions in high-risk drinking among target populations in metropolitan and non-metropolitan settings. For instance the University of Arizona reported a 29% reduction in 'heavy episodic drinking' over a three-year period.[29] Equivalent figures for other institutions include a 21% reduction over two years at the University of Missouri-Columbia, and a 44% reduction over 10 years at Northern Illinois University.[30] Other institutions[31] reported significant increases in the proportion of abstainers (teetotallers) among their student populations. Although the majority of SN interventions have been conducted at colleges and universities, the approach is also yielding promising results at high-schools.[32, 33].

Despite a growing band of enthusiastic followers, the SN approach does have its critics. Weschler, for example, recently argued that "...there is no evidence from scientifically rigorous evaluations supporting the effectiveness of…social norms marketing campaigns".[28] Although their conclusions have been refuted on methodological grounds,[34] this group of Harvard-based academics remain vocal critics of the SN approach. Admittedly, there have been isolated examples of 'failed' SN interventions. Werch, for instance, reported that an intervention designed to prevent heavy episodic drinking among first-year college students "failed to produce any differences in self-reported alcohol use or alcohol-use risk indicators".[35-37] However, the existence of such inneffective interventions do not, in themselves, constitute a satisfactory basis for dismissing the SN approach. The evidence base in support of the method is sufficiently large and robust to warrant detailed consideration of the potential 'fit' of SN within the Australian social, cultural and policy environments.

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Would Social Norms interventions be likely to work in Australia?

Having learned something of the theoretical underpinnings of SN and the details of some interventions, is the task of considering whether or not the 'fit' between SN and the Australian policy and social environments is likely to be a comfortable one? Certainly, there are reasons to think that SN interventions might not be readily 'transplantable'. With few exceptions, virtually the entire body of evidence is U.S.-based.
There may be important cultural or social differences between Australia and the U.S. (for instance, less pervasive peer orientation among adolescents) that would render SN interventions less effective in the former than in the latter. The American legal drinking age is 21 as opposed to 18, which might also have implications for program implementation.

Furthermore, the United States' 'War on Drugs' is often held as the 'bastion of opposition' to Australia's drug policy position that is based on a 'harm reduction' approach.[38, 39] A detailed discussion of the similarities and differences between the drug policies of the two countries is not only outside the scope of this article, it is of limited value for the current discussion. What matters, is not how different the Australian and U.S. drug policies are, but whether SN is itself compatible with a harm minimisation framework.

Although there has been some controversy surrounding the terms 'harm minimisation' and 'harm reduction'[40] and the extent to which they are interchangeable, broadly speaking they refer to:

> a policy of preventing the potential harms related to drug use rather than trying to prevent the drug use itself. Harm reduction accepts as a fact that drug use has persisted despite all efforts to prevent it and will continue to do so.[41]

The principle of harm-minimisation/reduction provided the basis for Australia's National Campaign Against Drug Abuse (launched in 1985) as well as its successor, the National Drug Strategy.[22] Critics of harm minimisation have suggested that it condones illicit drug use and other risky behaviours because it does not promote non-use, or even necessarily aim for a reduction in use. However, as Plant and his colleagues explain, harm minimisation is 'neutral on the virtue or shame attached to such behaviours'[42] and although it does not seek to minimise alcohol intake per se, it is by no means incompatible with abstentionist aims.

There are good indications that SN interventions will fit comfortably within our harm minimisation policy framework. Unlike health promotion approaches that seek to scare people off behaviours because they are risky (or shame people out of them because they are 'bad'), SN approaches takes a neutral stance – they do not present alcohol consumption as either evil or virtuous. Importantly, there is an assumption that many young people do and will continue to consume alcohol - the challenge lies in finding evidence-based ways to diminish the likelihood of them harming either themselves or others in the process. SN is a promising candidate in this regard.

Trialling Social Norms in Australia

We are currently exploring the possibility of running the first Australian trial of the SN approach to substance abuse prevention. Although the finer details of the trial are yet to be determined, it is possible to sketch out some of the defining features at this point. It is envisaged that the trial will be both multi-state and multi-site, and will initially focus upon reducing binge-drinking among high-school aged children in a Tasmanian rural community.

