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Lessons Learned from Public Health Campaigns and Applied to Anti-DWI Norms Development

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16. Abstract

The purpose of this study was to examine norms development in past public health campaigns to direct lessons learned from those efforts to future anti-DWI programming. Three campaigns were selected for a multiple case study. The anti-smoking, anti-drug, and anti-AIDS campaigns were examined through in-depth discussions with experts of the campaigns. Ten experts specifically discussed their knowledge of those campaigns and the potential application to anti-DWI promotions; three other experts provided a more theoretical background on norms development and behavior change models.

The 13 experts were interviewed by telephone between February and April, 1994. The in-depth discussions were recorded and reviewed at length. Relevant excerpts of conversations were sometimes transcribed directly, sometimes paraphrased. Information from the interviews was combined to describe the anti-smoking, anti-drug, and anti-AIDS campaigns. After the three cases were described, the most important factors actually contributing to norms change were analyzed. Basic principles and strategies of norms development were then extracted from both individual examples in a single campaign and from multiple sets of examples across different campaigns. Finally, recommendations were developed to promote actions that can lead to the further development of anti-DWI norms.

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The author does, however, gratefully acknowledge the support of many people and organizations in producing this document. First and foremost among them are thirteen selected experts for the study who generously gave their time and shared their expertise on norms development and on the anti-smoking, anti-drug, and anti-AIDS campaigns researched here.

- Charles Atkin -- one of the nation's leading experts and foremost scholars on mass communication
- John Baer -- a research psychologist who specializes in addiction and substance abuse among college students
- David Clark -- a psychologist specializing in the mental health of adolescents especially suicide prevention
- K. Michael Cummings -- a public health specialist with expertise in smoking control including cessation and intervention strategies
- Martin Fishbein -- a social psychologist and communications researcher most known for his theories relating norms and attitudes to social behavior
- William Hansen -- a social psychologist specializing in the implementation and evaluation of school based drug prevention programs
- Harold Holder -- a research sociologist whose work centers on the ecology of alcohol problems
- Lloyd Johnston -- a social psychologist who is the foremost chronicler of drug related behavior of American youth
- Marvin Krohn -- a sociologist specializing in the delinquent behavior of various subgroups
- David McKirnan -- a psychologist whose work centers on the interrelationship of communities and norms, especially those pertaining to alcohol and other drug use, sexuality, and deviance

- Deborah Prentice -- a psychologist whose research focuses on the perceptions and presentations of self; particularly the role pluralistic ignorance plays in campus alcohol use

- Ralph Turner -- a sociologist emeritus whose analyses of collective behavior center on disaster, mobility, racial inequality, and self-concept

- Kenneth Warner -- an economist of public health whose work concentrates on the effects of anti-smoking campaigns, cigarette advertising, and licit and illicit drug policy

Without their contributions or the guidance of NHTSA, this report would not exist.

CONTENTS

SUMMARY NOTE

Study Background

Despite progress in controlling DWI[1], alcohol-impaired drivers[2] still present a major problem to highway safety. Alcohol was involved in 57 percent of the fatal highway crashes in 1982. Ten years into greater focus on DWI, alcohol was still involved in 45 percent of those crashes (NHTSA, 1994).

With the goal of promoting anti-DWI norms in America, the National Highway Transportation Safety Administration (NHTSA) contracted with Sociometrics, Inc. to study norms development in previous public health campaigns. Three areas of inquiry were addressed: First, what factors led to the public acceptance of anti-smoking and other changes? Second, what principles and strategies derived from these factors might be applied in developing anti-DWI norms? Third, what application of these strategies might bring about even broader acceptance of anti-DWI norms? In contracting for this study, NHTSA emphasized that promoting informal, yet wide social acceptance of stricter anti-DWI norms would decrease the need to use formal sanctions and lead to widespread behavior change regarding driving after drinking.

Methodology

Sociometrics, Inc. designed an empirically based, multiple case study of norms development in three previous social marketing campaigns. During in-depth taped discussions held in 1994, ten public health experts involved with the smoking, substance abuse, and AIDS campaigns offered their understanding of the lessons learned from the campaigns. To complement these discussions, three other experts provided Sociometrics with theoretical viewpoints on norms development and behavior change models applied to these public health efforts.

Results

Analysis of seven primary factors promoting norms change in the anti-smoking, anti-drug, and anti-AIDS campaigns determined that there were three basic principles of norms development and seven strategies that stem from these principles. Based on lessons learned

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[1] Driving while intoxicated

[2] Drivers under the influence of alcohol are referred to as either alcohol-impaired or intoxicated drivers in this report.

from these previous campaigns, recommendations were then made to promote actions that might lead to the further development of anti-DWI norms.

The seven most prominent factors involved in promoting norms change in the three campaigns studied are:

- The process was effected by a multitude of different actions.
- A wide range of publicity options kept campaign issues in the public eye.
- Attracting celebrities stimulated norms development.
- Legislation, taxation, and enforcement helped emphasize the seriousness of the issue.
- Perceptions and misperceptions of norms could be corrected through confrontations with reality.
- Clarifying risks provided effective checks on dangerous behavior; however, raising undue alarm increased denial.
- Teens and young adults were reached most effectively through prevention strategies directed specifically toward them.

The three basic principles of stemming from an analysis of these seven factors are that ambiguous norms need to be: 1) clarified, 2) linked to social values, and 3) presented with clear sanctions when norms are violated. Notable strategies for carrying out these principles are:

- Use effective communication, like media campaigns, to strengthen norms development and clarification.
- Take advantage of the full power of the media with public service announcements (PSAs), paid advertising, and celebrity support to disseminate new norms.
- Sustain the norms development campaign by varying and repeating the message for each target group and each later generation.
- Target campaign efforts to particular behaviors and particular populations.
- Make everyone a part of the solution by defining change as a social responsibility.
- Promote an awareness of behavior by carefully correcting misperceptions and highlighting risks.
- Advocate for restrictive legislation, increased taxation, and rigorous enforcement of laws.

These principles can be applied to anti-DWI programming through the following actions:

- Support a wide range of strategies in educating the public about the dangers of DWI. Comprehensive campaign efforts are, in the long run, the most effective.

- Integrate anti-DWI prevention programming into formal classroom education.
- Use effective marketing techniques in developing and distributing anti-DWI public educational programs.
- Be clear and consistent about tough enforcement of current DWI laws. Enforcement of these existing laws both communicates and clarifies norms.
- Promote support for increased taxation on alcohol. Reducing the opportunity for use helps. Target these increased taxes for local DWI enforcement and prevention programs.
- Make everyone a stakeholder in the anti-DWI legislative process by increasing citizen support.
- Encourage support for new anti-DWI legislation to encourage tougher laws and keep DWI issues in the media.

CHAPTER ONE: INTRODUCTION

BACKGROUND FOR THE STUDY

The purpose of this research was to examine the empirical development of norms (standards of behavior) in various public health campaigns and to determine how these norms can be used to deter alcohol-impaired driving. The goal of the research is to establish anti-DWI norms to which individuals will adhere because they consider them proper and acceptable.

This "Norms" project was one of one of three related projects contracted by the National Highway Traffic Safety Administration (NHTSA). "Values" project sought to determine how individuals' most important existing values can be used to deter DWI behavior. The "Decision-Basis" project examined the specific decisions that individuals make when deciding whether to drive after drinking. Together, the studies of norms, values, and decision-basis will enhance the research base from which NHTSA will influence future programming for highway safety.

NORMS, VALUES, AND BEHAVIOR

People often consider four different factors when deciding how they will personally behave in various situations: personal beliefs, values, norms, and decision-making behaviors. These factors are defined below and illustrated using a series of questions asking oneself whether to drive after drinking.

Factor 1: Belief about the current situation—
What is the impact of drinking on my reflexes?

Factor 2: Values behind the thoughts about those beliefs and situations—
What do I think about alcohol consumption, about my self-control, and about my dependency on others to drive me home?

Factor 3: Norms or rules, the "shoulds" or "oughts" about the behavior—
What are my personal rules about drinking and driving? What will happen to me if I drive when intoxicated?

Factor 4: Behavioral decision-making or understanding of how these factors all relate to one another—
Which of these factors are important and how do they relate? Should I drive after drinking?

Values and norms express a person's culture or subculture. One school of thought (socio-anthropological) sees norms as a static expression of conventions and roles in a culture. Another school of thought (socio-psychological) sees norms as the dynamic result of encounters between individuals and conventions. Although social science disciplines disagree in this area, they do agree more or less with the *meaning* of norms and values and their relationship to one another.

Norms are shared rules that influence specific behaviors in a group. Norms carry with them the *shoulds*, the *musts*, and the *oughts* that define a behavior as appropriate to particular social situations. Norms influence behavior; however, the do not determine behavior. Norms describe what people should do, not what they actually do.

If norms are a group's rules on how to behave, sanctions are the group's punishment for not behaving according to the norms. Formal sanctions may result in probation, fines, license suspension, imprisonment, or remedial classes. Informal sanctions may result in ridicule or malicious gossip by the group.

Values, somewhat more abstract than norms, are socially shared beliefs about what is right (Kornblum & Smith, 1988). Some sociologists define values as "those norms that are particularly important to the integration of a society" (Rosenberg, Shaffir, Turowetz & Weinfeld, 1987, p. 23). Others define values as "the ideas that support or justify norms" (Kornblum & Smith, 1988, p. 86). Thus, values can be viewed as either important societal norms or as the underlying ideas that help to develop norms.

Many sociologists agree that social values are those notions that society has of a "good life," and that social norms *grow out of* these social values. Looked in this way, social values are about the goals people have in their lives, how they try to reach these goals, and what they regard as positive character traits, for example, appearances, achievements, and possessions. Once fixed in the cultural pattern of a society, social values become the primary criteria by which the rest of social life in the society is organized and judged (Leslie, Larson & Gorman, 1973; Tumin, 1973; Blake & Davis, 1964).

In reality, some norms are more ambiguous than others. This ambiguity depends on where the norms are linked. Norms can be linked to social values, institutions, specific roles, sanctions, and/or opportunities. Where norms are linked to:

- social values--they describe appropriate behavior involved with health, youth, respect for others, social acceptance.
- institutions--they describe appropriate behavior involved with family, church, school, and/or more informally through peers.
- specific roles--they describe appropriate behavior involved with who is doing what is expected.

- sanctions--they describe appropriate responses to behavior violating the norms they describe appropriate

To the extent that these traditional factors which make up a person's system of norms are unambiguous, they have a strong effect on social control.

If there are conflicting values and uncertainties *within* a person's system of norms, however, the result may be a lack of clarity and confusion about expectations of who should or should not do what. Decision-making and behavior in such a weak normative (or normless) situation are then subject to individual perceptions and interpretations of what most other people do.

Current anti-DWI norms are ambiguous and weak. They are, therefore, more susceptible to individual decision-making and behavior than are strong, unambiguous norms. *But, it is precisely a weak system of norms such as those regarding anti-DWI behavior, that can be open to intervention and change with campaign strategies.* As this report will document from the lessons learned in the previous campaigns, the strategies for changing current norms lie primarily in *clarifying the underlying values.* For example, highlighting risks to the health of self and others, and dictating what one should and can do to prevent such risks. Moreover, because the transmission of DWI norms is not often linked with or imbedded in traditional factors such as family, church, and school, then for the most part, public authorities and the media are called upon to develop the linkages between norms and their underlying values. Persistent public campaigning may be necessary for this and future generations. Finally, until norms are clearly changed, sanctions must continue to be used to punish violations.

PROBLEM STATEMENT

The combined efforts of public education and citizen action can be credited with beginning to change DWI norms. In the last decade, alcohol-related highway fatalities dropped from 57 percent to 45 percent of all highway traffic deaths. And yet, driving while drinking remains major problem for highway safety. Close to 18,000 Americans were killed in 1992 due to alcohol-related[3] crashes, and 1.2 million others were injured (NHTSA, 1993).

The media and the advertising industry still associate drinking with masculinity, sexual fulfillment, sophistication, and fun. The controlled use of alcohol and/or abstinence from drinking are presented rarely as good qualities. Seldom are the consequences of DWI and excessive drinking highlighted. Noting that the DWI campaign was 25 years behind the

[3] Alcohol-related crashes are those in which the driver of the vehicle causing the accident had been drinking.

anti-smoking campaign, the Surgeon General in 1988 publicly called for developing clearer anti-DWI strategies to reduce the numbers of alcohol related highway deaths (Public Health Service, 1989).

According to the Presidential Commission on Drunk Driving (1983), to reduce alcohol-related crashes, injuries, and fatalities, interventions must be targeted to society's values, attitudes and, behaviors on alcohol use and abuse (p. 1). The goal of this study, therefore, was to learn about the norms change process from the anti-smoking, anti-drug and anti-AIDS campaigns and apply the lessons learned from those campaigns to the potential application to anti-DWI promotions. Supporting an *informal* social acceptance of new stricter anti-DWI norms would decrease the need to use formal sanctions and lead to widespread positive behavior change.

STUDY OBJECTIVES AND OVERVIEW

The aim of this study was threefold:

- Identify and examine factors leading to the public acceptance of anti-smoking and other norms.
- Identify from successful norms change campaigns the principles and strategies that might be applied to developing anti-DWI norms.
- Recommend actions for applying successful principles of norm development to the broad acceptance of anti-DWI norms.

In response, Sociometrics, Inc. designed an empirically based, multiple case study of norms development in three social marketing campaigns. During in-depth taped discussions in 1994, ten public health experts associated with the smoking, substance abuse, and AIDS campaigns discussed the lessons of these campaigns. Three other experts provided the theoretical background on norms development and behavior change models applied to these public health efforts.

The anti-smoking campaign, spanning 30 years, provided the most comprehensive analysis. The more recent anti-drug campaign complemented anti-smoking prevention efforts. The anti-AIDS campaign incorporated many strategies from prior campaigns and emphasized other strategies specific to this problem. Taken together, the lessons learned from these campaigns helped to identify general principles of norms development that can be applied to anti-DWI programming.

ORGANIZATION OF THE REPORT

This document presents the final report, "Lessons Learned from Public Health Campaigns and Applied to Anti-DWI Norms Development." Chapter One introduces the study and presents the conceptual framework for its analysis. Chapter Two presents the methodology for research. Chapter Three presents the analyses of the anti-smoking, anti-drug, and anti-AIDS campaigns. Chapter Four presents some theoretical models underpinning the norms change process. Chapter Five presents the summary and conclusions from the research.

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CHAPTER TWO: METHODOLOGY FOR THE STUDY

This report presents the results of a multiple case study of norms development in public health campaigns. Ten experts from the public health crusades against smoking, substance abuse, and AIDS shared their understanding of those three campaigns and lessons learned from them. Three additional experts presented a more theoretical view of norms development and behavior change models across public health efforts.

SELECTION OF PARTICIPANTS AND CAMPAIGNS

The selection of participants and public health campaigns of interest was accomplished in two interrelated processes:

- Identifying experts in public health campaigns to serve as discussants for the study
- Selecting a small number of campaigns to focus the case study research.

Once the needs of the study were established, the selection proceeded in three stages:

- Performing and analyzing a series of reviews of literature.
- Gathering and reviewing recommendations from officials in public health organizations.
- Triangulating and mapping the information from both print and oral sources

The experts who served as discussants are located primarily in research centers and university departments of sociology, psychology, public health, and communication. All of them have written extensively on either multiple aspects of a single public health campaign, or individual aspects across multiple campaigns. Together they have established professional expertise in social behavior, knowledge diffusion, public health, and education.

From an initial list of eight potential focus areas, three campaigns were chosen because of their prominent public focus. Ten of the discussants focused almost solely to these three campaigns. Three others introduced other focus areas to clarify the norms development process.

Brief descriptions of the experts are listed below. Appendix A presents more complete information on each expert. Appendix B describes the selection process in greater detail.

The Experts

- Charles Atkin -- one of the nation's leading experts and foremost scholars on mass communication
- John Baer -- a research psychologist who specializes in addiction and substance abuse in institutions of higher education
- David Clark -- a psychologist specializing in the mental health of adolescents, especially suicide prevention
- K. Michael Cummings -- a public health specialist with expertise in smoking control including cessation and intervention strategies
- Martin Fishbein -- a social psychologist and communications researcher most known for his theories relating norms and attitudes to social behavior
- William Hansen -- a social psychologist specializing in the implementation and evaluation of school based drug prevention programs
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- Deborah Prentice -- a psychologist whose research focuses on the perceptions and presentations of self, particularly the role pluralistic ignorance plays in campus alcohol use
- Ralph Turner -- a sociologist emeritus whose almost half-century of analyses of collective behavior center on disaster, mobility, racial inequality, and self-concept
- Kenneth Warner -- an economist of public health whose work centers on the effects of anti-smoking campaigns, cigarette advertising, and licit and illicit drug policy

PROCEDURES

From February to April 1994, in-depth telephone discussions of 45 to 90 minutes were conducted with each expert. Conversations were taped for later analysis and reporting. The experts were asked to describe the campaigns of interest in terms of the following topics selected to meet the objectives of the study.

- Factors from public health campaigns that led to the development and acceptance of changed norms.
- Principles and strategies that might be applied to the development of anti-DWI norms.
- Recommendations of methods to apply principles of norm development derived from these previous examples to the promotion and broad acceptance of anti-DWI norms.

INSTRUMENTS AND PROTOCOLS

Two types of tools were developed to direct the study.

- Discussion guides to facilitate the conversations with the experts.
- Research protocols to guide the process.

Rather than serve as survey instruments, the in-depth discussion guides were developed with two goals in mind:

- Individualize the conversations to highlight the particular expertise of the discussants.
- Help move the individual discussions through the three topic areas of interest.

The research protocols enabled the case study to be conducted systematically. Four separate protocols listed instructions for carrying out the interview process:

- The *initial contact protocol* requested the 1) expert's participation in the project, 2) a curriculum vitae, and 3) selections from the expert's writings and other supplementary materials on the campaign (smoking, drugs, or AIDS prevention) in question.

- The *interview protocols* included reminders to the interviewer to review curriculum vitae, supplementary materials, and published case descriptions to prepare for the interview.

- The *follow-up needs assessment protocols* provided instructions for review of the taped interviews before analysis.

- The *final write-up protocol* presented the interview results in terms of their highlights.

Appendix C describes the development of the instruments and protocols in detail.

DATA ANALYSIS

The in-depth discussions with each expert were recorded and reviewed. Only that information deemed relevant to this research was transcribed, either exactly or paraphrased. Individual interviews were combined by campaign topics--anti-smoking, anti-drug, and anti-AIDS. Campaigns were described in terms of the lessons learned and the potential applications to anti-DWI programming. Cross-campaign analyses were then conducted to meet the specific objectives of this research. Results are discussed in the next chapter. Highlights from the individual interviews appear in Appendix D.

CHAPTER THREE: LESSONS LEARNED

Chapter Three summarizes the lessons learned from the anti-smoking, anti-drug, and anti-AIDS campaigns. Following a brief description of each campaign, factors leading to the acceptance of changed norms are examined, potential applications for anti-DWI programming are described, and underlying principles and strategies identified. The chapter concludes with a presentation of their potential applications for anti-DWI programming.

THE ANTI-SMOKING CAMPAIGN

Introduction

The anti-smoking campaign is a model of success for the development of new public health norms. During the past 30 years, the incidence of smoking in the United States has decreased substantially. In 1965, over 42 percent of American adults smoked; in 1992, fewer than 27 percent did. Among men, the decrease has been even more dramatic--from 52 percent to 28 percent. (Office of Smoking and Health, 1989).

Researchers credit the success of the anti-smoking campaign to the persistent efforts by Federal, State, and local governments, health advocacy groups, and grass roots organizations. Initially, the anti-smoking campaign focused on increasing knowledge of the unhealthy effects of smoking, assuming this information would lead to behavior changes. The most famous presentation of the case against smoking was the Surgeon General's Report on Smoking and Health, released in 1964. Based on the report, the anti-smoking campaign widely distributed facts about the harmful effects of smoking. Over the next 30 years, information about the dangerous effects of smoking mushroomed and was publicly communicated in a wide variety of means.

While the information about the harmful effects of smoking was being disseminated widely, thousands of programs proliferated to help persons stop smoking or prevent smoking if they never started. Legislative efforts at the Federal and State levels promoted policies that discouraged the use of tobacco. From the Fairness Doctrine of 1967-1971 to a multitude of State laws in the 1980s and 1990s, legislation has restricted the advertising of tobacco products, increased taxes on cigarettes, and limited the physical spaces in which smokers can light up.

All of these efforts together have resulted in changed norms regarding smoking. From sophisticated and chic in the 1950s to shunned and sinful in the 1990s, smoking represents a genuine model of norms change in America.

Lessons Learned

1. Changing Norms is a Process Not a Fact

Warner[4] demonstrates how much smoking norms have changed as a result of the anti-smoking campaign. Prior to the release of the Surgeon General's report, it was socially inappropriate to smoke without offering a cigarette to another person. Now, it is socially inappropriate to light a cigarette without asking whether people mind. To Warner, this is a "profound" statement of the process of norms change regarding public smoking.

According to Ralph Turner, the process of changing norms begins with the *reframing of a problem*. In his conception, norms change includes at least two distinct stages: First, a question is raised to cause people to rethink a problem, and second, after rethinking the problem, changes can occur in group norms, values, beliefs, or behaviors. For example,

- The Surgeon General's report in the 1960s raised the question of whether people concerned about their health should smoke. Once this question was raised, people began thinking about the smoking issue. The anti-smoking campaign could then begin and hope to be successful.

- Without the Surgeon General's report to raise the question, the risk of successfully promoting behavior change would have been great.

Kenneth Warner identifies three factors which helped raise the questions to make the anti-smoking campaign successful and, taken together, contributed to changing social norms and smoking behavior:

- The media campaign, especially the Fairness Doctrine of 1967 to 1971 presented the case for not smoking;

- The rapid increase in State excise taxes, especially those from 1964 to 1972 raised the price of tobacco products considerably;

- Various legislation supporting the growing Clean Air Movement gave power to the growing majority of non-smokers.

2. Sustained Publicity Promotes the Norms Development Process

According to Warner, early anti-smoking publicity influenced the way people viewed smoking. Clearly, publicity was used effectively to begin the change process, that is, to raise the necessary questions about smoking. Since then, publicity has continued to play a major part in the anti-smoking campaign.

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[4] Unless otherwise noted, references refer to discussions conducted as part of this project. For the reader's convenience, the written materials underlying the discussions are included in the References Section of this report.

- The first public information linking smoking and cancer was reported in a 1953 series of articles in Reader's Digest entitled "Cancer by the Carton." The public responded to the first release of this information relating tar and nicotine levels to health hazards. Some quit after the release of the article, but significant drops in numbers of smokers were not sustained. By 1955, the prevalence of smoking again increased.

- The Surgeon General's Report on Smoking and Health had a very strong and shocking effect on the public a decade later. During the first three months after the Surgeon General's report was issued in January 1964, cigarette consumption dropped by 15 percent. However, for the rest of the year, smoking slowly increased again so that by the end of the year, the annual total drop was "only" five percent.

Perhaps because the publicity campaigns for both of these events were relatively short term, neither of the two decreases in smoking prevalence was sustained. Smoking rose again after the 1954 drop, reaching a peak in 1963. Rates dropped again following the Surgeon General's report in 1964, and increased again in 1965 and 1966.

The public's attitudes toward smoking didn't really begin to change until the first period of *sustained publicity*--the four years of the Fairness Doctrine from 1967 through 1971. The Federal Communication Commission's Fairness Doctrine advised broadcasters that cigarette advertising on television entitled anti-smoking interest groups to equal air time. The intent of the Fairness Doctrine was to provide "balancing" publicity. In the first year, the ratio of pro-smoking advertisements to anti-smoking ones was around 8 to 1, falling to 3 to 1 by 1971 as a result of a New York lawsuit. The late 1960s began the first four-year sustained decline in per capita cigarette consumption.

The Fairness Doctrine showed that for public health campaigns to achieve their goals, they must effectively use *sustained publicity*. As Warner points out, advertising ratios are not what matters. What is important is that publicity continues uninterrupted for a medium to long term period to create sustained norms change. The four-year period of the Fairness Doctrine represented the biggest donation of time to any health behavior in prior history, unmatched until the Partnership for a Drug Free America campaign began its public service advertisement in the late 1980s.

Another lesson learned during the period of the Fairness Doctrine was that competitive advertising can be used to an advantage, if the campaign messages are varied and creative. Warner found that the anti-smoking messages were more effective than the pro-smoking messages aired at the same time, primarily because of their novelty. These well-developed anti-smoking messages proved to be a powerful vehicle for delivering targeted information.

3. Media Promotion Effectively Directs Limited Resources

Cummings portrays the "Young Mothers" anti-smoking program as a demonstration of the success of broadcast media promotion. Significantly, the program showed that purchased air time was a more effective tool than reliance on broadcast through public service announcements (PSAs). Purchased air time resulted in far more calls from the target audience since the broadcast time and location of purchased air time can be specified as part of the purchase agreement. With PSAs, stations aired the public service message infrequently and often at off-hours, (e.g., midnight to 4:00 a.m.); messages rarely reached the target audience when they were aired at off-hours. Cummings emphasizes the importance of paid advertising since public health campaign developers often believe they have finished this job by simply creating PSAs. Developing the advertisement is not the important step, Cummings reminds us; seeing that it reaches the target audience is far more important.

Cummings introduces the "Time to Quit" program to demonstrate the success of relatively inexpensive print media promotion for smoking cessation programs. Unlike the "Young Mothers" program, the target audience for this campaign was broadly based; like the "Young Mothers" program, results showed how efficient promotional campaigns can be. The "Time to Quit" program showed that disseminating information about an on-going program can be an effective campaign strategy. In the "Time to Quit" program, general information about stop-smoking programs was run in local newspapers with the understanding that some people would read it and others would not. Many were recruited into smoking cessation programs as a result.

The presentation used by the "Time to Quit" program relied on the time-tested campaign strategy of giving people a little bit of a scare. The tactic was to use various forms of the I-Never-Thought-It-Would-Happen-to-Me strategy. The scare idea originally featured Yul Brenner speaking from the grave saying "Whatever you do, just don't smoke." One presentation in a Buffalo, New York newspaper used local people who were smokers. Knowing that denial is a key element in all types of addiction, campaign developers used a direct hit on denial as an effective communication target.

The "Time to Quit" series was replicated throughout the country, and later associated with a "Quit and Win" contest. According to Cummings, these low-cost articles in the print media reached a lot of people: in terms of numbers, a clinic would have had to run for five years to reach the same number of quitters.

4. Targeted Messages, Carefully Delivered, Personalize the Effect

Warner makes note of two types of publicity and the need to distinguish among them. One is the news event and the other is the effect of news on the media. If news is to be reported by the media, the most effective way to target the message is to carefully plan information releases to be released where the targeted population will be exposed. In effect, targeted releases become free advertisement for the campaign. Where the news is released determines the target.

While Cummings also supports the importance of targeted advertising, his focus is away from the news and more toward paid advertising and the development of personalized messages. With paid advertising too, the time and placement of the advertisement is critical to its success.

Cummings advocates several basic principles of communication to affect norms change within targeted populations.

- Strong messages must address motivation for that population group. People must be motivated to take a behavioral action in a way they can hear the message.

- Corrective action must be clearly outlined to make it easy for the behavior to change in a way acceptable to that group.

- The present must be identified as the time to change. While being motivated and given a situation, the group's time for change must be clearly defined as "now."

Cummings' research of the "Young Mothers" program provides one clear example of a targeted campaign. In that campaign, an evaluation identified "guilt" as the strongest motivator for changing behavior. Mothers who smoked stated they hadn't realized how bad smoking was for them and their children, and that they wished they were not smokers. Guilt provided the motivation for change. The program provided the corrective solution. The telephone number provided the opportunity for action in the present.

5. Controlling Prices Promotes Consideration

Warner believes that taxation of cigarettes provides the single most effective policy to deterring smoking. When added federal and state excise taxes increased the prices of cigarettes, consumption declined. The pricing of cigarettes, however, is not determined, but merely influenced by taxation. Recent cigarette price cuts by the tobacco industry demonstrate this perspective. Warner notes directly that while cigarette consumption declined annually without exception from 1973 to 1992, the decline leveled off and consumption again increased by 1992.

This increase directly related to the time period when cigarette manufacturers dramatically cut prices and the low-cost generic brands gained in popularity (currently 40 percent of the market). Increased taxes at that point could have partially offset decreased real costs of cigarettes.

Atkin agrees that taxes on cigarettes can help change smoking norms and should be encouraged by responsible citizens as "good" government regulation in anti-smoking campaigns. Some of this "good" government regulation was noted by Warner when he discussed the State of Michigan's recent 50 cent increase per pack on cigarettes. This increase can be expected conservatively over time to decrease the number of smokers in

Michigan by about 100,000. In terms of preventable premature deaths, the tax increase alone will save 30,000-35,000 Michigan citizens.

Warner emphasizes that:

- Increases in taxation, with other factors remaining equal, result in price increases for cigarettes. This price increase, in turn, probably is responsible for some of the decreases in smoking.

- Revenues from additional taxation can be targeted for special prevention and cessation programs as they have through recent legislation in California.

6. New Legislation Promotes the Norms Change Dynamic

According to Warner, legislative policy has consistently supported the anti-smoking campaign. The interaction between legislative promotions and behavior change carries its own momentum. In 1967, the Fairness Doctrine was established by the Federal Communications Commission, with the ultimate response being the voluntary withdrawal of tobacco advertising on television by the tobacco industry. Four years later, in 1971, the Federal Trade Commission mandated the printing of warning labels on all packages of cigarettes sold in the United States. In 1975, passage of the Minnesota Indoor Smoking Laws became a seminal event for the rights of nonsmokers, and by 1985, 41 of the 50 states plus the District of Columbia had enacted legislation restricting smoking in public places. Today, every State has laws to this effect.

Warner believes that laws which limit public smoking have clearly promoted the norms change dynamic by helping promote the idea that people who do not smoke have a right to clean air. Indirectly the laws also help people quit or cut down on smoking. This is particularly true when smoking is restricted at work. Even when smokers continue smoking at home, workplace policies serve to decrease the total number of cigarettes smoked daily. Whether legislation is a cause or an effect of the anti-smoking campaign is irrelevant. Anti-smoking legislation clearly promotes the issue of norms change.

7. Enforcement Clarifies Norms; Local Involvement Clarifies Enforcement

Cummings notes that when teens can buy cigarettes without fear of punishment, the message they get is that the law restricting sales to minors is not important. The law's original intent--to protect minors by restricting their behavior--is weakened.

Cummings relates that some problems with enforcement of sales-to-minors laws arise from poorly structured legislation. In New York, for example, problems arose because the law categorized the sale of tobacco products to minors as a criminal offense. Police departments did not enforce the law for a variety of reasons--the lack of resources for enforcement and the need to prosecute "real" criminal cases among them. When legislative review changed the crime to a civil offense, its enforcement became more effective. When enforcement then moved from the police departments to the County Health Department,

effectiveness was even further increased because both licensing and enforcement of sales to minors stayed at the local level.

Cummings reported similar problems of enforcement from a "Merchant Compliance Checks on Alcohol and Tobacco" operation. Inspections were limited due to decreased resources in State budgets for inspection and enforcement. Moreover, State regulations provided little incentive at the local level for inspections and enforcement, since local efforts were not economically rewarded. Cummings suggests that local agencies should have the authority for enforcing anti-smoking laws in their communities. With local enforcement and revenues remaining in the community, local norms are promoted and sustained.

8. Social Bonding Defines In-Group Norms

As Marvin Krohn points out, social bonds with friends and family have an enormous influence on teenage smoking. The most important predictor of smoking among teenagers is having close friends who smoke. In contrast, parent involvement provides a buffer against smoking. Thus, social involvement by itself is not the important factor, rather the nature of group involvement is. Smoking research shows that the more involved a parent is in their teenager's life, the less likely the teen will smoke. Krohn explains that parental bonding is actually stronger than peer bonding. Through shared activities, parents provide supervision and help prevent adolescent deviance.

Friends do not provide the same element of restraint as parents do. When teens are alone with their friends, the interactions and pressures within the group can contribute to cigarette use. When adolescents are with non-smoking parents, they are less likely to smoke. When family relationships and friendships overlap, however, both of these relationships afford protection against smoking. Parents and friends together in a single group provide both emotional involvement and restraint, which combine to prevent all types of deviance, including adolescent smoking. Based on these observations of family and friends, it is easy to understand why norms development is strongest when it is linked to groups that can provide support for socially acceptable or unacceptable behaviors.

Turner's research on primary groups' influence on establishing norms amplifies Krohn's comments. Turner in one study examined whether or not friends would report other friends who committed robbery. His results showed that while friends would not report one another to authorities, they would strongly encourage returning the stolen property to avoid arrest. Turner's vignette is one more example of the power of social groups over their members, especially in dealing with behaviors others might consider unacceptable.

9. Social Messages Dovetail Personal Values

In its initial stages, the anti-smoking campaign stressed the health benefits of not smoking. Eventually, these messages had a limited effect on smoking behaviors. The campaign then introduced messages which emphasized the personal and social consequences of smoking (e.g., smelling bad, being unattractive, and putting your family at risk). These later messages proved to be more effective than the health messages in their persuasive

appeals to target groups, particularly teenagers. As Atkin notes, younger audiences paid more attention to anti-smoking messages which emphasized social benefits.

Krohn agrees that messages about the health effects of cigarette smoking were largely lost on teenagers. He reports that only about 50 percent of eighth and tenth grade students polled in the early 1990s thought that smoking a pack a day presented a great risk. Information about health risks was simply not integrated into teens' belief systems and because of that had no effect on changing their behaviors. On the other hand, an emphasis on the social aspect of smoking did have an impact on teenage behavior, particularly when the message was that smoking made them unappealing to others. Clearly, the most effective anti-smoking messages for teens are not those talking about health risks to the smoker, but rather those talking about the reactions of people around the smoker.

Applications to DWI

1. Defining Change as Social Responsibility Enhances Effectiveness

Warner identifies three principles that should be kept in mind when developing a comprehensive anti-smoking policy.

- Children have an absolute right to grow up in an environment that is as free as possible of inducements to use nicotine. Therefore, no cigarette advertising should be readily accessible to children.

- Adults and children should be free from breathing smoke-polluted air. Therefore, both children and adults should receive education against smoking.

- Adults who want to smoke should have the right to do so in the privacy of their own homes. Therefore, while public places should be smoke-free, cigarette sales should be permitted for those adults who want to smoke in their own homes.

Applied to anti-DWI campaigns, children and adults have the absolute right to grow up in a safe environment. Adults have the right to drink; they do not have the right to drive when intoxicated. While persons who drink too much are hurting themselves primarily, drivers who drink too much are harming others as well.

The anti-smoking campaign has found that while the tobacco industry fights any efforts to limit the sale of cigarettes to the general public, they are silent when the subject is sales to children. This observation can clearly apply to anti-DWI campaigns. If children and teenagers are presented as the innocent victims of alcohol-impaired driving, there will be no competitive advertising from industry interests. The effect of secondary smoke from tobacco is analogous to community safety from someone else's driving while intoxicated.

Atkin believes that the lessons learned from the anti-smoking campaigns have a direct parallel to drunk driving. The most important application is that *the messages defining smoking as a public harm formed a breakthrough in the anti-smoking campaign.* Showing

that smoking was harmful to others gave nonsmokers a *stake* in the campaign; non-smokers now are a strong force in targeting restrictive legislation. Once the harmful effects of passive smoke were understood, more and more restrictive smoking laws were passed to protect the nonsmoker.

Based on the same reasoning as passive smoke, the "Mothers Against Drunk Driving" (MADD) and "Students Against Drunk Driving" (SADD) campaigns generated a lot of attention and had a strong impact. Messages from these groups struck a responsive chord in the public. People were warned to fear for their own safety even though they weren't drinking and driving themselves. Partially as the result of these campaigns, the public has increasingly condemned people who drink and drive. In this sense, both the anti-smoking and anti-DWI campaigns have succeeded by defining the issues in terms of *social harm external to the individual who is using the product*. The goal of protecting against social harm and defining responsible behavior can be spread by supporting multiple catalysts for change. Helping different groups broadens the base of active support. MADD, SADD, and others can act independently or together to initiate local programs and propel the legislative process forward.

2. Problems of Changing Norms Should be Countered by Reframing in Terms of Positive Values

Turner suggests that to promote norms change, behaviors need to be reframed as positive values. For example, promoting a nonsmoking environment as a positive value has contributed to the pressure for restrictive legislation against smoking in public places. In terms of applicability to anti-DWI-campaigns, driving sober can be reframed as a positive value that protects society in much the same way as nonsmoking environments do.

Turner also points out that norms surrounding drinking and driving are difficult to change since they are countered by competing portrayals of alcohol as representing: 1) congeniality (*"this is a friendly group"*), 2) social approval (*"you're so much fun"*), 3) ego strength (*"I can take care of myself"*), and 4) control (*"I can handle it"*). To replace old values supporting drinking with new positive norms of driving sober, anti-DWI campaigns have to develop a positive framework for both non-drinking and drinking buddy responsibilities.

The most positive framework for drinking buddy responsibility has come from the Harvard Alcohol Project. This project has successfully changed norms with its designated driver campaign. According to Jay Winsten, Director of the project, the designated driver lends social legitimacy to the nondrinking role. In the campaign, people aren't being asked not to drink, only to appoint someone in their group to remain sober and drive. As the role of designated driver rotates among group members, social legitimacy for the nondrinking driver increases. The project estimated that the use of designated drivers can prevent 500,000 serious injuries and 20,000 fatalities each year (Winsten, 1992).

Turner suggests further that the designated driver campaign is successful because it brings about fairly modest shifts in behavior and lets the group redefine the norm. The position of designated driver is portrayed as an attractive, popular, and highly valued

member of the group, an insider, not an "outsider." Competing values supporting drinking are brought into the campaign diffused by making the nondrinker for the evening a position of importance. The designated driver is clearly portrayed as "the life of the party."

Atkin points out that interpersonal influence has worked in anti-smoking campaigns and can be made to work equally as well in anti-DWI messages. Two tactics which worked well for the anti-smoking campaign were:

- Young children nagging parents to stop smoking so they won't be "orphaned."
- Friends supporting friends in the annual Great American Smokeout.

These tactics also apply in anti-DWI campaigns. For example:

- Have the group designate a driver.
- Call a friend or family member to pick someone up if they shouldn't drive.
- Have communities offer free cab rides on holiday evenings.

All of these approaches personalize friend, family, and community concern and take away any excuses for driving while intoxicated.

3. Teenagers Should be Involved in the Campaign

Teenagers need to be involved in the development of anti-DWI campaigns that target teenage drinking and driving. Krohn suggests that one effective message modeled after lessons from the anti-smoking campaign is to make teenagers aware of their friends' rather than their own drinking and driving behaviors. Teenagers are not always in touch with their own vulnerability, but they can be made to be acutely aware of the vulnerability of others. Teenagers can be one of the most effective deterrents to DWI if they refuse to get in a friend's car after the friend has had too much to drink.

The issue of drinking and driving frequently has to become a group concern for behavior to change. DWI is dependent on the group saying it's okay to drink and drive. If the group comes to view drinking and driving as unacceptable, friends can safely say, without fear of group rejection, "I'm not going to ride with you because you've had too much to drink." Turner clearly advises that *"primary groups are still our best form of social control."* But he reminds us that timing is important in exercising that control. Anti-DWI programs need to plant the seeds of change and fertilize them over a long period. Drinking behavior has to be questioned and the time must be right..., but people need to be *ready* to stick their necks out for change.

4. Continuous Education Provides Reinforcement of New or Existing Norms

Most of experts interviewed agree that the primary lesson learned from the sum of the anti-smoking prevention and cessation programs is that *education* is the key element in anti-

DWI norms development. Early education can help develop norms before smoking and/or drinking behaviors begin. Ongoing education can suggest other socially approved behaviors and reinforce new norms.

Cummings suggests that the use of positive vignettes is a good format to promote education about new anti-DWI norms since people can identify with real-life stories. The stories can be about school systems which organize all night "lock-in" parties around prom time or situations showing people drinking moderately around holiday times. Varied personalized messages can teach people new behaviors that are more appropriate. The more these efforts originate from a local level and are aimed toward a local audience, the more successful the campaign may be. One goal of targeted education campaigns is to make the commitment against DWI a community priority, that is, focus it to the local level.

5. Enforcing Existing Norms Helps to Clarify Appropriate Behaviors and Support Education and Publicity Campaigns

Cummings reminds us that by not enforcing laws restricting tobacco sales to minors essentially trained minors that society does not value these restrictions. Similarly, DWI regulations need to be strictly enforced to be effective. Again, placing the responsibility for enforcement at the local level and empowering communities to control their own roads can be effective clarification for local norms, and can educate the public about the importance of these rules.