The initial trial will take a collaborative, multidisciplinary approach, with the involvement of both the University Department of Rural Health and the Tasmanian Institute of Law Enforcement Studies from the University of Tasmania, as well as Tasmania Police, health service providers and various community/non-government organisations, local government and schools. This is in recognition of the importance of involving a diverse mix of individuals and institutions in prevention efforts .[43]
A subsequent phase (dependent on ongoing funding) is planned to trial the approach with an indigenous community in another Australian state. If this later phase of the trial proceeds as planned, it will be a 'world first' as no SN interventions to date have focussed exclusively on an indigenous population.

The target population will be students in early high school, with the possibility of also including upper primary school students. The focus on youth in these particular age-groups is well-supported by the literature,(44-46) with strong agreement that the late primary/early high school years represent 'the optimal time for initiating youth drug interventions' since it tends to coincide with the onset of experimentation.[47]

Like many of the more recent SN interventions in the U.S., the Australian trial will take a broad community focus involving teachers and parents as well as students. Again, the inclusion of a parenting component in a youth-focused substance abuse prevention intervention is well supported by the literature.[48, 49] The trial will

aim to identify and correct any misperceptions the parents might have of youth alcohol consumption in that community. An additional, though no less significant aim is to use the SN approach to strengthen parenting behaviours that are supportive of safe alcohol consumption. Just like teens, parents' behaviour can by influenced by erronous perception of 'peer' (i.e.other parents') behaviours and attitudes :

> …if parents underestimate how frequently other parents are using certain protective strategies, this misperception may serve to undermine their own resolve to adopt those strategies or apply them consistently. Stated simply, it is harder for parents to uphold firm rules and standards when they believe they are among the few parents trying to do so.[50]

The parenting component might be crucial to the success of an indigenous community intervention; there are indications that parental/guardian influence is stronger among indigenous youth than it is among non-indigenous youth. As O'Leary points out, this "presents the opportunity to revive cultural responsibility for younger relatives/community members as a strategy to prevent early, excessive, and prolonged alcohol use". [51]

The broad, community-based approach of the proposed trial maximises potential reinforcement of the key messages.[52, 53] Furthermore, it seeks to prompt the 'environmental' level changes deemed necessary by Midford and colleagues, who argue that:

> curing or removing the individual problem drinker will not result in a reduction in alcohol-related harm, because the community dynamics which caused these problems are unchanged. In order to change the aggregate level of alcohol-related harm, environmental changes have to occur.[47]

Conclusion

We are enthusiastic about the potential of the SN approach to reducing high-risk alcohol consumption among young people. It is an evidence-based prevention model that will hopefully avoid some of the 'unintended consquences' of media coverage and many of the standard scare-tactic health promotion approaches, which themselves contribute to the perception of the 'normality' of youth binge-drinking:

> News accounts and other messages about student drinking that are designed to underscore the seriousness of the problem can have the unintended consequence of reinforcing the misperception that heavy drinking is the norm. Ironically, the very information that is designed to motivate corrective action may instead bolster a set of beliefs that make the problem more resistant to change.[54]

Although alcohol consumption has been the focus of most SN interventions in the U.S and will also be the focus of the Australian trial, the approach is by no means restricted to the area of substance abuse. There is a growing body of evidence that a variety of health and social justice issues are amenable to change via the correction of misperceptions. For instance, encouraging results have been gained in relation to smoking,[50, 54] homophobic and racist behaviour,[55, 56] teenage pregnancy and sexual assault .[57, 58]

TILES and UDRH are excited about conducting the first Australian trial of the SN approach, and are confident that the collaboration involving the University of Tasmania, Tasmania Police, local and state government representatives, health care professionals, schools and rural community will work effectively towards achieving shared objectives.
In the process of meeting important research priorities identified by the Australian government [59, 60] this collaborative work will stimulate Australian debate about SN and provide evidence concerning its potential 'transplantation' to this country as a method for reducing alcohol-related harm. Adding to the body of knowledge about socio-cultural determinants of alcohol consumption, will also contribute to the long-overdue development of a 'Sociology of Drinking'. All partners in this project enthusiastically embrace the opportunity to examine an alternative approach that could revolutionise health promotion and make significant contributions to the health of rural and remote Australians.

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