Some communities direct fines from illegal sales of tobacco to local education programs. This approach would probably work with illegal alcohol sales and DWI fines as well. Such a system of keeping local funds for local programs has several advantages: 1) greater incentive for local officials, 2) familiarity of officials with their own community's needs, and 3) benefits which accrue to the entire community.

6. Media Campaigns with Targeted Messages Direct Resources and Clarify Values

Atkin reminds us political campaigns have taught us the strength of the "bandwagon effect" fostered by media efforts. Anti-DWI programming needs to generate this same effect, where everyone wants to be a part of the movement. One way to start a bandwagon is to target messages to a variety of audiences--not only potentially intoxicated drivers but also their friends, bartenders, observers, and others. Getting everyone involved will help change DWI norms.

Cummings' and Atkin's observations from the anti-smoking campaign also remind us that messages need to be varied and changed over time to sustain the strength of the campaign. With the anti-smoking campaign, early messages focused on the health of the smoker. These messages were most identified with the Surgeon General's report and the Fairness Doctrine that followed that. Later research showed that the message needed to be changed. The focus moved to the social arena and the effect of secondary smoke on non-smokers. Norms against polluting closed spaces became increasingly accepted. Following

those lessons, concerned DWI activists can promote norms against the pollution of highways by drunk drivers.

Focused media messages targeted to specific populations worked well in the anti-smoking campaigns and made good use of limited resources. As an example, Cummings cites the Young Mothers program. The audience was smoking mothers and the goal was to get them to quit smoking. The message advertised a smoking hotline, and from there, participation in an ongoing quitters' group. This same type of focused campaign strategy may be equally effective for use with youths in the anti-DWI campaign with the target being drivers who drink themselves, or passengers who put themselves in danger by riding with alcohol-impaired drivers.

Messages need to be targeted to populations for which behavior change is more difficult and has been less successful. For example, anti-smoking norms changed first among upper socioeconomic populations. Among college graduates, smoking rates have been cut by 50 percent. Among those with less than a high-school education, smoking rates have not declined. There is some danger in relying on this process to take place in the anti-DWI campaign; designating a driver should not be a behavior limited by socioeconomic levels.

As with the anti-smoking campaign, anti-DWI messages need to be targeted to teenagers. Anti-smoking messages showed teens how smoking makes people smell bad and have yellow teeth. Anti-DWI messages similarly might emphasize that driving after drinking makes people look stupid and irresponsible.

One effective use of targeted messages that comes out of the anti-smoking campaign is to portray the "enemy" as evil. Warner says that the anti-smoking campaign was helped because the tobacco industry can easily be perceived as a "villain." The alcohol industry, represented by bars and other centers of excessive drinking, can also be portrayed as institutions that are sometimes nice, but "killing us softly."

7. The Style of Communications Matters to Retention and Effect

People need to be motivated to change behavior, and motivation is different for each person. Fishbein reminds us that we need to understand what the individual motivators are for different target populations in public health campaigns. Careful research before developing targeted messages will help make the campaign a success.

Cummings finds that most successful messages for the majority of Americans are those that combine urgency and personal motivation. Urgency forces people to think about their behavior in the present. Personal motivation forces people to see themselves as vulnerable to consequences. Knowing "it can happen to me" frightens people. Knowing it can happen to others can also be frightening and effective, particularly if the others are family members or friends. An example of an effective anti-smoking campaign message which frightened people into action was issued by the Centers for Disease Control. It stated simply: "Passive smoke has been proven to cause lung cancer in dogs. What do you think it's doing to your kids?"

Cummings also supports the use of humor in targeted messages. In one program at the Department of Health in Minnesota, some animals were smoking cigarettes, with funny music in the background. The message was "If you think this looks stupid, how do you think it looks on you?" Of all styles of communication, humor works best, is remembered longest, attracts most attention, and gets people of all ages laughing and thinking.

THE ANTI-DRUG CAMPAIGN

Introduction

An epidemic of drug use peaked in the United States in the early 1980s. At that time, over 65 percent of high-school seniors had experimented with an illicit substance; unfortunately in 1992, over 40 percent still do.[5] Although the use of alcohol and other drugs is still a problem, substantial gains have been made in the past decade. Compared with youth in the 1980s fewer American teens are experimenting with drugs currently and fewer still use drugs regularly. A brief comparison of the use of drugs in 1980 and 1992 reveals the effects of the anti-drug campaign. From 1980 to 1992, the number of high-school seniors who had used marijuana in the previous 12 months dropped from 49 percent to 22 percent. Cocaine use for the same period dropped from 21 percent to 3 percent. During that time, high-school seniors showed an increased awareness of the harmful affect of drugs. From 1980 to 1992, the percentage of seniors who believed that regular use of marijuana was "harmful" increased from 50 percent to 77 percent. The percentage of those who felt occasional use of marijuana was harmful also increased, from 15 percent to 40 percent. During that same 12-year time span, the perception of the harmfulness of regular cocaine use increased from 69 percent to 75 percent. Those who believed it was harmful to try cocaine even once or twice increased from 31 percent to 57 percent.

From 1980 to 1992, the use and perceived risk of alcohol also experienced changes, though not as dramatic as with drugs. The percentage of high-school seniors who believed it was harmful to have five or more drinks on one or two occasions each weekend increased from 36 to 49 percent, while usage declined from 88 percent to 77 percent. Compared with youth in the 1980s, fewer American teens are experimenting with drugs currently; and fewer still use drugs regularly.

Widespread public and private support for anti-drug prevention programs is credited with decreases in drug use among youth. The Federal government allocated $880 million to drug abuse prevention in fiscal year 1992 alone. And just one private organization, the Partnership for a Drug-Free America (PDRA), accounted for $1.7 billion in donated broadcast time and print space over a six-year period. According to PDRA, this anti-drug effort ranked as the "largest public service media campaign in history" (PDFA, 1993).

The anti-drug campaign differs from the anti-smoking campaign in several ways. Because illegal drugs are not commercially advertised or sold in stores, prevention, of necessity, focuses on the individual level. Drug enforcement does affect the supply of drugs, but the educational processes that control the demand are even more important.

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[5] National survey results from the Monitoring the future study, (Johnston, O'Malley and Bachman, 1993), tracks the success of the anti-drug campaign and provides the basis for statistics on use, perceived risk, and availability throughout this section.

Lessons Learned

1. Perceived Risks are Powerful Deterrents to Use

Johnston's *perceived risks theory* of drug use focuses on the collective demand for a drug. Both the understanding of the dangers of habitual drug use and the prevalence of peer use influence a drug's demand. Levels of perceived risk correlate highly with changes in social attitudes in high-school seniors. From 1980 to 1992, the perceived risk for regular marijuana use rose from 50 percent to 76 percent of students. The perceived harmfulness of occasional marijuana use during that same time period increased, from 15 percent to 40 percent. As the perceived risk of marijuana use increased, actual use decreased by over half, from 49 percent to 22 percent. Similarly, the perceived risk of regular cocaine use rose from 73 to 91 percent during that same period, while actual use dropped from 12 percent to 3 percent. Alcohol patterns were less dramatic but showed similar trends during the 1980 to 1992 period. Perceived risk from various levels of alcohol intake increased from 36 percent to 49 percent for five or more drinks once or twice during a weekend, and 20 percent to 31 percent for one or two drinks nearly every day. Usage of alcohol dropped from 88 percent to 77 percent of seniors during the same 1980 to 1992 time period.

Taken together, these figures show a correlation between increased perception of harmfulness and decrease in use. As Johnston notes, usage declines as people become more aware of the negative effects of various drugs.

2. Availability is not as an Important Determinant in Usage

The competing theory of drug use is the availability or "supply reduction" theory. Johnston notes that the *availability theory*, assumes that the supply of available drugs determines the level of use in society. However, in the Monitoring the future study, statistics clearly indicate that availability did not correlate with declines in either marijuana or cocaine use. In 1980, 89 percent of students knew where to find marijuana fairly easily, while in 1982, 83 percent did. At the same time, use (within the previous 12 months) declined from 49 to 22 percent. Similarly, cocaine availability increased only slightly, while usage declined substantially. In 1980, 48 percent of students knew where to find cocaine; in 1992, 53 percent did. In 1980, 12 percent of students used cocaine. In 1992 only three percent did. Alcohol was considered universally available in both time periods, even for underage teenagers, so availability was not correlated with usage.

3. Precipitating Events can have a Powerful Effect on Behavior

Johnston's perceived risk model fits well with the widely accepted *health belief model* (HBM). In HBM, norms are assumed to change most effectively *when a health behavior is perceived as both dangerous and avoidable*. In both the perceived risks and the health belief models, precipitating events can have a powerful effect on behavior by clarifying dangers and degrees of personal efficacy.

The widely publicized deaths of two athletes, Len Bias and Don Rogers, in 1986, were major, perhaps seminal events in the campaign against drugs. Don Rogers, a professional football player "simply" died of an overdose; Len Bias, however, died after reportedly using cocaine for the first time. Two important messages emerged from the drug-related deaths: 1) anybody can die of cocaine, regardless of physical condition or age; and 2) anyone can die from trying cocaine for the first time. Following Bias' and Rogers' deaths, the media paid tremendous attention to the dangers of crack and cocaine.

Because of the publicity surrounding them, these deaths contributed to a dramatic decrease in cocaine use and a parallel increase in the perceived health risks of cocaine. From 1975 to the mid-1980s, high-school seniors using cocaine in the previous 12-month period increased steadily, from 6 percent to 13 percent. Following the deaths of Bias and Rogers, usage plunged to three percent by 1992, and the perceived risk of even trying cocaine once or twice increased from 45 percent to 67 percent. After this barrage of publicity, young people were getting the message that cocaine use was both addictive and lethal.

A decline in steroid use followed a similar publicity campaign. Lyle Alzado, also a prominent figure in sports, attributed his cancer and impending death to his use of steroids and human growth hormones. After his publicized messages, the perceived risk of steroids dramatically increased from seven percent to 71 percent.

4. Perceived Risks can Drive Social Norms

Johnson suggests that perceived risk and social norms interact to determine actual drug usage. During the 1980s and early 1990s, high-school seniors' disapproval of increased alcohol use was consistent with their perception of its harm. Since 1980, the percentage who disapproved of having five or more drinks once or twice each weekend increased steadily from 56 percent to 71 percent. Clearly, seniors increasingly disapproved of "binge" drinking. However, their disapproval also increased for even trying one or two drinks three percent to 16 percent). This increase in disapproval matches an increase in perceived risk. Johnston attributes these norms changes to visible media support for Mothers Against Drunk Driving, the designated driver campaign, and other grassroot programs.

Johnston notes that some underlying movement away from all drug use was evident in the late 1980s. Use declined across type of drug but the analysis of usage profiles reveals that various drugs have their individual peak usage times, disapproval ratings, and perceived risk of use. Marijuana use peaked in 1979, then plunged from 59 to 22 percent of seniors. Cocaine use peaked in 1986 and fell rapidly following the publicity surrounding the Rogers' and Bias' deaths. Heavy weekend alcohol use peaked in 1981, after which decreased use followed. In all cases as use fell, disapproval and perceptions of risk both increased.

Johnston believes that decreased drug use is real and not the result of substance shifting. Despite the differing peak times (marijuana in 1979, cocaine in 1986, and alcohol in 1981), statistics show that as marijuana and other drug use declined, alcohol use declined

as well. The decreased use of marijuana and cocaine has not been replaced with increased use of alcohol. Rather, use for all three drugs has moved in a somewhat parallel fashion. What is changing is the proportion of teenagers who are seeking to get high on anything.

Despite these successes of the 1980s, negative attitudes toward drug use have begun to soften since 1992. Johnston notes that norms against marijuana and other drug use were more clearly expressed in the 1980s than in the 1990s. He suggests that previously, prevention messages were more consistent about the dangers of these drugs, and that there is currently a turnaround focused on support for usage and legalization. Johnston identifies two reasons for this recent turnaround:

- Some social groups returned to their original stance supporting drug use, or became more vocal about that stance;
- The current administration is perceived as more liberal than the previous two administrations concerning drug use and legalization.

5. Resistance to Peer Pressures can be Learned

Because friends are a strong influence on each other's recklessness, teenagers need to be taught directly to *resist* peer pressure. Hansen believes these norm changes can be taught, and that resistance is a learned response. Hansen's *peer resistance strategy* included various methods to teach kids to say *no* to drugs, alcohol, tobacco, and other harmful substances. In one adaption of Hansen's program, older teens not only learned to "Say No to Drugs," but also came to believe that even smoking tobacco is not cool. The norms change process in prevention programs often begins with questioning social issues that surround smoking, alcohol, and tobacco. Then, through repeated discussion, teens develop new norms within their group and learn to sustain the changes.

6. Group Feedback Can Correct Estimates About Drug and Alcohol Behaviors

From his work with peer resistance strategies, Hansen concludes that teenagers form images of their world in groups. Teens hold beliefs about those images and base their norms on those beliefs. Because teens develop their norms based on ideas of how others behave rather than on substantiated reality, they are often wrong about what was real. Younger teens tend to *overestimate* the number of people who are involved in drugs and alcohol, and who approve of that behavior. That is, younger teens are more liberal in their perceptions than data might warrant.

Overestimating, which starts with a usually incorrect perception of social reality, is part of teenage socialization. What is alarming, according to Hansen, is that during those years when their personalities are forming, teens use these errors in perception to guide their personal behaviors.

Hansen developed a program to alter teens' judgments of norms. In the program, actual feedback about prevalence, abuse, and acceptability of behavior was given to the teens in order to modify group behavior. As part of the feedback sessions, Hansen directed the teens to interview their parents about specific attitudes and behaviors. The teens' reports about their parents and follow-up group discussions exerted a conservative pressure on the norms development process. To balance this conservatism and insure that norms education was unbiased, the information was presented by the teens but facilitated by professionals. Teens who participated in the program eventually understood that they belonged to groups which did not support heavy drinking and other substance abuse.

7. Personal Feedback Is a Powerful Lesson

David Clark conducted research to identify reckless behaviors in teenagers, especially those from that "five percent group" who engages in "the kind of stuff that gets some teens into big trouble." He found significant behavioral similarities between identified mental health patients and otherwise unidentified age-matched students based on three factors:

- The macho, military, mostly fantasy factor;
- The high-risk driving behavior factor;
- The high-risk peer group choice factor.

Clark's research showed that drug and alcohol use are usually involved in the reckless behavior of adolescents. First, reckless teens are more attracted to drinking and drugs. Second, drinking and drugs lead to even more reckless behaviors. Some of the most successful anti-drug interventions with reckless teens were those that were *personal and based on experience*. Although teens understand lectures about the dangers of substance abuse, they do not easily apply these lessons to themselves. Only when they personalize the information do teens allow it to influence their actions. Therefore, when teens who have been injured due to drug use are enlisted to deliver the message, then, the effect can be profound.

8. Campus Misperceptions of Norms Need to be Corrected

Johnston's work confirms that high-school students who plan to go to college generally drink less than their non-college bound peers. However, once students get to college, their drinking increases and surpasses that of their peers not in college. Johnston's conclusion is that the college culture either stimulates these students to drink or, in some way, shields them from the otherwise moderating forces of drinking in society.

Deborah Prentice's multiple studies on alcohol norms among college students attribute at least some of these campus-drinking behaviors to misperceptions of campus norms. Prentice's studies show that college students, in general, suffer from widespread, "pluralistic ignorance" regarding alcohol norms on campus. Most of the students she studied believe that everyone drinks more than they themselves do. Students' perceptions, for example, are that they themselves drink less than half the time at parties but that others drink all of the time. Prentice found that misperceptions of drinking norms were in place before students arrive on campus; that is, students *anticipate* the drinking culture. Thus, excessive drinking norms are

more characteristic of freshmen and sophomores. Juniors and seniors typically drink less. The overall results of Prentice's studies show that college students' perceptions of norms change over time, and, perhaps more importantly for prevention efforts, their misperceptions of norms can be corrected over time.

Prentice also found that incoming freshman reported a discrepancy between their own comfort with alcohol and their estimates of the comfort of their peers. Follow-ups of the same samples four to six months later showed significant reduction in the discrepancy. Students apparently adapt to college drinking either by becoming more comfortable with alcohol or by finding friends who do not drink more than they do.

On-going studies of students show that the discrepancies between their own feelings and their perceptions of others' feelings about drinking come and go over time with students' presence and absence from the campus. In the adjustment process, students reduce the discrepancy between their comfort with their own drinking and their estimates of others' drinking by either 1) bringing their estimates of others' drinking closer to their own levels or 2) bringing their own levels closer to their estimates of other's drinking. Over the course of their four years on campus students were continually negotiating their social environment, their choice of friends and their strategies for a comfortable social life.

Prentice also found that students' actual drinking behavior paralleled both their own attitudes and their estimates of others' behaviors. Fear of social disapproval closely correlates with the adjustment that students made between their own drinking behavior and their estimate of group norms. Prentice concludes that students' drinking behavior results from their perception of social pressures in their environment, and their own vulnerability to those pressures. Students who are more vulnerable and fear peer rejection are even more strongly influenced by their perceptions of others' drinking practices. Students who are less vulnerable and more immune to peer rejection probably drink at their own level of comfort.

Prentice built two interventions into her research: 1) individual skills training on decision-making in drinking situations; and 2) norms-focused training on the social dynamics of drinking behavior norms. The first intervention teaches students to make responsible decisions about drinking. The second intervention corrects students' mistaken estimates of campus drinking behaviors and facilitates discussions of *pluralistic ignorance*. Follow-ups of those students revealed that the students who received the norms-focused intervention drank significantly less than the students who participated in the individual skills training. Prentice believes the reason for the decline in drinking among students whose interventions were norm-focused is that, with serious exposure, students no longer take the norms seriously. By discussing pluralistic ignorance, support for the norm is undermined, thereby reducing its ability to influence behavior.

9. Biases in Perceiving Group Norms can Influence Individual Behavior Change

John Baer's studies similarly found that college students misperceive norms more often when they think about group behavior than when they think about individual behavior. Baer suggests that these errors in perceptions were probably due to students' difficulty in determining the acceptable norms for the group. When generalizing across a group of

people, college students do not necessarily remember actual individual behaviors. Instead, they remember "big" events, such as heavy drinking and partying.

Baer believes that student form their beliefs about drinking before they come to college. Students' beliefs about behaviors of social groups such as the harder-drinking fraternities influence their social choices. Students who want to drink and party are more likely to join a group that emphasizes those behaviors.

Baer reports on one successful intervention which includes "motivational interviewing." Professionals first listen to according to students' stories of their own life and drinking behaviors. Then, without labeling students as alcoholics and accusing them of denial, professionals using "motivational interviewing" provided one-on-one feedback about a student's own behaviors and desires for change. Baer's approach also incorporates some norms training and methods. Baer also found that telling students about real drinking norms rather than allowing them to continue to hold misperceptions about others' behavior has a profound effect on students' alcohol intake. Baer's advice is to tell students and others to really watch people; "they may not do what you think they do." Baer reminds students that not drinking is fairly invisible while drinking to excess is memorable.

10. Overcoming the Stigma of Alcohol Problems Is Critical

According to McKirnan, some ambivalence about alcohol behaviors stems from problems of accurately perceiving use versus abuse. Because of the social and personal stigma attached to alcoholism, people are reluctant to admit to alcohol problems. Denial of alcoholism as a personal problem may actually result in an increase in DWI. Because heavy drinkers don't want to deal with the personal stigma of alcoholism, they classify themselves as having no problem with alcohol. As McKirnan points out, the problem becomes an all-or-nothing choice. If the problem of alcoholism can't be openly acknowledged, then it must remain "nothing." Because people choose to believe they have no problem, they sometimes drink and then drive. Some anti-alcohol campaigns have focused on removing the personal stigma from alcoholism and urging people to seek help for their drinking problems.

11. Observed Behavior Assists Norms Change

Both Johnston and McKirnan note that teens' observations of the negative effects following friends' drug use resulted in reduced consumption over the past decade. This *real life* feedback promoted the changes in drug use norms more than any single education or media campaign. When teens are fortunate (or unfortunate) enough to directly observe the effects of various drugs--drunken stupors, nausea, vomiting, car crashes, hallucinations--they are likely to reduce their own abusing behaviors.

12. Greater Health Concerns Support Norms Changes

McKirnan notes that adults as well as teens have reduced their alcohol intake considerably. He attributes this reduction to a combination of factors:

- The aging of the Baby Boomers probably resulted in a more mature use of alcohol among that large group: and

- Americans in general may be responding to a serious norms shift which demands greater attention to health concerns.

One indication of this major norms change is the widespread adoption of individual health and fitness norms. McKirnan states that norms change occurs when there is a vulnerability to that change: that is, when people want to modify some aspect of their behavior. In the case of middle-class Americans in the 1980s, the new midlifers wanted to identify middle age differently from that in a previous generation. The new midlifers want specifically to continue identifying with the youth culture, rather than the old-age culture. Their sense of wanting to stay youthful and fit provided them with another perspective on how to behave.

The health and exercise industries capitalized on the underlying beliefs that supported this perspective. The fitness folks provided a model for a life different from former midlifers. With that new image of a good life came a set of norms promoting healthier behaviors. Once the health and fitness industries started having some success and making inroads with the American public, they fueled the norms change dynamic by heavily promoting all of their many services.

This health and fitness craze exemplifies how a successful media campaign can fuel the norms change process in America. Fitness advertising posed as a quasi-public good to sell such products as Nordic Track™ exercise equipment and Nike™ athletic shoes. These advertising campaigns themselves did not lead or cause the norms change. However, they closely followed on the heels of the initial change and hastened that change through targeted messages and aggressive advertising.

13. The Media Plays an Important Role in Drug and Alcohol Campaigns

The media plays an important role in public issues such as smoking, drunk driving, and AIDS. Initially, early campaign activity focused behind-the-scenes with grassroot organizations, activists, and other interested groups. There was little visibility. Issues then began to surface publicly, primarily as a result of scattered media releases. Initial public exposure grew into public understanding and public support. At that point the issue seemed to explode from out of nowhere (Winsten, 1992). Actually, this explosion was the result of media-rich events, such as Rock Hudson's death from AIDS, Len Bias' death from a drug overdose, and other highly visible tragedies. These opportunistic media exposures kept the public interest high.

In the *natural process* of understanding more about a drug, the media can be a catalyst to the feedback cycle. Broadcasting the risks of drugs can help the public consider the effects. Johnston cites the Partnership for a Drug Free America (PDFA) media campaign as an example of intentional persuasion about drug risks. The feedback cycle is accelerated in campaigns such as PDFA's *as long as the media retain credibility*.

Not all media efforts achieve their desired outcome. Johnston points to the failure of a government anti-drug campaign on television and radio in the early 1970s. That campaign presented exaggerated claims of the ill-effects of drugs. Teens knew that these messages were at least exaggerated, sometimes, just wrong. That generation of users stopped listening to any drug-related information that came out of the system. Even when subsequent messages were accurate, they were ignored. The media's loss of credibility rendered anti-drug campaigns useless for some time.

Johnston's recommendations to the PDFA at the beginning of their media campaign was to establish credibility with its target audience above all else. The Partnership campaign followed this advice. According to a campaign survey conducted by Johnston and colleagues: 1) teens reported the advertisements were highly credible and not exaggerated, 2) teens remembered the advertisements, and yet, 3) teens felt the advertisements did not influence their attitudes and behaviors much.

14. Alcohol Awareness in the Entertainment Industry Mirrors Norms

Johnston remarks on the impact that the entertainment industry has had on the use of alcohol and other drugs. For years, the entertainment media were criticized for their portrayal of drinking on stage and in movies. Changing norms over the years, however, resulted in fewer scenes of characters "carrying a glass of alcohol around." This decline in gratuitous drinking has not been universal by any means. Movies such as "Animal House" that appeal particularly to college-age students only serve as a reinforcement for college drinking behaviors and continue to perpetuate misperceptions of college drinking norms.

Clark suggests that "Hawkeye" on the television series M.A.S.H. provides a classic model of how society excuses excessive drinking behaviors. On the show, Hawkeye was a hard-drinking, funny, very successful surgeon operating in the middle of a war zone. Hawkeye's sense of humor and excessive drinking were initially considered valuable coping mechanisms as long as his work excelled in the operating room. The myth of stress was used to promote or excuse Hawkeye's behavior. Only several years into the series, did the show's writers begin to challenge the myth of stress. They introduced a psychiatrist to the M.A.S.H unit to deal with stress-related problems, including Hawkeye's drinking. The introduction of the psychiatrist in and of itself probably indicated some prior American norms change regarding alcohol abuse. But to propel that change, the psychiatrist was written into many episodes to make it known that Hawkeye was beginning to deal with his drinking problem.

15. Legislative Processes Including Increased Taxes Affect Norms Change

In some respects, anti-drug campaigns are different from anti-smoking and anti-drinking campaigns. One way in which they are different is that illegal drugs are not vulnerable to systemic controls such as taxation. Increasing excise taxes results in higher prices for alcoholic beverages which help decrease consumption. Taxes, therefore, can be an effective tool to curtailing drinking behaviors. Anti-DWI campaigns, begun during the early 1980s highlighted the dangers of drinking and driving. These campaigns accompanied legislative changes which affected drinking and driving. Two of these changes included

increasing the legal drinking age and lowering the blood alcohol concentration which legally defines DWI. Because of the combination of simultaneous events that affected DWI behaviors, questions arose about where to put limited resources to maximize their effect: 1) Is it the existence of a new law that causes behavior change? 2) Is it the publicity that precedes its passage? 3) Is it the enforcement of the law in the form of sanctions? 4) Is it all of those factors?

16. Industry Cooperation Does Not Negate the Need for Competitive Advertising

In some of their ads, the alcohol industry publicly acknowledges that irresponsible use of alcohol can cause problems. To that extent, the alcohol industry is far more cooperative with public policy groups than the tobacco industry ever was. The alcohol industry has seemingly positioned itself as a member of coalition of concerned citizens, warning people not to drink and drive.

This acceptance of partial responsibility for use of its products removes the label of a truly "villainous" industry from the alcohol producers and sellers. In a sense, this attitude also makes the alcohol industry potentially a willing partner in future DWI campaigns. Warner sees this cooperation, however, as balanced by aggressive advertising campaigns that promote alcohol use. Alcohol advertisers are not in business to acknowledge the contradiction of their actions. They understand fully that they are targeting their messages to a drinking population and a potentially driving population. The advertisers do not necessarily want people to drive drunk; they do certainly want people to drink.

Applications to DWI

1. Perceived Risk and Cycles of Use as a Deterrent to DWI

Increasing the perception of risk can be an effective tool in a DWI Campaign. The increased perception of risk of various drugs and their subsequent decrease in use is carefully documented by Johnston's Monitoring the Future studies among others. Johnston especially notes the rapid and dramatic impact of visible tragedies such as the deaths of well-known young athletes. Media coverage using tragic vignettes obviously continues to catch people's attention and makes them more aware of the consequences of their actions.

Already prevention efforts have proved somewhat effective in an anti-DWI campaign. Social disapproval of drunk driving has increased as have sanctions against DWI, particularly for young offenders. Norms clarity provided by the more punitive legislation for DWI convictions, especially among the young has also helped to increase the perceived risks of drinking and driving.

Johnston correlates perceived risks with feedback from the negative effects of drugs and alcohol. With some drugs such as PCP, the negative effects showed up immediately upon use, making the feedback cycle extremely short. With other drugs such as nicotine, Johnston notes, the feedback cycle was long because negative health effects of tobacco use often don't show up for 30 to 40 years.

An understanding of the relationship between perceived risks and feedback cycles can have a profound effect on public health campaigns. Under this model, sanctions for DWI would remain at high levels so that the risks of driving after drinking would be perceived to be quite high.

2. Anti-DWI Messages Must Be Repeated for Each Generation

Johnston states that each new generation must learn the same lessons about alcohol and drug risks to maintain a steady level of awareness. There is no automatic "inoculation" against drug abuse or other dangers. Awareness must be built into a continuous, systematic program of normal education and socialization.

Johnston is also concerned about the current societal trend toward paying less attention to the issues of drinking and driving. People are not hearing as much about alcohol-impaired drinking and driving from the mass media, either in news programs or on normal entertainment programs. Johnston, Warner, Cummings, and others note that DWI is competing with many good causes for limited public service air time. As with the anti-smoking campaigns, anti-DWI campaigns cannot rely totally on PSAs, but must develop paid advertising campaigns.

Johnston attributes decreased campaign exposure to a natural correction cycle. When dangerous behavior is sufficiently widespread and there are enough casualties, people learn from these disasters. For example, during the 1980s when drug use fell, fewer teens were directly affected by the casualties within their peer groups. This lack of learning through observation in the late 1980s may in part account for slight increases in some drug use during the last few years.

As drug use declines, the opportunity to learn from observation about its risks also declines. Yet, children are taught to avoid tall trees in a lightning storm, even though the probability of getting struck by lightning is slim. Similarly, kids still have to learn about the dangers of drug use, even though they have less occasion to learn informally from the casualties around them. When the informal natural learning process slows down, formal educational programs must increase the opportunities for learning.

3. Pluralistic Ignorance can be Overcome

Prentice's studies show that norms-focused interventions can overcome pluralistic ignorance. Once students correct their misperceptions of drinking behaviors through discussions, they no longer worry that their own behavior might be different from other people's behavior. Norms derive much of their power from being perceived as universal. Once people are willing to accept that not all people behave the same, successful interventions can occur. When students learn about reality, they are more likely to adjust their behavior to conform to that reality.

Part of the problem that alcohol prevention campaigns face is that excessive drinking is much more observable than moderate drinking or abstinence. This prominence accounts for overestimation of the percentage of people who drink. The nondrinker does not make a

fuss and does not stand out in the group. In short, the non-drinker is simply not noticed. Making students aware of actual norms in anti-DWI campaigns is an important lesson to learn from the alcohol abuse studies and from subsequent alcohol interventions.

As Baer notes, if people are told they shouldn't do something, but see others around them doing it, they don't understand the need to change. Behavior is directed by shared norms, and norms are influenced by others' behaviors. When people perceive that others around them are in even "worse shape," they are likely to continue to perform undesirable behaviors. For example, when students think others drink more than they do, they don't see a need to cut down on their own consumption. Research shows that even the heaviest drinkers share these biases that present the resistance to change.

Baer suggests that anti-DWI campaigns need to make people see norms more accurately. People need to know that many groups driving to a bar already chose a designated drive before they go. People need to know that taxi service and other forms of public transportation are available to those who plan not to drive home. This knowledge would challenge people's ideas of normative behavior. Media advertisements around the theme, "watch people, they may not do what you think they do" are effective strategies in anti-drug campaigns, and would probably be equally effective in anti-DWI campaigns.

4. Combatting Pluralistic Ignorance can be used to Promote Anti-DWI Norms

According to Prentice, friends would often like to take greater responsibility for friends who want to drive drunk. Friends want to take the keys away to protect their friends who may or may not be fully aware of their impairment. It is as yet counter-normative, however, to take away somebody else's ability to drive. Doing so is very stressful. Once the behavior becomes normative it will be stressful to *allow* these friends to drive. New "take-away the key" norms could be promoted in anti-DWI campaigns by attacking pluralistic ignorance about emerging norms and making people realize that many people feel as they do.

Prentice points out that in situations where people are faced with a friend or acquaintance who is about to drive drunk, they don't know how to take the keys away. People are unable to act on their feelings under this kind of social pressure. Such situations should be the target message in anti-DWI campaigns. Publicizing the awkwardness that most people feel in these situations and teaching people at what point a situation becomes an emergency are two valuable lessons to learn if we are to change norms. Teaching people *how* to intervene teaches that it is okay to intervene. It also teaches people that they are not chained to social convention.

Prentice suggests working with small groups to begin the norms change process. First, she would survey the members to determine their feelings about being faced with a potential DWI emergency. Questions for the group may be: 1) How uncomfortable are you about letting other people drive when drunk? 2) How comfortable do you think other people feel in similar situations? The survey would probably show that most people are more worried than they think others in the group are. Working with the results can lead to positive norms change.

What needs to be said about drunk driving is similar to what is said about excessive alcohol use: People don't like it. Anti-DWI campaigns can present data which show that, in fact, everybody doesn't drive when they are drunk, and everybody doesn't think it's okay to do so. Prentice points out a campus survey which found that even the most heavy drinking freshman males were sensitive to their social standing. Even they don't like people referring to their excessive drinking as grotesque. Similarly, letting drunk drivers know that their behavior is not acceptable is potentially very effective.

5. Developmental Compatibility of Perceiving Norms

Hansen's "feedback approach," pits conservative anti-drug norms against pro-drug norms. Hansen felt that such interventions work best with middle-school age populations. At that age, hierarchies redevelop, social perceptions become more important, and drug use increases dramatically. Using feedback intervention in elementary schools is fruitless since group norms are not brought into question at this age. Waiting until high school is dangerous since teens are more likely to form norms against abuse before many of their friends use drugs.

This type of analysis teaches us that finding developmentally appropriate interventions for promoting anti-DWI norms is important. Interventions that will be successful in middle schools are different from those that would target older students and adults.

6. Reckless Teens Need to Confront Reality

Based on his research findings, Clark suggests that teens need experiential learning on which to base the perceptions of reality. One way to provide that learning, is to hold group sessions (e.g., school assemblies) with a professional and a teen who had been injured, either directly or indirectly, due to DWI. The professional would lead the session, and the teen can be a spokesperson whose role is to convince other teens that drinking and driving is not smart. Teen presenters would illustrate the reality, or direct results, of drinking and driving.

Injured teens can be people who have been disabled, who narrowly escaped injury, and who are now okay after painful and long-term rehabilitation. These speakers would relate from their own experience how the drug or alcohol related injury changed their lives. The injured party would describe the hospital stay, the injuries, the debilitation, the impairment, the rehabilitation, and the costs to their personal lives. Most importantly, injured teens would explain how their thinking had changed as a result of the experience. Professionals would watch, monitor, and control the ensuing discussions and, without formal lecturing, would work in a list of targeted points that needed to be made. This "conversion experience," can be very persuasive.

7. Using Bad Role Models to Teach Responsibility

Atkin takes an interesting approach to socialization through the entertainment industry. He believes that media education is more effective when people are shown others being offered drinks and turning them down. Atkins thinks there is no advantage to <u>not</u>

showing drinking on television. Rather, he supports showing some bad role models on television, since people don't notice if something isn't there. The chances of people being influenced by not showing drinking are rather small.

A similar benefit can be derived from a television program showing someone driving drunk and then crashing, rather than evading the police. People learn by observing full behavioral sequences, including their negative consequences. Atkin sees little value in screening audiences from harmful sequences.

8. Enforcement of Laws Promotes Norms Change

The actual enforcement of current laws can be strong weapons in public health campaigns. The anti-alcohol campaign saw some decrease in use by younger people when legislation raised the legal drinking age. Strict enforcement of sales-to-minor laws, however, has not occurred. If these laws were better enforced, they might contribute to further changes in attitudes toward drinking.

On the more positive side, Johnston and Turner both note the substantial changes in DWI enforcement nationwide. In part, they attribute these changes to the pressure put on police agencies by action-oriented groups such as MADD and SADD. Their wide publicity of the dangers of drunk driving has also increased the pressure to enact legislation which supports stricter sanctions against DWI. The increased sanctions in turn lead to greater change in attitudes.

According to Johnston's research, the harder-line approach works in part by changing people's perception of risk and directly affects their disapproval of the behavior. Publicized events can influence disapproval either directly or indirectly through increasing perceived risk. Both disapproval and perceived risk ultimately influence behavior.

9. Promoting New Legislation Clarifies Emerging Norms

Holder notes that California just passed their version of a "zero-tolerance" law for youth and drinking. Other similar legislation throughout the country reflects growing levels of concern.

Sometimes single events propel increased legislative activity. When Senator Strom Thurmond's daughter was killed by a drunk driver, Thurmond became very active in prevention activities. Thurmond was responsible for getting support for warning labels on alcohol containers. His alcohol prevention work became a significant confirmation of his personal concerns as well as those of the community. Thurmond's intervention was especially important because of his visibility and power.

THE ANTI-AIDS CAMPAIGN

• Introduction

Acquired immunodeficiency syndrome (AIDS) presents the American public health system with one of its greatest challenges. Unlike the anti-smoking and anti-drug campaigns, the anti-AIDS campaign has not yet published evidence of great successes. Quite the contrary, statistics regarding AIDS are quite alarming. About one in every 250 Americans is infected with the human immunodeficiency virus (HIV); one in every 100 men; one in every 800 women. Gay men and intravenous drug users still account for the majority of AIDS cases reported each year, but young heterosexuals are increasingly being afflicted (Public Health Service, 1993).

AIDS is currently one of the three main causes of death among America's 25 to 44 year old population. Many of the people who die of AIDS in their 20s and 30s were infected in their teens. Although one in every five reported cases was infected as a teen, most teenagers remain unconcerned about the disease because they rarely see their peers with AIDS. Adolescents remain outwardly healthy for 10 years or more after they have been infected with HIV through heterosexual, homosexual, or intravenous (IV) exchanges (Public Health Service, 1993).

Drawing parallels from the AIDS campaign is particularly interesting. First, the AIDS campaign is the most recent of our three cases. As such, it presents a current model for promoting new norms. The AIDS campaign has already applied many of the lessons learned from the anti-smoking and anti-drug efforts. Second, despite the obvious dangers of HIV infection, youth, for the most part, exhibit a sense of invulnerability to the problem. Third, the norms surrounding sexual activities are at least as covert as the norms surrounding DWI.

Lessons Learned

1. Opportunity Structure Affects Perceptions of Risk

Kids living in ghettos often fail to see any connection between current and future rewards. This perception of a lack of opportunities makes high-risk behavior likely and prevention efforts more difficult.

McKirnan does not agree with the current shift away from understanding social behavior in terms of the economic and cultural perspective of the 1950s and 1960s. The economic structure is no longer viewed as a major determinant of social behavior. Economic structures do not necessarily define behavioral patterns, but do result in the adoption of some norms over others. McKirnan feels that because economic structures don't change quickly, norms become imbedded in groups and stabilize generation after generation.

Youth in the ghettos, for the most part are not concerned about AIDS. McKirnan's study of Chicago public housing environments found that virtually every youngster knew how

AIDS was transmitted. The kids never learned in school, and they never were the target population in media campaigns. However, they all knew how AIDS spread. In spite of this, their behavior patterns permitted them to engage in unsafe sex. Several of the kids felt that their current sexual behavior was unimportant. Even if they contracted the HIV virus, they thought, "there was no chance they were going to live long enough to actually get sick with AIDS." Other young men simply didn't see any connection between being "good boys" now and getting big economic rewards ten years in the future. McKirnan suggests that the lack of opportunity in the ghettos also accounts for the minimal attention given to high-risk behavior. Despite perceived risk, prevention norms do not shift in a community lacking a future vision.

2. Change Agents in HIV Prevention

McKirnan cites the "gang leader" approach as an effective strategy for changing norms. Using this strategy, a natural leader or role model in a community is asked to help promote behavioral norms, for example, consistently using condoms. The leader is the change agent. This strategy has been especially successful in small towns and other closed environments.

In larger settings where the AIDS epidemic is most prevalent, the change agent strategy can be difficult to carry out, but still effective. Even in these larger settings, people need to know how to behave, what to do, and how to do it and still be cool, without catching AIDS. Because finding appropriate change agents in large settings can be difficult, public campaigns have frequently elicited the support of celebrities.

3. Mindful Behavior can be Less Dangerous

McKirnan's work identifies two types of gay bars: 1) leather bars, which are more explicit in their sexual orientation; and 2) fern bars, which are less so. Both actually provide environments in which sex takes place immediately in the bar or soon afterward. An understanding of their differences is critical to developing interventions and campaigns promoting safe sex.

In the leather bars where sexuality is very explicit, sex is generally safe since people who frequent these bars are thinking about sex. Gay men go to the bars openly intending to have sex. Norms in the leather bars are relatively strong in promoting safe sex.

In the fern bars, seemingly more healthy in their open lighting and less smoky environment, sexuality is not so evident. Surprisingly, acquaintances made in fern bars more often lead to unprotected sex. In the leather bars, people come prepared to have sex; in the fern bars they "just happen" to find somebody they are attracted to. Probably because gays in fern bars are less mindful of the sexual nature of their encounters, they don't carry or use condom protection as frequently as those men who openly seek sex in leather bars.

4. Group Norms Should be Publicized

Fishbein's research on gay men shows that individual differences among groups lead to different sexual behaviors, attitudes, and norms. In one study, Fishbein found that age is a factor in determining preferred sexual practices; in another study, that partner relationship is a factor in determining perceived risk. In Fishbein's view, interventions targeted toward condom use need to be empirically determined and then geared toward particular targets.

Fishbein notes that community norms should be widely publicized. A 1988 AIDS campaign in Seattle used "norm-strengthening messages" directed at the gay community. The messages emphasized that members of the gay community are beginning to pay attention to new preventive behavior norms. In short, the message to Seattle's gay men was to use condoms.

Applications to DWI

1. Promoting Mindfulness for Norms Change

McKirnan's work shows that people are taught to recognize and subscribe to varying norms in different settings. The gay community is more mindful of preventive norms in leather bars where sexuality is overt. Only now are interventions beginning to focus on countering some of the norms in the fern bars where sexuality is more covert. Interventions are aimed at clarifying norms by actually making sex more overt and encouraging more mindful behavior.

Interventions are targeted toward helping gay men become "mindful," that is, to recognize normative behavior. Alcohol, drugs, and other stimuli including sex can make people mindless. When people are mindless and stop being aware, they also stop monitoring their own beliefs, norms, and standards. Monitoring behavior and making covert behavior more overt lets people view the behavior in a different context. These interventions promoting mindfulness in the form of self-monitoring show some similarities to Baer's and Prentice's work. In those latter studies college students were asked to be more mindful of other people's drinking norms in order to judge just how much they really wanted to drink.

McKirnan sees parallels between HIV and DWI issues in terms of affective versus informational norms. Even well-educated people who might otherwise hold strong norms about promoting safe sex or safe driving may respond affectively by weakening their norms. For example, when faced with information that condoms infrequently break, some men will leap on the .01 percent probably of breakage and question the overall usefulness of condoms. With informational norms, if these men are confronted with the 99.9 percent probability that condoms work, they will more likely use them.

Sometimes to justify high-risk behavior, people are motivated to seek ambiguity because so much emotion is involved. People feel so bad about violating norms that they search for a reason not to do it. Similar feelings apply to DWI behavior in which people have strong norms on an informational basis but seek ambiguity in some of these norms.

For example, people might refer to the huge individual differences in alcohol tolerance to justify driving after drinking.

An effective way to intervene in ambiguity-motivated, high-risk behavior is to plug informational leaks and to counter myths. Sometimes people need help in being mindful of what they are doing. McKirnan feels that the best intervention is getting people to understand that when they seek ambiguity, they are fooling themselves. Getting people to understand their motivations is perhaps even more important than correcting the misinformation.

2. Promoting Norms Change is Most Effective when Targeted to Particular Behaviors

For the most part, interventions are more effective when they are specific to particular behaviors defined in terms of actions, targets, context, and time. With HIV interventions, for example, Fishbein states that if the goal is to increase homosexual men's use of condoms with their long-term partner, the intervention should address this behavior only. The message should not be generalized to practicing safe sex in order to avoid contracting the HIV virus, rather to use condoms for all sexual encounters involving exchange of bodily fluids, even with long term partners.

Fishbein suggests creating multiple scenarios to test the specific beliefs, attitudes, and norms that determine behavioral decision-making. For example, in one of these scenarios, respondents might be asked a series of linked questions and given some alternatives about their behavior under certain hypothetical conditions of alcohol impairment: "Consider that you might have had enough alcohol to be slightly affected. If you were stopped by the police you wouldn't pass the breath test. You would be declared under the influence. Would you still drive home? Do you think driving home like that is good or bad? Who do you think would be in favor of your driving home? Who would object to it?"

Asking groups of people these types of questions while varying the hypothetical amounts of alcohol would help researchers define the critical elements in determining attitudes and norms underlying behavioral intentions regarding driving after drinking.

Fishbein suggests that an effective intervention for changing norms is to remind people about new reference groups they haven't yet considered as relevant to their decision-making. Such new reference groups could support behavioral changes. For example, to change DWI norms, people may be made to think about physicians or police who would clearly express disapproval of driving after drinking. The use of other important people can be influential for persons in danger of performing high-risk behaviors. The opinions of the new group may be strong enough to counter intentions to perform the behavior.

According to Turner, this process would work in groups if new norms have already begun to emerge. Turner notes that behavior has to be questioned before norms change can occur. If people are debating whether or not to drive after drinking, the process of behavior change has effectively begun. It would be important for people to know at this point that police will severely sanction DWIs. Adding a new reference group evaluating and dealing with behavior might be an important factor influencing behavior change.

Intentionally Left Blank

CHAPTER FOUR: THEORETICAL MODELS UNDERPINNING THE NORMS CHANGE PROCESS

1. Turner Promotes a Group-Based Theory of the Emergence of Norms

Sociologists and anthropologists traditionally have viewed norms as stable expressions of individual cultures. Only recently have more dynamic interpretations of norms received serious consideration as important issues. Turner's model of emergent norms is one such interpretation. In Turner's model, norms address new group ideas that may alter individual sense of perceived risk for different behaviors.

When timely opportunities arise and the sense of risk involved with a behavior either increases or decreases, then new norms are likely to appear. These emergent norms may define a previously tolerable condition as intolerable, and call for harsher and faster impositions of negative sanctions. Or emergent norms may pronounce a previously intolerable condition as tolerable, and define previously sanctioned behavior as acceptable. The former condition arises when risks involved with a behavior increase; the latter when risks decrease.

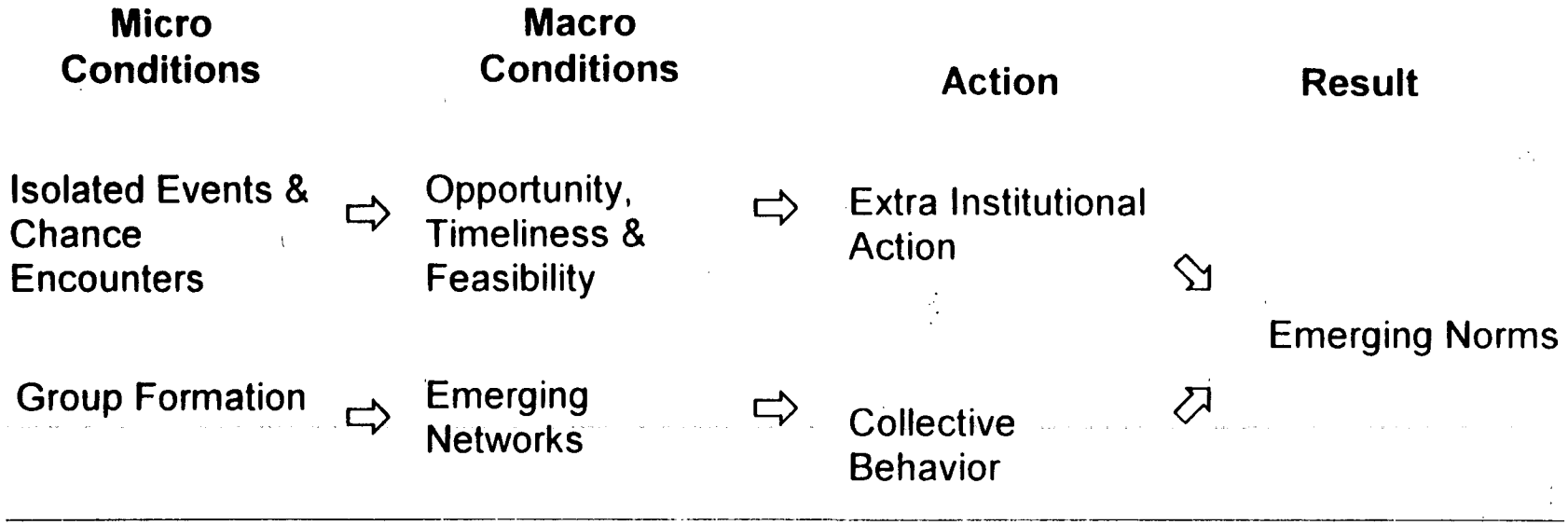
Emergent norms generally become visible when existing norms are clarified or literally applied. Turner believes that many of society's norms would be in conflict if this clarification and literal application would occur frequently. Turner makes four points about norms and the norms change process:

- Adhering to norms generally brings about respect and admiration; violation brings about the possibility of punishment.
- Emergent norms come about when existing norms are questioned and a shift begins in behavioral patterns.
- Norms are developed and maintained when they are linked to either previously existing or newly created networks group.
- Timing is critical to changing norms.

A cycle of norms development modeled on Turner's theories of collective behavior appears in figure 1. In this model, norms are shown to develop when ideas and groups are reconstituted from their former institutional positions.

Figure 1

Process of Norms Development



NOTE: Model developed after theories described in R.M. Turner and L.M. Killian, Collective Behavior. 1987. Englewood Cliffs, NJ: Prentice Hall.

2. Atkin Proposes a Multi-Domain Model of Change

Atkin sees social norms as one of many sets of factors that influence attitudes and behaviors. When people choose to perform some behavior, for example, driving after drinking, they consider a number of "positive and negative incentives" to perform or abstain from that behavior.

Atkin views individual attitudes as a combination of many areas, including health, economics, psychology, ethics, morality, and social norms. Therefore, norms are only one domain that people take into consideration when deciding how they will behave. Some other important factors involve beliefs about the rewards and consequences of behavior. In Atkin's model, these beliefs are based on realistic assessments; they are different from general "attitudes" which are more value-based and more subject to individual biases. Atkin's list of bipolar "positive and negative incentives" that enter into social behavioral decision-making is as follows:

Social Decision-Making Factors

Positive Incentives		**Negative Incentives**
Respect and acceptance	*versus*	Rejection
Cooperation	*versus*	Conflict
Status and power	*versus*	Subservience and weakness
Smooth and cool	*versus*	Embarrassed and humiliated
Sophistication	*versus*	Tastelessness
Individuality	*versus*	Conformity
Altruism	*versus*	Selfishness
Attractive	*versus*	Unappealing
Sociable	*versus*	Isolated
Normative	*versus*	Deviant

Beliefs about DWI, for example, may be partially based on the probabilities of getting caught, concern about causing death and injury, fear of getting arrested, and estimation of the consequent costs of tickets and lawyers. Some people may worry more than others about social rejection or the guilt they might experience if they crash their car and cause injury. Others may regard DWI as ethically wrong or too inconsistent with their sense of responsibility. Atkin suspects that negative "incentives" are frequent preventives of DWI.

3. *Fishbein Hypothesizes an Empirical Model of Reasoned Action*

Fishbein maintains that people's behavioral intentions and the behaviors themselves are caused by a varying combination of two sets of factors:

- Specific attitudes about performing the particular action; and
- The subjective norms which govern the feelings that important people have toward that particular action.

In Fishbein's model, subjective norms are distinct from attitudes, but both are considered by people when they decide how to behave.

Behavioral decision-making is entirely an *empirical* question. Some behaviors are directed by people's attitudes and others by their subjective norms. Moreover, attitudes and subjective norms are related to a particular action, not necessarily a full range of behaviors. For example, the real question about a behavior is not whether someone would drive after drinking; it is whether that person would drive one mile after having drunk two beers during two hours.

To measure attitudes and subjective norms, Fishbein suggests creating sets of scenarios to identify the beliefs which underlie attitudes and subjective norms among groups of individuals. The beliefs will determine what individuals think about performing a behavior and who they think approves or disapproves of that behavior.

A reasonable set of scenarios to measure attitudes and subjective norms on DWI behaviors would be to ask people how they decide to drive after drinking given a variety of circumstances:

- Would you drive one mile after drinking three drinks in three hours?
- Would you drive one mile after drinking five drinks in three hours?

Given these scenarios, Fishbein suggests measuring people's exact attitudes and norms:

- What do you see as the advantages and disadvantages of driving under these circumstances?
- Who would approve of your driving?
- Who would disapprove of your driving in this situation?

The use of scenarios defines people's decision-making processes by identifying their perceptions of whether they believe they are intoxicated, who else might consider them intoxicated, and whose opinions are important to them. Only after this decision-making process is empirically tested can effective interventions be designed.

For Fishbein, interventions are directed toward either the attitudes that drive some behaviors or the subjective norms that drive others:

- If behaviors are attitudinally driven, then the advantages and disadvantages of performing the behavior are the target for interventions.
- If behaviors are normatively controlled, then other people's opinions of a particular behavior should be at the center for promoting change.

Fishbein specifically suggests using focus groups to identify the attitudes and subjective norms which predict behavior change. Although this strategy is often used in private industry to develop media campaigns, it is not used as frequently in public health. Currently, focus groups are only used reactively in public health campaigns, to test the effectiveness of messages after the campaign has been developed. Fishbein suggests that focus groups be used more proactively in the actual development of campaign strategies to insure their relevance for target populations.

4. Holder Warns That Timeliness Is Essential in Norms Clarification and Development

Holder points out that norms change is dependent on awareness, concern, and acceptability. As awareness of an issue increases, so does concern about that issue's behavioral acceptability. New norms emerge and some, in time, become clear expressions of changed conditions.

To illustrate the process, Holder reviewed articles from the New York Times over three decades. In the 1960s and 1970s DWI was not a widespread area of concern; there were few articles on the subject in the Times. In the early 1980s, however, DWI suddenly became the focus of attention due to the combined efforts of MADD, the Harvard Alcohol Project and other advocacy groups. Pressure began to be put on state legislators for DWI legislation. This increased DWI publicity and awareness led to widespread public concern.

Holder and Turner both point to MADD's *timeliness* which made it the unofficial representative of the anti-DWI movement and a major force in identifiable DWI norms change. Using chaos theory to explain this timeliness, Holder notes that vast "social bubblings" develop around an issue until the concern reaches some threshold. Then and only then does the issue seem to explode from out of nowhere. The process is gradual, but no one notices its development until some threshold is crossed.

Support for MADD thus reflected as well as stimulated norms changes. Turner notes that MADD began when one woman's anger merged with other people's concern to organize groups which promoted anti-DWI norms. It is interesting to note that several years prior to the beginning of MADD, Holder *predicted* a shift in public concern about driving when intoxicated. He reminds us, therefore, that the MADD movement was not as spontaneous as it appeared, but rather somewhat anticipated. MADD came at a *time* when society had reached a threshold of intolerance for DWI.

5. McKirnan Proposes That Understanding the Stability of Norms Lends Caution to the Process

Similarly to Holder's timeliness theory of social change, McKirnan suggests that normative behavior changes may, in fact, *follow* larger social changes rather than lead and initiate those changes. The question of norms as leader or follower of change can be illustrated in the trend of teenage use of alcohol and drugs.

Over the last decade, a profound change in norms occurred, particularly with drug use among teenagers. Drugs went from being the "in" thing to being "scorned." McKirnan

believes that the anti-drug campaigns became effective in the 1980s because the threshold of an anti-drug sentiment had been reached. McKirnan feels that change occurred because the teens observed the ill effects of drugs on their peers and increasingly rejected the drug culture. The concrete negative feedback from actual drug use was influential in changing norms and behavior. Media campaigns and classroom messages publicized the trend and helped promote support of the change in norms. McKirnan suggests that the anti-drug campaign successfully followed a social change which had slowly been building.

In another example, McKirnan cites the meta-norm directing the health and fitness industry in the United States. Heavy advertising by that industry certainly supported and even hastened the health and fitness norms change. However, the change did not occur because of the advertising, but because of underlying cultural changes among the Baby Boomers who were losing their youth culture and approaching middle age. The health/fitness industry merely took advantage of this cultural change to sell their products through aggressive advertising. Again, the social shift came first and advertisers just followed the front of the pack. But the ad industry helped drive the change with a multi-million dollar advertising campaign.

Once norms start to shift, some people in a population group become norm centers. These very influential groups promote particular behaviors and concepts, leading to a norm-sending industry. For the health/fitness craze, McKirnan cites the many different magazines that were both the result of and the further promoters of emergent norms change. These magazines on fitness became successful because "beautiful people" wanted to learn how to follow the new norms. The social emphasis on personal responsibility and health provided the basis for the norms change. For the fitness industry, the "pump was primed" to capitalize on the health-related social changes and changing fitness norms.

CHAPTER FIVE: SUMMARY AND CONCLUSIONS

The objectives of this study were threefold:

- Identify and examine which factors lead most effectively to public acceptance of anti-smoking and other norms.
- Identify what principles and strategies derived from these factors might be applied in developing anti-DWI norms.
- Recommend what actions lead to the development of anti-DWI norms, based on lessons learned from the previous campaigns.

To meet these objectives, changes in normative behavior were examined in three different campaigns: 1) anti-smoking, 2) anti-drug, and 3) anti-AIDS. For each of these campaigns, important lessons from the respective campaigns were discussed and potential applications of these lessons to anti-DWI programming were extrapolated.

CROSS-CASE CONCLUSIONS FROM THREE CAMPAIGNS

Conclusions derived from campaign analysis are divided into three sets. The first set analyzes important factors promoting norms change in the anti-smoking, anti-drug, and anti-AIDS campaigns. The second set outlines basic principles of norms development and strategies that stem from these principles. In the third set, recommendations are made to promote actions that lead to the development of anti-DWI norms.

Examination of Factors Leading to the Acceptance of Changed Norms

Factor 1: ***The Norms Change Process Was Effected by a Multitude of Different Actions***

> Changes in the use of tobacco, drugs, and condoms came about when the norms, e.g., rules, for those behaviors changed. Only after new norms emerged could individuals safely make alternative decisions regarding their behavior. Following each campaign, new sets of norms, ideally, directed new behavior. Understanding that norms change is a "process" implies that no single action or no single program was individually responsible for change in a campaign. Rather, a comprehensive set of programs and actions, using a variety of different strategies, effected norms development and change.

Warner and Cummings independently reviewed the thirty years of effective norms change interventions from the anti-smoking campaign. Publicity of the danger of tobacco smoke began the change process. Many prevention and intervention programs prompted individuals to stop smoking, or not to start. Taxation led to price increases that made smoking more of a financial burden on individuals and substantially reduced demand for tobacco products. Legislation restricted smokers and, perhaps even more importantly, clarified the rights of non-smokers. Finally, support for groups that promoted both the passage and the enforcement of restrictive legislation propelled the process further and faster.

Holder's research on the decline of alcohol use paralleled Warner's research on tobacco. Both cases showed that other factors remaining equal, increases in price clearly resulted in decreases in demand. Both experts proposed that the taxation of dangerous substances like tobacco and alcohol were effective strategies in controlling consumption of the product. Cummings and Holder both suggested that tax increases were doubly effective when revenues were earmarked to support education and enforcement, especially at the local level.

Johnston's chronicle of the changes of drug use norms in America showed that the primary strategy in the anti-drug campaign was publicity of the dangers of drugs. Johnston traced the precipitous decline in the use of cocaine and steroids during the years immediately following the deaths of three well-known athletes—Len Bias, Don Rogers, and Lyle Alzado. Johnston also noted that the perceived risk of negative effects from marijuana predated decline of actual use by two to three years.

McKirnan and Johnson both suggested that encounters with real life situations presented the best opportunities for teaching people about drug use risks. McKirnan felt the encounters were most effective when personal; Johnston felt that the media played an enormous role in personalizing these encounters.

Hansen, Krohn, Prentice, Baer, and Clark all felt that drug intervention programs benefitted from precedents set by the anti-smoking campaign. Independently, these experts outlined some of the interventions which they found to be were most effective with youth. They emphasized that successful substance abuse programs did not stop with increasing people's knowledge about the dangers of drugs to reduce drug use. Rather, the benefits of the programs continued with various forms of skills resistance and direct norms training measures.

The school-based projects reviewed by the experts were designed to help students combat internal and external pressures to use drugs. Many of those programs targeting preadolescents centered on prevention, not cessation. Programs for youngsters aimed to preempt initiation into an AOD culture as well as provide alternatives to that culture.

McKirnan's discussion of the past decade's anti-AIDS efforts also used lessons from other public health campaigns. For example, McKirnan emphasized the effectiveness of using personalized, targeted messages in the anti-AIDS campaign. He also advised using change agents on the local level to promote new norms development in small groups. The "gang leader," according to McKirnan, was the most likely person to effect change in the gang.

Atkin paralleled McKirnan's advice on a national level. Atkin reviewed the impact that celebrities had in promoting new ideas through the media. Adolescents identify with stars and heros, so athletic and entertainment celebrities were especially effective within the youth culture.

McKirnan also promoted "mindfulness" in behavioral decision-making as an effective strategy in the AIDS campaign. To illustrate, he contrasted the greater probability of safe-sex occurring in the more explicit "leather bars" than in the less sexually explicit "fern bars". For McKirnan, if the covert could be made overt, the result would be conscious and safer sex and other behavioral actions.

McKirnan's safe-sex contrast echoed factors promoted by Prentice and Baer in the modification of alcohol norms. For Prentice and Baer, informing young adults of the amount of alcohol they drink and asking whether they *want* to drink that much was an effective alcohol reduction strategy.

Many of the experts emphasized that norms development is essentially a group process. Turner advised that norms must be shared in a group for them to be real. If the group disbands, the norms change becomes diluted. This issue is particularly important where short-term grants are used to fund prevention and intervention groups. Without continuity, a sustained effect is difficult.

Atkin extends Turner's version of group effects to the importance of the media on large numbers of Americans. Atkin noted that Americans, as a group, want to behave as they think others are behaving. Thus, maximizing the advantage of the "bandwagon" was important to campaign success, whether real or created by the campaign. Atkin and Turner both emphasized that informing groups of emerging norms created a self-fulfilling prophesy.

Fishbein, however, lent a word of caution to campaign developers who don't necessarily know how others behave in particular situations. Campaign promoters don't know how people make decisions to behave unless they research the process. Only once these questions are examined empirically can norms change be encouraged most effectively.

Most experts concur therefore that the norms change process is assisted by many factors. Among them, keeping the issue in the public eye by addressing all means of change may have been one of the most important underlying patterns of norms development.

Factor 2: ***A Wide Range of Publicity Options Kept Campaign Issues in the Public Eye***

> The anti-smoking, anti-drug, and anti-AIDS campaigns effectively achieved their goals when they publicized them in a *sustained and varied manner*. Short bursts of media attention had some effect. But lasting norms change was secured with the broadcast of a variety of campaign messages through multiple media.

Warner expressly reviewed the decreases in tobacco consumption following key elements in the anti-smoking campaign. He showed that "temporary" decreases occurred after each media blitz, but that sustained declines followed the barrage of messages that were broadcast during the Fairness Doctrine. Only when publicity efforts were varied and extended over long periods, did sustained behavioral change result.

Each of the campaigns used public service announcements (PSAs) to publicize their cause. More and more, however, the various campaigns came to realize that their PSAs were insufficient to target the messages to the appropriate audiences. With so many good causes to support, PSAs competed against one another for prime time broadcast spots. For the most part, television stations tended to broadcast PSAs during the midnight to 4 A.M. slots.

Cummings warned that PSAs may be necessary but insufficient to reach a target audience effectively. Publicity goals are only begun, not ended, by creating good advertisements for PSAs. A more effective use of resources is to purchase air time.

Atkin and Clark emphasized that in addition to paid advertising and PSAs, media coverage benefitted from support by the entertainment industry. When the industry adopted a cause and integrated it into network programming, presentation of the message was portrayed as a "normal" part of life. Clark suggested that MASH provided a good model for intervention into problems of stress and alcoholism. Atkin proposed for example that actors might be directed to refuse every third drink offered on network TV. This strategy would be a far more effective in changing norms than eliminating characters with cocktails in hand.

Factor 3: *Attracting Celebrities Stimulated Norms Development*

> Athletic stars and other entertainers are among the most highly visible groups in the United States. Because of that, they became central figures in the anti-smoking, anti-drug, and anti-AIDS campaigns. When stars like Lyle Alzado or Magic Johnson chose to embrace a public service issue, they insured a high level of publicity that propelled the process of norms change forward.

Atkin reminded us that for the entertainment community to integrate an issue into network programming, the message must generally be perceived as a universal good. Seat belts presented one such cause because the issue did not offend any major vested interests. DWI might present another non-controversial concern since it is neither politicized nor attached to any one social group. Almost everyone agrees in principle that driving after drinking is dangerous. Even the alcohol industry has participated somewhat in the anti-DWI movement.

The designated driver campaign is one aspect of the DWI movement that has effectively elicited the participation of celebrities. Operating as a collaborative effort of the Harvard University School of Public Health and the broadcast and entertainment industries, the Harvard Alcohol Project has launched this campaign nationwide. Since 1987, more than 100 network television episodes have included references to designated drivers and drunk driving prevention. Television networks have broadcast frequent PSAs in prime time promoting the use of designated drivers. U.S. Presidents and a variety of other well-known figures have appeared on national television to encourage hosts to take responsibility for preventing alcohol-related accidents (Winsten, 1992).

Despite its success, Johnston and Clark warned of the dangers of campaign reliance solely on this type of entertainment programming. As quickly as a cause is taken up, it can also be dropped by the industry, thus leaving a campaign void. Cummings emphasized that campaigns need to try to sustain media support for their causes and keep public interest high through varied presentations. Campaigns should not rely solely on any single source of donated publicity or any single group.

Factor 4: ***Legislation, Taxation, and Enforcement Helped Emphasize the Seriousness of the Issue***

Societal norms are clarified through both formal and informal means. One formal expression of societal norms is legislation. Taxation is one subset of types of legislation that can be used to indirectly control behavior. Finally, the enforcement of sanctions that clearly punish the violation of norms makes people aware of acceptable and unacceptable behaviors.

Atkin, Warner, Turner, and McKirnan emphasized that the legislative process was both proactive and reactive to other anti-smoking, anti-drug, and anti-AIDS efforts. Law-making both led and followed health promotion movements. Legislation propelled norms development by both mandating immediate changes and then carrying on the momentum of emergent norms by creating new stakeholders.

Legislation was responsible for the four years of anti-smoking advertisements on television during the Fairness Doctrine legislation. In all 50 states restricting public smoking contributed to widespread decreases in consumption of tobacco. Legislation also raised the drinking age uniformly to 21 and lowered the blood alcohol concentrations in legal definitions of DWI.

Legislation has been effective in promoting norms development in three respects. First, the legislative process to pass the laws provided good publicity for the cause. Second, the enactment of new laws clarified society's norms. Third, legislation, when enforced rigorously, sanctioned departures from the norms and changed the rules of acceptable and legal behavior.

Taxation has had a major effect in reducing the consumption of both tobacco and alcohol. Warner attributed the major gains of the anti-smoking campaign from 1964 to 1972 to the increased State excise taxes. Holder has shown similar effects in the reduction of alcohol consumption following increases in alcohol taxes. When all other factors remain equal, taxation results in price increases which reduce demand. Like other forms of legislation, taxation is one means of setting standards of behavior and communicating norms.

Licensing of retailers is another form of taxation. Both licensing and revenues from excise taxes on cigarettes and alcohol have been shown by Cummings to support community efforts in prevention programming and education. Revenue collected from illegal sales of products to minors has, in particular, been effectively channeled for these efforts.

Revenue notwithstanding, Cummings cited the problem of *not* enforcing current laws. For the most part, sales of cigarettes and alcohol to minors continue unabated despite laws to the contrary. Sales of marijuana and other illicit drugs are a black market industry in the United States. According to the Johnston study, 82 percent of teens reported in 1992 that purchasing marijuana was either "fairly easy" or "very easy." And with over 87 percent of teens reporting alcohol use, researchers never even deemed it necessary to measure its availability to underage drinkers (Johnson, Bachman & O'Mally, 1993).

The lack of enforcement of laws according to Warner, Cummings and Johnston gives people the message that the law itself and the norms that the law represents are not important. The original intent of legislative actions is seriously contradicted by nonenforcement.

Factor 5: ***Perceptions and Misperceptions of Norms Could Be Corrected through Confrontations with Reality***

Beliefs about reality were changed through effective campaign interventions. From attributes of sophistication in the 1950s, cigarettes were reduced to "cancer sticks" and "coffin nails" by the 1980s. Cocaine was similarly derailed from the fast track in the late 1980s, when dangers of its use were widely publicized. Beliefs and ultimately the norms they shaped were susceptible to influence from outside sources.

A review of some battles in the war on drugs taught that norms change only when encounters with reality support new beliefs. Johnston and McKirnan reviewed this lesson that was painfully learned from the government's anti-drug campaign in the early 1970s. A generation of drug users and potential users stopped listening to publicized anti-drug messages following the government's ill-conceived efforts exaggerating the negative effects of some drugs. Lessons learned from this rethinking of campaign strategies emphasized that only credible messages were effective in the long run.

Conversely, messages which were honest in their portrayal of reality were especially effective in changing group norms. Prentice and Baer independently illustrated the positive effects of clarifying group drinking norms for college populations. Both clearly showed that college students arrive on campuses with misperceptions about what the drinking norms are and what is expected of them as participants in a culture where a majority of people drink.

Teens and young adults tended to overestimate the numbers of peers who drank and the amount they drank. These misperceptions were based on several factors including the visibility of drinking behavior versus the invisibility of not drinking. The misperceptions, when uncorrected, unduly influenced the behavior of people who observed the actions but misinterpreted the reality. The research showed that disseminating information about the actual statistical norms regarding drinking was an effective alcohol reduction strategy for these groups.

Where Baer and Prentice showed the effect of beliefs creating reality on the micro-level, Johnston revealed the macro-level effect of the information correction cycle. Johnston and McKirnan both pointed to the self-correction cycle of some dangerous drugs and sexual behaviors. Johnston, for example, showed the fast rise and fall of PCP use among youth. The effects of this drug were so scary that its use declined rapidly following its spread. Johnston also pointed to the rapid decline in cocaine following the publicity of the overdose deaths of two star athletes. Both perceptions and misperceptions were shown to be amenable to change through micro-level and macro-level interventions clarifying realities.

Factor 6: ***Clarifying Risks Provided Effective Checks on Dangerous Behavior; However, Raising Undue Alarm Increased Denial***

One of the most troublesome issues in pharmaceutical research is estimating correct dosages for individuals. Likewise, one of the most difficult issues in developing public health campaigns is clarifying perceived risks. A little fear raises the attention of audiences; too much fear increases tendencies to denial. Finding the most efficient balance remains an empirical question.

One effective strategy in all three campaigns used fear to combat denial of danger. The anti-smoking campaign showed Yul Brenner talking from his grave to remind people that "it can happen to them." The anti-drug campaign capitalized on the deaths of young athletes from drug overdoses. The AIDS campaign does not shy away from the fatal consequences of unsafe sex.

McKirnan warned of the dangers of overemphasizing risks. He cited the lack of effect of repeated portrayals of diseased lungs in the anti-smoking campaign. The image of cancer was so horrible that rather than dwell on it, people chose to become mindless of the dangers of the entire phenomenon and the behavior associated with it.

Overcoming the stigma surrounding alcoholism may be a double-edged sword for DWI. People generally disapprove of drinking and driving, and yet, many still do it. McKirnan reviewed the process by which people acknowledge that they have a problem with alcohol. The stigma of alcoholism is so strong that people cannot bring themselves to acknowledge that they have "a problem." Yet, denial of that problem enables them to drive when intoxicated and prevents them from seeking help. Anti-DWI campaigns might benefit from removing this stigma of alcohol abuse so that people can comfortably decide not to drive after drinking.

Factor 7: ***Teens and Young Adults Were Reached Most Effectively through Prevention Strategies Directed Specifically toward Them***

> Teenage groups develop their own sets of norms, often based on conditions of social bonding. Norms are best developed and sustained for youth when they are linked to peer groups that can provide both support for socially acceptable behaviors and censorship for socially unacceptable actions.

Krohn and Hansen illustrated the effect of social bonding on the behavior of teens. Parents and peers were shown to be influential at differing stages of adolescence. Prentice and Baer also emphasized that as teens became young adults, norms were best developed in or around a group setting. With a supportive peer factor, teens and young adults were shown to accept new values and attitudes.

Hansen felt that the most effective prevention strategies were peer-based responses. In his research, youngsters were taught that their more conservative norms were supported by groups of both peers and parents. Adolescents were taught that they could resist pressure from others to behave in ways that were not entirely comfortable for them.

Prentice showed how college students were similarly taught that feelings of discomfort regarding heavy drinking were actually supported by many of their peers. Thus, in even brief interventions, knowledge of diversity in group behavior enabled young students, middle school through college age, to behave more conservatively.

Underlying Principles and Strategies of Norms Change

Since the campaigns for norms change or development of new norms took place outside the traditional institutions of family and church, most experts, especially Atkin, Warner, Cummings, and Johnston focused on public institutions such as public health authorities, mass media, and celebrities for the transmission of norms.

The public emphasis was not universal among discussants, however, Krohn supported the importance of parent and peer social bonding in transmitting pro-social norms. Prentice and Baer studied perceived campus norms in terms of peer relationships. Cummings noted the effectiveness of enforcing norms at the local level where smaller communities can have some effect on their members.

The experts in general emphasized formal sanctions to enforce norms. Legislation, taxation, and pricing were introduced as mechanisms for enforcing negative sanctions or limiting opportunities for violation of norms. Again, two exceptions are notable. The "designated driver" campaign and the "friends don't let friends drive drunk" campaign are both interventions that are implemented through promotions of informal group norms.

In summary, three basic principles stem from a careful review and analysis of the seven factors which were identified as having promoted norms change in the anti-smoking, anti-drug and anti-AIDS campaigns. These are: ambiguous norms need to be 1) clarified, 2) linked to social values, and 3) presented with clear sanctions when they are violated. These principles in turn lead to seven specific strategies for change, as presented below:

Strategy 1: ***Use effective communication, like mass media, to strengthen norms development and clarification.***

Atkin believes mass media campaigns are essential components of the norms change process. He identifies at least six methods of effective campaigning to bring about this change.

- Convince people a norm already exists. Campaigns can either present statistical messages (e.g., 82 percent of the people disapprove of DWI drivers) or broad generalities (using testimony and case studies) to support the notion that behavior they are advocating *is already* the norm. This positive presentation is central to the persuasion process.

- Talk to people's expectation of what the norm is. Because people may have anticipated higher or lower norms, using statistics in a message can have a boomerang effect on a campaign. When norms are used to alarm people, the message is "difficult to aim." For example, if drinkers expected that only 10 percent of their friends drive after drinking and they hear that 40 percent of the population do, then the message may increase, rather than decrease the probability of DWI. Generalities are always safer in developing campaigns.

- Emphasize trends. People favor doing something that has momentum. A bandwagon strategy conveys the message that change is unfolding in a distinct positive direction; it doesn't necessarily describe the current situation in any detail.

- Describe conditions that will not be invalidated by observation. If a campaign promotes the idea that getting intoxicated is passe' and people still see others drinking, the campaign loses credibility. One strategy that is used to avoid this pitfall is to focus the message on unobservable claims such as "98 percent of the population disapproves of DWI." Messages can suggest silent disapproval; messages about overt behavior need to be supported by observations.

- Use information to alarm people, but carefully. People can be told that there are millions of intoxicated drivers out there, and something ought to be done about them. However, if the message is exaggerated to alarm and mobilize public opinion, it might also convey the idea that the negative behavior is normative.

- Emphasize norms specific to a selected target audience, not for the general population. Messages are most effective when targeted. Messages which work with adults may not carry weight with teens. Strategies effective with middle class suburbanites may not equally influence young inhabitants of the inner cities.

Strategy 2: ***Take advantage of the full power of the media with PSAs, paid advertising, and celebrity support to disseminate new norms.***

All types of media attention are necessary to get a message across effectively. PSAs are a very important campaign support as shown by the effectiveness of the Fairness Doctrine and the Partnership for a Drug Free America. But PSAs are not enough. Paid advertising is important to reach target audiences.

Coverage from the entertainment industry is extremely valuable. Entertainers and sports figures are the most highly visible group in the United States. When the entertainment industry can be convinced to take on an issue, its prominence is insured, and the process of norms change is supported. Integration of new norms into entertainment programming especially creates self-fulfilling prophesies of norms change.

Strategy 3: ***Sustain the norms development campaign by varying and repeating the message for each target group and each later generation.***

The Surgeon General's Report on Smoking and Health in 1964 was a major event in the anti-smoking campaign. That one event led to a decrease in tobacco consumption for a short period. But far more sustained decreases in demand followed the barrage of briefer messages in the Fairness Doctrine. Similarly in the anti-drug campaign, decreases in the use of cocaine precipitously followed announcements of the overdoses of major sports figures. But only multiple reports of ill-effects across series of drugs accounted for overall declines in use.

There is no inoculation against dangerous behaviors. Messages need to be repeated to multiple audiences in ways that can be heard by those groups. New generations are now maturing and beginning to experiment with alcohol, tobacco, and other drugs. They also need to be educated. A one-shot campaign only affects those who hear it.

Strategy 4: ***Target campaign efforts to particular behaviors and particular populations.***

Campaigns are most effective when messages are personalized. The anti-smoking campaign consisted of many different efforts. Some were national in scope like the health messages reviewed in the Surgeon General's reports or those broadcast in the Fairness Doctrine. Some focused on reaching more limited populations like young mothers, teens, or worksite employees.

Anti-drug prevention campaigns were often developed for targeted grade levels in schools. Programs that were developed for middle-school children were not appropriate for either younger or older children.

Similarly, early AIDS prevention efforts were aimed only at gay men and intravenous (IV) drug users. Later efforts targeted heterosexual youth when rates of infection spiraled upward for this population group.

Fishbein suggested using focus groups to develop effective campaign messages. Involving targeted groups at the outset in developing campaign strategies insures that strategies are effective for that group. Because campaign developers are usually adults, it is essential to specifically involve youth in campaign developments targeted to them.

Strategy 5. ***Make everyone a part of the solution by defining change as a social responsibility.***

Although targeting messages is important to behavior change, broadening the base of support for the campaign is also essential for national influence. When the anti-smoking campaign was directed only at smokers' health, it was far less effective than when the issue became one of the "clean-air-rights" of nonsmokers. As a consequence of the anti-smoking campaign, people began to see that they had the power to be free from passive smoke. Perhaps following a broad-based anti-DWI campaign, children and adults may also feel they have the right to be safe from intoxicated drivers on America's highways.

One corollary to this right of highway safety is also an appreciation of social responsibility. State laws regarding "social hosts" have changed the environment in which drinking and driving occurs. Social hosts may risk civil damages if a drunk guest causes a crash. These hosts, whether individuals or corporations, should understand that if drinking occurs at a party, they share in the responsibility for preventing harm to others on the road.

Strategy 6: ***Promote an awareness of behavior by carefully correcting misperceptions and highlighting risks.***

Encouraging people to be aware and to monitor their behavior frequently results in behavior change. People who regulate their own behavior are frequently more mindful of what they do. This understanding has structured behavioral interventions in anti-smoking, anti-drug, and anti-AIDS programs.

In many cessation programs, people are asked to establish baseline data on their behavior. Two conditions result: Either people monitor and eventually change their behavior, or people drop out of the program because they do not want to think about their self-controlled actions. Once self-monitoring is firmly established, behavioral cessation programs continue with remaining intervention strategies capitalizing on initial gains of mindfulness.

In some programs, people are also advised to watch carefully the behavior of others. Clark, Baer, Hansen, and Prentice all advised that young individuals often base their behavior on erroneous perceptions of what others are doing. Effective campaigns can correct the inaccuracies in people's perceptions. Not participating in a behavior is simply not visible. *Not* smoking, *not* drinking, *not* driving while intoxicated can all be made more visible with appropriate campaign strategies.

Looking at the consequences of one's own or others' behaviors, however, sometimes leads to such stress that individuals seek mechanisms to temporarily forget norms that are either too rigid or too harsh. This paradox was somewhat evident early in the anti-smoking campaign. When pictures of diseased lungs were shown repeatedly, the campaign became ineffective. The image of cancer was so disturbing that people chose to forget the message rather than dwell on the horrors of it. They preferred to become mindless of the entire phenomenon.

McKirnan cautions that similar events may occur in the AIDS campaign regarding safe sex. The prospect of AIDS is so horrible that there is sometimes a strong motivation for people to become mindless about sex. Alcohol consumption and soft sexual stimuli in "fern bars" further foster an environment in which to become mindless.

Johnston certainly advocates highlighting the risks of dangerous behaviors. He points to the reductions in drug use following the deaths of three star athletes. Yet McKirnan reminds us that highlighting risk can become a double-edged sword. Knowledge of risk might stimulate change: the perception of too great a risk might cause people to shut down their responses to the problem.

Strategy 7: ***Advocate for restrictive legislation, increased taxation, and rigorous enforcement of laws.***

Legislation functions as a primary means of social control by clarifying society's norms. Not only the outcome but also the process of law-making is important in norms development. Publicizing emergent norms serves to both clarify them and to create stakeholders in supporting them.

Increased taxation is one form of legislation that has effectively reduced consumption of both alcohol and tobacco. Earmarked taxes are effective sources of funds for prevention and enforcement.

Enforcement of laws is another means by which society clarifies behavioral prescriptions. Not enforcing laws is a particularly dangerous condition for their maintenance. The lack of law enforcement, according to Warner, Cummings, and Johnston, gives people the message that the law itself and the norms it represents are not important. The original intent of legislation is severely undermined by nonenforcement.

Applications of Principles To Recommended Anti-DWI Program Actions

The examination of seven primary factors promoting norms change in the anti-smoking, anti-drug, and anti-AIDS campaigns led to the extraction of three basic principles of norms change. These principles address the issue that ambiguous norms need to be (1) clarified, (2) linked to social values, and (3) presented with clear sanctions to promote development and change. Notable strategies for carrying out these principles were then presented.

The principles and strategies underlying norms change can be applied to anti-DWI programming through several recommended actions, as listed below. The first three actions are directed at educating the public and reducing the incidence of DWI. The next four actions promote systems that have eventual effects on both potentially intoxicated drivers and on the general public.

Action 1: ***Support a wide range of strategies in educating the public about the dangers of DWI. Comprehensive campaign efforts are, in the long run, the most effective.***

Mass communication is an effective strategy for making DWI a national issue. High visibility DWI campaigns can counter widespread industry promotion of alcohol. Specifically showing the natural consequences of driving while intoxicated can change norms over the long run. Just as a "Fairness Doctrine" seriously sustained a decline in tobacco use, so a lengthy program of counter-advertising for alcohol can help promote the development of anti-DWI norms and reduce the incidence of DWI over time.

Research has shown that campaigns are most effective, when they are credible, fairly low key, and varied over time and across populations. It's not a single message, but a series of messages which ultimately affects norms change in a population. Individual messages create the "bubbling-up" of notions; multiple messages through varied media create norms change over time.

One way to keep messages varied is to target them to specific populations. To do that most effectively, serious empirical research needs to be conducted to identify the particular interests of each of the targeted group. Young adults and teens should be involved in the campaigns directed to change DWI norms among their age group; minorities should be involved in the development of their targeted campaigns.

The entertainment media should be encouraged to broadcast the natural consequences of alcohol use, including highway crashes. Allowing the public to see the outcomes of alcohol-related accidents would rapidly erode tolerance for DWI in all populations.

Action 2: ***Integrate anti-DWI prevention programming into formal classroom education.***

The public educational system has traditionally been a fundamental vehicle for transmitting new norms in America. Years before businesses were racially integrated, schools were. Years before women could hope to achieve power in the workforce, they held executive positions in education. The anti-smoking and anti-drug wars were first fought on school grounds. The AIDS war is beginning to be fought there. Health prevention programs of various kinds have been successfully infused into school curricula in America.

Health education and drivers' education curricula programs are likely programs for developing anti-DWI prevention training for secondary school students. These programs should not be started too early, such as in the grade schools, or too late, such as in the high schools. The optimal time for anti-DWI norms training is in the middle school, where, as Hansen notes, it would precede situations where drinking is prevalent among peers.

Post-secondary institutions should not be ignored in anti-DWI programming. Prentice and Baer both emphasized that alcohol is currently an integral part of campus life. Students' misperceptions of the amount of drinking on campuses actually promote alcohol consumption. College orientation programs and, in particular, fraternity orientations might be effective targets for interventions promoting norms that do not tolerate driving after drinking. These norms would ideally include emphasis on the social responsibility of all individuals to discourage friends and acquaintances from driving after drinking.

Action 3: ***Use effective marketing techniques in developing and distributing anti-DWI public education programs.***

Anti-DWI prevention programming can draw upon the lessons learned from past research. For example, the anti-smoking, anti-drug, and anti-AIDS campaigns have all shown that with the increase of perceived risk of behaviors comes increased social disapproval and decreased use. Prentice, Baer, and Hansen suggested that feedback of real statistical norms regarding drinking is an effective intervention strategy. Feedback allows individuals to know that their negative feelings about alcohol are supported by their peers.

Clark suggested a "reality-therapy" approach to teaching teens about the real consequences of DWI. In his approach, teens with disabilities resulting from alcohol-related crashes can tell their peers 1) how their life was ruined by reckless behavior, 2) what it feels like to be physically disabled, and 3) why driving after drinking is just not smart. The results of these types of interactions have a great preventive effect by inducing fear. They clearly describe how life can be ruined and what it feels like. These often emotional DWI prevention sessions should be facilitated by professionals to direct clear prevention goals.

Action 4: ***Be clear and consistent about tough enforcement of current DWI laws. Enforcement of these existing laws both communicates and clarifies norms.***

Enforcement of tough DWI laws helps to educate the public. Laws, by themselves, are "meaningless if they are not enforced and implemented by the courts, prosecutors, administrative hearing officers, and law enforcement agencies" (PHS, 1989, p. 50).

Vigorous enforcement of DWI laws results in two particularly positive gains. First, swift sanctioning of DWIs both removes potentially recidivist alcohol-impaired drivers from the highways and, more importantly, deters potential DWI in general by promoting the wide support and clarification of current norms. Swift arrest and sentencing of intoxicated drivers lets all drivers know that society will not tolerate drivers who are not in their full capacities.

College campuses are good targets for increased enforcement of underage drinking and DWI behavior. While universities do not directly sponsor most events where underage drinking occurs, neither do they, nor local police, consistently enforce regulations prohibiting that behavior. Baer suggested that college administrators frequently ignore violations of underage drinking on campuses. Cummings suggested that nonenforcement promotes mixed messages at best. Increasing the enforcement of restrictions on alcohol consumption by minors would require programming of national scope. With proper financing, however, such programs on America's campuses could clearly result in the clarification and communication of emerging anti-DWI norms among the future leaders in society.

Action 5: ***Promote support for increased taxation on alcohol. Reducing the opportunity for use helps. Target these increased taxes for local DWI enforcement and prevention programs.***

Warner confirmed that increasing State excise taxes had the greatest effect on reducing tobacco consumption in the anti-smoking campaign. Holder echoed those findings for alcohol consumption. To further reduce future alcohol consumption, Holder suggested that all forms of alcohol be kept expensive through taxation. To do this, he proposed that 1) tax rates be linked to future rates of inflation; and that 2) taxation be equalized on wine and beer to the levels of distilled spirits.

Cummings advised that increased taxes can be made doubly effective when earmarked for benefitting local prevention. Designing tax programs to specifically fund enforcement and education enables deterrence programs to be less burdensome for State and local budgets.

In addition to taxation which affects the price of alcohol, Holder and Cummings suggested that DWI would be reduced with additional measures that restrict the availability of alcohol to the general public. Some of these measures might include 1) limiting the hours and sites of sales of alcohol at public sporting events and concerts, 2) restricting "happy hour" promotions, 3) eliminating entertainment tax deductions. The Surgeon General's Report on Drunk Driving (PHS, 1989) advised that "the cumulative effect of several such changes can be substantial" (p. 20).

Action 6: ***Make everyone a stakeholder in the anti-DWI legislative process by increasing citizen support.***

Promoting the notion that we all have the right to be protected from drunk drivers would be an effective strategy in promoting the wide acceptance of anti-DWI norms. The anti-smoking campaign was helped by the clean air movement; the AIDS campaign by increased warnings of heterosexual infection. Making everyone a potential stakeholder in a campaign allows for near universal participation and support.

Staunch support of the "designated driver" campaign would promote a bandwagon effect that could have broad implications for enhancing anti-DWI norms. The "designated driver" campaign promotes the idea that the member of every drinking party who provides transportation for the group should not drink alcohol at all. Broadcasting that message supports a solution to the post-drinking transportation problem at least for those who drink in groups.

Continued support for the designated driver campaign will continue to foster the growth in the numbers of people who follow these behavioral norms. Just as the message of the National Cancer Institute was enhanced by its support of hundreds of local anti-smoking groups, so the designated driver concept can be both promoted and assisted by official governmental support of this existing program.

Promoting the "friends don't let friends drive drunk" campaign would have a similar advantage. Currently, the message remains less familiar than the designated driver theme. With more widespread publicity, however, this protect-your-friends campaign could eventually be constructed to support stronger formal hosting norms and regulations as well as stronger informal norms to "take-the-keys-away" from someone in less than full capacity.

In a similar vein, alcohol-awareness weeks, months, and other programs should be used aggressively to convey anti-DWI messages wherever potential drivers can hear them. Special anti-DWI promotions can be used to motivate individuals and communities to maintain commitment to changing DWI norms. Such publicity events both deliver educational messages and sustain constituencies representing public and private sector involvement in norms change activities.

Action 7: ***Encourage support for new anti-DWI legislation to encourage tougher laws and keep DWI issues in the media.***

The legislative process maintains an ongoing dialogue on society's norms. As such, law-making can be the vehicle for norms-setting contributions by citizen advocacy groups; local, State and national leaders; and representatives of affected industries like alcohol and automobile manufacturers. Government agencies can also be indirectly involved in the legislative process as the primary educators of all direct participants.

Warner emphasized that new legislation restricting tobacco advertising and consumption was extremely effective in promoting changed norms for tobacco use. The laws themselves enforced emerging norms restricting smoking. In addition, publicity surrounding the process of law-making was also extremely effective in broadening the base of anti-smoking supporters and affirmed the positions of various stakeholders.

New anti-DWI legislation can have similar effects. Several legislative movements that promoted increased sanctions include: 1) reductions in the blood alcohol concentrations that define DWI, 2) hard driver's license revocations, 3) administrative per se laws, 4) sobriety checkpoints with new technologies for identifying and apprehending drunk drivers, and 5) stiffer fines for DWI's with earmarking for education and prevention programs (PHS, 1989).

Specifically, the promotion of tough anti-DWI laws can emphasize that police, prosecutors and judges should be more involved in 1) directly changing the behavior of those apprehended for drunk driving, and 2) indirectly educating all other drinkers who are not (or not yet) apprehended. As such, supporting tough anti-DWI legislation can have both direct and indirect effects on norms change in the general population.

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APPENDIX A

THE EXPERTS

Charles Atkin is Professor of Communication and Telecommunication at Michigan State University. He is one of the nation's leading experts and foremost scholars on mass communication, and a communication specialist for the Surgeon General's Workshop on Drunk Driving. Atkin served as a campaign design and evaluation researcher on a number of national public information and education programs over the past five years, including drunk driving and safety belts. Atkin's extensive work on designing media campaigns to prevent alcohol and drug abuse among youth has led to expert testimony before Congress, numerous federal agencies, and specialized commissions on drug abuse. Recent publications include Public Communication Campaigns and Mass Communication and Public Health.

John Baer, Research Assistant Professor in the Department of Psychology at the University of Washington, focuses his research interests on college drinking behavior, early-stage alcohol interventions, and smoking cessation and relapse. In addition to serving as Director of the Addictive Behaviors Research Center at the University of Washington, Baer supervises the Clinical Psychology Doctoral Program. He has published several studies on addiction and substance abuse, and presented at over forty workshops.

David Clark serves as Director of the Rush Institute for Mental Well-Being and the Center for Suicide Research and Prevention. In addition, he is Professor in the Departments of Psychiatry and Psychology/Social Sciences at the Rush Medical College. Clark served on the boards of four not-for-profit suicide prevention organizations and is editor of suicide research publications. His published works include almost 60 peer-reviewed journal articles and numerous book chapters. Clark also served as Principal Investigator for a major NIMH study on affective disorder, substance abuse, teen suicide, and health care utilization.

K. Michael Cummings is a Cancer Research Scientist at the Department of Cancer Control and Epidemiology of the Roswell Park Cancer Institute as well as Director of its Smoking Control Program. Cummings worked on several federally supported studies on smoking cessation and smoking intervention strategies. Cummings was a co-founder and a current member of the Western New York Coalition Against Smoking. He has published over 100 articles and journal entries on smoking research.

Martin Fishbein is Professor of Psychology at the University of Illinois and Research Professor at its Institute of Communications Research. Fishbein has participated on several national committees on AIDS, and was a special reviewer for the 1989 Surgeon General's Report on Smoking and Health. Fishbein is the recipient of numerous grants and has served on the editorial boards of several national publications. His publications include four books and over 120 articles, monographs, and reports on a variety of communications applications. Perhaps the most well-known of Fishbein's books are his two collaborations with Izac Ajzen: Belief, Attitude, Intention and Behavior: An Introduction to Theory and Research, and Understanding Attitudes and Predicting Behavior.

William Hansen is an Assistant Professor at Wake Forest University's Bowman Gray School of Medicine. In addition, Hansen served on several advisory committees, and received multiple grants for his research on alcohol, tobacco, and drug abuse. Hansen is currently serving as Principal Investigator on a National Institute on Drug Abuse study on effective school-based substance abuse prevention. Hansen has published seven textbooks and monographs, as well as many journal articles and book chapters.

Harold Holder is a Research Sociologist at the Prevention Research Center in Berkeley, California where his work centers on the ecology of alcohol problems. Focusing on the environment rather than on the individual, Holder has done considerable work with computer simulations of alcohol consumption, prevention, and treatment. In addition, Holder also has extensively researched community alcohol treatment programs. Holder has published widely on the relationship between alcohol availability and consumption, and substance abuse treatment and prevention strategies.

Lloyd Johnston is Chair of the Steering Committee in the Substance Abuse Center of Excellence at the University of Michigan, and Program Director/Research Scientist for the Survey Research Center at the University's Institute for Social Research. Johnston's research focuses on the use of cigarettes, alcohol, and illicit drugs among adolescents and young adults and on drug abuse policy and prevention. Johnston has published 28 books, manuals, and monographs, 60 articles and book chapters, and 158 papers and presentations. In 1982, Johnston received the National Institute on Drug Abuse National "Pacesetter Award" for research.

Marvin Krohn. Professor of Sociology at the State University of New York at Albany, researches high-risk youth, crime, and deviance among various subgroups. In addition to the fifth edition of Delinquent Behavior, Krohn has authored or co-authored some 50 articles, book chapters and monographs centering on the influence of support networks on various forms of deviant behavior. He has won several awards for excellence in teaching, and served over the past 20 years in senior roles in the American Society of Criminology, the American Sociological Association and the Society for the Study of Social Problems. For the last ten years, Krohn also served on the editorial boards of journals of criminology and sociology.

David McKirnan is Associate Professor of Psychology and Director of the Office of Applied Psychological Services at the University of Illinois at Chicago. His many publications on alcohol and substance abuse emphasize the social ecology of norms for use. Through his examination of social and psychosocial factors, McKirnan views norms development as an interactive process among members of groups, emphasizing the interrelationship among norms and the communities that hold them.

Deborah Prentice is an Assistant Professor in the Department of Psychology at Princeton University, and the recipient of several awards and honors. She has published numerous articles and presentations. Prentice's research focuses on the myths and realities of alcohol abuse and the role that pluralistic ignorance plays in alcohol use on campus.

Ralph Turner is Professor Emeritus of Sociology at the University of California, Los Angeles. His distinguished academic career spans over 40 years and four continents. Turner is the recipient of numerous fellowships and awards in the social sciences and has held various national offices in national sociological associations. In addition to three editions of his major text on Collective Behavior, Turner has published over 150 articles, book chapters, and reviews on collective behavior, social aspects of disaster and mobility, racial inequality, self-concept, theory, and methods.

Kenneth Warner is the Chair of the Department of Public Health Policy and Administration at the University of Michigan. He has won many awards and fellowships in public health, including the Surgeon General's Medallion for Outstanding Achievement and Leadership for research in alcohol, tobacco, and other drugs. Warner is a frequent consultant to the National Institutes of Health, the Office on Smoking and Health, and the Coalition on Smoking and Health. His research has included studies on the effects of anti-smoking campaigns, cigarette advertising, and licit and illicit drug policies. Warner has authored several books and almost 90 journal articles.

APPENDIX B

SELECTION OF EXPERTS AND FOCUS AREAS FOR RESEARCH

SAMPLE SELECTION: IDENTIFYING KEY SOURCES

The sample selection process consisted of two interrelated processes:

- Identifying individual experts to serve as discussants in the case studies of norms change in public health and safety campaigns;
- Recommending a small number of focus areas for the study of norms change.

To identify experts and focus areas, Sociometrics performed several tasks:

- Conducting a review of the literature;
- Soliciting recommendations from selected organizations;
- Triangulating information from multiple sources.

The literature review and solicitations of recommendations are described below:

1. The Literature Review

The Literature Review was performed in three stages:

- Stage 1: Document selection;
- Stage 2: Document retrieval and review
- Stage 3: Further search for publications of the experts identified in the preliminary document reviews.

Stage 1: Document Selection. A systematic search was made of sociological, psychological, public administration, and social marketing literature to:

- Obtain required background information on norms development;

- Begin to identify experts and focus areas for the analyses of principles of norms development, as evidenced in the anti-smoking and other public health and safety campaigns.

Several different literature searches were performed. First, four keyword strings were searched in multiple databases for background information on norms development. These keyword searches were on 1) social marketing, 2) norms development, 3) norms change, and 4) emerging norms. These were searched in *Sociofile, Public Administration Information Services, Psychlit Journals (1974 - 1993); Psychlit Books and Chapters; National Technical Information Service (NTIS), and Transportation Research.*

In the second set of literature searches, the keyword string "social norms" was combined with several other key words to gather additional information on the impact and analysis of norms development and change in other public health and safety campaigns. The other keywords used in combination with "social norms" were alcohol, smoking, AIDS, pregnancy, drugs, and diet.

Stage 2: Document Retrieval. Abstracts were analyzed and literature describing the development of norms in various public health and safety campaigns were retrieved and reviewed for their application to this study. Requested materials on norms development from the Office of Smoking and Health, the American Academy of Sciences, and the AAA Foundation for Traffic Safety were also reviewed.

Documents were compiled and annotated to:

- Expand information from the abstracts, and determine whether the authors should be approached to serve as study experts.

- Locate related research in reference lists. This research became an additional literature source.

Stage 3: Further Search of Publications of Expert Authors. A search of further writings of authors preliminarily identified by the Stages 1 and 2 searches was conducted. This search yielded additional documentation written by authors in related fields of interest.

Because the Stages 1 and 2 literature searches were restricted to articles described by the "social norms" descriptors, this third set of literature searches identified many more articles in the health and safety areas that implied but did not specify "norms change" and development.

2. Recommendations from Organizations

In addition to the literature search, several organizations were phoned and asked their recommendations for experts for the study. Those organizations providing recommendations included the Office of Smoking and Health of the Public Health Service, and The National Institute for Drug Abuse.

All recommendations were followed up by literature searches. Potential experts were added to the final list as their writings were reviewed and found applicable to the current research.

SELECTED EXPERTS AND FOCUS AREAS

The final list of selected experts were specialists who have written extensively on either one particular campaign or across multiple campaigns. They include psychologists, sociologists, cultural anthropologists, social psychiatrists, physicians, and communications specialists with established professional expertise in norms development and change, knowledge diffusion, public health, and public education. These experts are working at universities and research hospitals, primarily in schools of public health, communication, or social research.

Identified experts initially fell within the following selected focus areas: alcohol, drugs, health promotion, HIV, media, norms formation, and smoking. In the final stage, only those experts who were willing to participate in the study were interviewed.

APPENDIX C

DEVELOPMENT OF INSTRUMENTATION

THE INSTRUMENT DEVELOPMENT PROCESS

The instrument development process consisted of designing research guides and protocols to match project needs with the expertise of the selected experts. The design allowed for personalization of each interview so that information could be solicited in a complete and efficient manner.

Development of the research protocols and in-depth discussion guides

Two types of instrumentation were developed for the study --discussion guides and research protocols. The discussion guides were used during the interviews with the experts to gather information about successful promotion of norms change strategies. The research protocols facilitated the interview process. They contained lists of procedures to be followed in the interview process.

Content of the in-depth discussion guides

The internal organization of the in-depth discussion guides moved the interview through a set of three stages. The first stage gathered background information on norms change and their application to particular campaigns. The second stage delved into the general concepts of norms development and the empirical evidence for underlying theories of norms change. The third stage examined the potential application of underlying principles to the development of anti-DWI norms. In each of these stages the interviewer probed for the following specific information:

Stage 1: Background

- Background and scope of the case;
- Precipitating context or problems addressed by the particular case;
- Long- and short-term objectives of the change strategy;
- Targeted areas of change, e.g., attitudes, beliefs, knowledge, norms;
- Target populations;
- Resource allocation;

- Strategy implementation, justification, content, alternatives;
- Description and assessment of results.

Stage 2: Principles and Theory

- Definitions and differentiation of norms, attitudes, knowledge, values, beliefs, etc.;
- Relationships among those constructs;
- The nature and strength of the relationship between norms and behavior, especially risk-taking behavior;
- Relative effectiveness of formal/informal and punitive/award change strategies;
- The empirical evidence for the assumed theoretical underpinnings.

The interview was integrated with the empirical discussion of Stage 1 with the following:

- Assumed relationships between the objectives of norms development and the particular change strategies;
- Assumed relationships between strategies and desired behavior changes;
- Assumptions about attitudes, norms, etc. underlying the change strategies.

Stage 3: Application to DWI Programming

Experts were asked for their recommendations on the application of these norms change strategies to the development of anti-DWI programming. Interviewers asked about points of similarities and differences among change strategies, then effectiveness with various target populations, and their workability considering conflicting values and norms. The final section of the interview requested some explanation of the theoretical and empirical bases for their recommendations.

Contents of the research protocols

The protocols enabled the research process to be conducted on a more systematic basis. For this project they include lists of procedures that defined four stages of the interview process: 1) initial contact, 2) interview, 3) follow-up needs assessment, and 4) final write-up of interview highlights.

The Initial contact protocol requested the experts' participation in the study, resumes, and supplementary materials on behavior change programs.

The interview protocols provided reminders to the interviewer to review the information needed to be well-prepared for the interview, including resumes, program descriptions, applicable publications, and taping equipment.

The Follow-up needs assessment protocols listed instructions to review the taped information for 1) the background of interviewees, 2) the relationship of the interview to the study objectives, 3) the topics covered during the interview, 4) the overall assessment of the interview.

The Final Write up Protocol insured that the report on each interview could form the basis of the final report. The protocol included: 1) information and supplementary materials from the interviews, 2) impressions and insights regarding the relationship of the case to the cases in the study, 3) final designation of highlights of the discussion.

THE INSTRUMENTS AND PROTOCOLS DESIGNED FOR THE STUDY

INITIAL PHONE CONTACT FOR CANDIDATE EXPERTS

Date(s) of attempted calls: Phone numbers:

_____ _____

_____ _____

_____ _____

Dr. _____ I am Judy Barokas from Sociometrics, a consulting firm just outside of Washington, DC. I am calling to request your participation in a research effort of the United States Department of Transportation.

In July of 1993, the National Highway Traffic Safety Administration (NHTSA) contracted with Sociometrics to study the principles of norms development in public health and safety campaigns.

The study has three specific objectives:

- Identify and examine factors leading to public acceptance of anti-smoking and other relevant norms
- Identify from successful norms change campaigns those principles and strategies that might be applied to the development of anti-DWI norms
- Recommend methods to apply principles of norms development derived from successful campaigns to the development and broad acceptance of anti-DWI norms.

To meet those objectives, we designed a multiple case study of norms development in public health and safety campaigns. Rather than deriving our information solely from published sources, we have carefully selected experts in the field to be our sources of information on the cases of norms development.

You have been selected as one of our identified experts. We were particularly interested in you because of your work in:

_____

_____

_____

In February and March of this year, we will be interviewing 12 - 18 experts such as yourself. We will ask you about:

_____

_____

Our (telephone or face to face) interviews will be about 60 - 90 minutes long. We are planning to tape the interviews so that we may use the tapes both to augment our notes, and to transcribe some exact quotes.

We are very excited about this important project and hope that you will agree to be included.

IF EXPERT AGREES, THEN

In order for us to prepare for our interview, could you please mail us a copy of your cv and full write-ups about your applicable projects in addition to

_____

_____

_____ which we already have.

We very much look forward to meeting/talking with you at greater length about your work.

TURNER'S[6] IN-DEPTH DISCUSSION GUIDE

SECTION I: PRINCIPLES AND THEORIES

You mentioned in your paper that contemporary sociologists pay scant attention to norms development. As a researcher of the process, could you address that issue, now.

Some social scientists distinguish clearly among norms, attitudes, values, and beliefs; some merge the constructs more than do others. Could you direct your discussion how those constructs interplay in collective behavior, both for compact crowds and more diffuse groups.

PROBE FOR:

1. Definitions and differentiation of norms, attitudes, knowledge, values, beliefs, etc.

2. Relationships among these constructs

You outlined the development of emerging norms as a reframing of a previously acceptable condition to one that would currently be deemed unacceptable, intolerable, or unjust. Could you trace that reframing process and illustrate it with an example or two from your work?

In your work, you emphasized risk as an important factor in the emergent norm process. Could you outline and illustrate with an example or two how risk-taking behavior impacts the process.

Could you briefly outline for me where sanctions fit into your model and what their effect is on norms change and development.

Because of your focus on collective behavior, you focused on the development and sustainability of norms as a function of group behavior. What happens when the "group" is more diffuse, such as in the interest groups you discuss in Chapters 9 - 12 of your book.

You mentioned the work of two contemporary sociologists in your thinking about norms development, Coleman and Ullman-Margalit. You described the convergence of their work in the function of the emergent norms as a behavior controlling factor for the "losers", if you will, the "party out of power" (Ullman-Margalit called these norms, norms of partiality). This type of norm change is quite evident, for example in the development of the anti-smoking campaign where non-smokers, over the course of the past 25 years have begun

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[6] The following pages include a sample personalized application of the instruments for Ralph Turner.

to be seen as having a different set of rights which have achieved political as well as social prominence.

Could you illustrate for me, how Ullman-Margalit's other two conceptualizations of norms change might work in cases of norms change in the macro, rather than the micro groups.

Coordination norms

Prisoner's dilemma

PROBE FOR: Particular factors that affect norms change.

SECTION II: APPLICATION TO DWI PROGRAMMING

The third part of our interview today revolves around possible programming against driving while intoxicated.

You addressed the role of the media in your discussion of social movements, and modeled the process on page 197. In that diagram, the media acts as a processor of information. Do you see the role of government, NHTSA for example, as the "event"?

How might this work?

PROBE:

Are there other ways that the models on page 252 or 197 might be reconstructed to account for willful effort by government to affect the norms change process for the good of the society?

I am going to outline for you two alternative hypotheses that I would like you to consider and discuss in light of your model:

The first is that a strong norm exists to refrain from driving while intoxicated, but that effect of the norm is relaxed by alcohol's effect on feelings of well-being (as illustrated by your example in your paper regarding celebratory or victory crowds (p. 10 of your book).

The second or alternative hypothesis is that the societal norms against driving while intoxicated are quite weak. Perhaps competing norms exist that enable people who have imbibed to get in a car and drive themselves home. Under this hypothesis, people might feel more embarrassed by their inability to take themselves home than by any feelings of safety or security.

Which of these two hypotheses do you think is the more likely?

What do you think can be done to mobilize the diffusion of anti-DWI norms in a manner similar to anti-smoking norms?

Would the strategies differ if either hypothesis 1 or hypotheses 2 were true?

PROTOCOL FOR FOLLOW-UP NEEDS ASSESSMENT FOR TURNER

After the in-depth discussion, interviewer will review:

- Expertise and background of interviewee
  - c.v. attached
- Relationship of the interview to study objectives
  - more theoretical than other interviews are expected to be
- Specifics of the topics (norm theory or particular change strategies) covered during the interview that need to be written up for final write-up
  - Process of norms change described as a reframing of some problem by work of a group of activists. First an initiator raises a question which promotes generalized rethinking (a paradigm shift). Then activists who follow can take the stage to create change (500 ff. write up).
  - Timing is of the essence. Right now it "takes guts for a young person to say, 'I'm not going to ride with you; you've had too much to drink.'" It takes some strong movement to make that normative (1001 ff.). For example, in California people are only now ready to consider legislation about earthquakes.
  - Norms are developed and maintained when they are linked to groups. One problem with support for State income tax is that it is not directly linked to some local supporters who see it as responsible "for say getting pot-holes fixed." In the case of DWI, the issue has to become the purview of groups, friends, associates who have to be personally concerned about members of a group -- The norms and values of society become effective when they have local relevance.
  - DWI is really dependent on primary groups at work. Ultimately, that's what happened in the anti-smoking campaign. It's analogous to the research on decision-making regarding ratting on friends' committing robbery. Students, for the most part would not report their friends. Rather they would talk to their friends and try to find a way to return the money in an inconspicuous way. Primary groups can exercise "powerful social control."

- Anticipated processing and analysis of interview information including focus on any gaps

  - Look at Coleman paper referenced in Turner's unpublished work sent for reference

  - Look at Turner's Primary and Secondary Group paper

- Assessment of completeness of interview as it stands or need for follow-up questions

  - Can proceed to final write-up.

  - Can call back if needed

After the Follow-Up Needs Assessment, interviewer will proceed to Final Write-Up.

APPENDIX D

HIGHLIGHTS FROM INTERVIEWS

CHARLES ATKIN

Norms and the Norms Change Process

Fundamentally, norms are a belief that people have--a perception of reality. Norms have to do with what their conception of other peoples' behavior and attitudes might be. In that sense, norms are an intermediate variable that fit somewhere between learning information and carrying out behavior.

Norms are a link with the social environment, but only one of many influences that will operate on people exhibiting a behavior like drinking or drunk driving. However, norms are one behavioral input that is easy to influence. This is because beliefs that underlie the norms are primarily cognitively oriented and based upon factual input.

A value is some positive or negative inclination toward some outcome. Some people desperately value social approval; others couldn't care less and, in fact, might court rejection as a means of cementing their self-concept. You can change people's values, but not usually by much.

On Norms Regarding DWI

People have certain beliefs regarding the probability that: 1) they will be involved in a car-crash, 2) they will get arrested or, 3) they have friends who will disapprove of their behavior. These beliefs are based on realistic assessments, as opposed to their attitudes which are more value-based and are more subject to distortions and biases.

Some people consider norms to be quite separate from attitudes, like in the Fishbein model which states: "You have what you internally want to do and you have what others want you to do and you kind of compromise between the two."

I see norms as one of the many factors that influence attitudes and behavioral intentions. When you look at people's motivation to perform any behavior, like drunk driving, they take into account a number of "positive and negative incentives." In drunk driving, negative incentives predominated, especially those involving risk to health, or perhaps fines or incarceration

Attitudes comprise many domains and factors, such as health, economics, psychology, ethics, morality, and social norms. Norms are only one of a dozen factors that people take into consideration when they are deciding what they are going to do. I have a list of bipolar positively and negatively valued factors which enter into health behavioral decision-making.

Positively and Negatively Valued Incentives Pertinent to Health Campaigns

Positive Incentives		**Negative Incentives**
Respect and acceptance	*versus*	Rejection
Cooperation	*versus*	Conflict
Status and power	*versus*	Subservience and weakness
Smooth and cool	*versus*	Embarrassed and humiliated
Sophistication	*versus*	Tastelessness
Individuality	*versus*	Conformity
Altruism	*versus*	Selfishness
Attractive	*versus*	Unappealing
Sociable	*versus*	Isolated
Normative	*versus*	Deviant

Norms Change and Media Effects

When people decide whether or not to drive drunk, they could probably think of 20 different factors that impact their decision-making, for instance: concern about death and injury, cost of tickets and lawyers, and fear of apprehension. Some people worry about social rejection or the guilt they might experience afterwards if their crash hurts someone. Or they might regard a behavior as improper from an ethical point of view, or inconsistent with other responsible behaviors they perform in their life. Specialists in norms development might not see the other concerns that are equally as important, or even more important, as the effect of norms on individual behavior.

Advertising As Motivation To Change Norms, Attitudes, Values, and Beliefs

Advertising works on multi-levels. Sometimes advertisement is directed at changing beliefs and sometimes at altering values, which is much more difficult. Usually with media campaigns of 30-second responses, advertisers emphasize easier targets, such as changing beliefs, rather than trying to change values. That's why the "designated driver" ideal is emphasized; it's quick and it says a lot. The advertisers are presenting it as normative and universally supported--providing safety while avoiding costs. The programs promote the idea that the designated driver practice is widespread, proper, legitimate, and virtuous--all of which are contrary to the norms. But spreading the idea is itself a self-fulfilling prophesy. The designated driver can become normative by being presented as such.

Campaigns can also be successful by changing their targets. With regard to drunk driving, you can direct campaigns to friends of the drunk driver who might be more mature, responsible, and sober rather than to the drunk driver specifically. People might be made to

realize that there is a norm to intervene, to drive someone home if they appear to be intoxicated.

Effective Messages In The Anti-Smoking Campaign

Anti-smoking messages that played upon physical health fears had only a limited contribution to make. They made it early in the campaign's history with the initial wave of messages in the 1960s, and then they needed to be replaced. I think the more effective, persuasive appeals have been in the social area, with messages telling people that smoking is unattractive, that the opposite sex will be disgusted by you and silently disapprove of you even if you are not hearing a lot of negative feedback. This is especially true for the target group of teenagers. Those social values are more salient to them. If you link smoking to those particular dimensions you are better off.

In the economic area, the main effect of campaigns has been not to make people think cigarettes are expensive but to influence public opinion to favor taxation as a way of raising the price of cigarettes, as a way of discouraging people from purchasing. This indirect influence portrays cigarettes as bad and government regulations as desirable. The campaign for taxation generates and mobilizes public opinion.

Politicians are more likely to support various taxation measures that raise the over-the-counter prices if they discourage either the amount of smoking or, perhaps, starting smoking among youth. That is not persuasion in a conventional sense: that's manipulation of policy in order to achieve behavior change in a more direct manner.

Otherwise, I think, the tactics of the anti-smoking campaigners have been to try to generate interpersonal influence. You go back to the 1960s, trying to get kids to nag their parents. The kids sure did it. Saturday morning broadcasts included spots about kids telling parents to stop smoking. The kids would go out and copy that, as long as they were under 10, before they got tempted to start smoking themselves. If you look at the Great American Smokeout, the basic point there is to get a friend to lean on a person to quit for a day.

The other thing about smoking that is essential, and has a direct parallel to drunk driving, is that the breakthrough occurred when policy-makers were able to show that smoking harmed people other than those who were doing it to themselves. That changed the whole calculation in a sense that people then said, "Oh, I have a stake in this even though I'm not a smoker." If you look at restrictions on where you can smoke, the restrictions come from passive smoke where the environment of tobacco smoke is a risk rather than from any desire to protect the smoker from putting X greater number of cigarettes into their lungs on a given day.

DWI As Public Harm

I think drunk driving campaigns have always worked better than anti-drinking campaigns. If you drink too much, you mostly harm yourself. If you drink and drive, you harm others. The reason why MADD created such a great amount of attention and impact

wasn't that the campaigners were such great message designers. It's just that their message was something that the public could respond to. The message struck a responsive chord, because people feared for their own safety even though they weren't drunk drivers themselves.

With MADD, the issue became a lot more focused. It definitely generated very strong, negative public attitudes towards drunk drivers. People really weren't concerned about protecting drunk drivers from hurting themselves, just from hurting others. In that sense, the smoking movement caught up with the drinking and driving movement by having their own issue of social harm--external to the individual who's using the product.

The Process By Which TV Socializes

I'm not so convinced that the absence of bad role models is helpful. People don't notice if something isn't there. Therefore, the chances of being influenced by not showing something are rather small. That's why I have never been a big proponent of getting rid of drinking on TV, which some people advocate. I think it's much better to use drinking as a leverage to persuade the producers to tell the other side, the whole side of the story.

If you are going to show people being offered drinks, a third of the time you should have people turn them down rather than cutting out the offers. Or, if you are going to show someone driving drunk, show the crash rather than evading the cops. People can learn by observing those full behavioral sequences rather than simply trying to screen the audience from potentially harmful sequences.

Drinkers account for 61 percent of all TV viewers. There are a lot of suppliers for this audience, a lot of little cable channels. For that reason, it is going to be hard to get rid of alcohol advertising. A lot has been made out of the fact that there are no cigarette advertisements on television. That is true, but if you look at the history of anti-smoking campaigns, the media was able to get the TV commercials removed because they had the cooperation of the tobacco industry. The industry wanted to shift resources into print media advertising, and they did so quite effectively. Magazines and billboards allowed the industry to aim at new audiences, especially women and minorities. They never would have used TV commercials for those targets because minorities were not a large part of the television viewing audience. Thus, I have never been a big fan of getting rid of beer commercials, because they are just going to go someplace else. They might go to inserts in college newspapers and sponsorship of racing events.

The Development of Norms Change Strategies for Anti-DWI Programs

Convincing people that a norm really exists is central to the whole cognitive process by which persuasion occurs. Whether it's inserting a message in TV programs, a 30-second spot, or a pamphlet, if you want to convince people that a certain norm is prevalent, you either "do the statistics" (e.g., 82 percent disapprove of drunk drivers, only three percent of

the people drive drunk) or do you do broad generalities (e.g., most people do this, the majority do that).

Most of the studies have relied pretty much on statistics. It's either a percent of the population doing this, or a mean number of drinks, or a mean number of incidents per year. I think there is a need to go beyond that, to use some other forms of getting the point across. Maybe you shouldn't cite any kind of prevalent figures at all. You should just have case studies, for example, presenting testimony from another person. If you present enough of these, people begin to see that something is widespread or not widespread, depending on the manipulation that you're trying to do.

The whole notion of reference groups also needs to be considered. If you are talking about teenagers, it's probably more crucial to emphasize what the norm is among that group, not for the general population.

Another factor to take into account is the expectations that people have as to "what the norm is." This is particularly important with statistics where people might think that 30 percent of the population drives drunk and it's only 10 percent. If you tell people it's 10 percent, you're going to move them in the right direction. But, if they think only one percent drive drunk and you go around saying its only 10 percent, you have a problem. For that reason, it is sometimes better to use generalities rather than specific numbers. Specific numbers might hurt a substantial portion of the target audience. The numbers might be greater than people thought, not less than they thought.

Another aspect to take into account isn't so much the absolute figures, "What's the norm now" but an emphasis on trends. As such, it may be good to report that "more people are disapproving or fewer people are driving drunk." That way you don't even have to talk about whether some statistics are high or low. Just by looking at a trend over time, people favor doing something that has the momentum of the minute. That's another way of conveying how the change is unfolding, not what the current situation is.

Something else to keep in mind is the fact that norms or statistics can be used in a totally different way--to alarm people. You can tell them, "Hey, there are millions of drunk drivers out there. We better do something about it." But at same time, when you exaggerate something in order to alarm people and mobilize their public opinion, that conveys to some others that, "Oh, its normative practice; otherwise, people wouldn't be so upset about it."

For instance, with our programs to convince parents to prevent teenage drunk driving, we used to tell them, "Hey, 70 percent of the kids in your school drink and 40 percent drive drunk." That is going to scare the parents to do something, but the kids see that and want to go with the majority. You almost have to talk out of both sides of your mouth in aiming these messages. And again, it depends on what the drinkers expected. If they expected it was only 10 percent of their friends driving drunk and they hear that it's 40 percent, that's going to increase the probability of drinking. If they didn't think any of them drank, that could aim kids behavior in the other direction.

One final thing to take into account here has to do with the whole issue of norms being disconfirmed through observation. If you tell people that nobody is getting drunk anymore, and they see people still getting drunk, you lose credibility. What I found is that people are more likely to accept claims that are unobservable. You can tell people that 98 percent of the population disapproves of drunk driving, and they won't know. They can't see what's going on in people's minds, especially if you tell them that it's a silent disapproval. You can tell them people don't want to make a big issue out of it; they don't want to talk about it, but that's the way they feel inside. You, in effect, can create a paranoia. But, when you talk about overt behavior, you have to make sure that's it's not going to be readily disconfirmed through casual observation.

It's good practice to go after those things that are less visible, like in campaigns that involve threats to physical health. The anti-drug campaign works a lot better if you say that it's eroding your brain cells than if you say it will cause you to overdose and die. People can't tell how many brain cells they lost, but not many people are overdosing.

Dissemination Of Health Information Through News and Entertainment Programming

The Center for Disease Control just had a conference on dealing with how you insert the AIDS message into prime time entertainment. Chuck Salmon organized it, and they should have a report coming out soon. Otherwise, Everett Rogers has been doing a lot with that issue. He had a conference three or four years ago in Los Angeles with industry people, talking about product placements for good causes. They achieved some success.

For the entertainment community to be interested, "the cause" must be perceived as universally good in the business community. For example, getting seatbelts buckled was one of those universally acceptable causes. It didn't step on any major vested interests.

In the case of drunk driving, getting a universal perception of good is not a problem at all. "No matter whether you're a Hollywood leftist or a right-wing moralist in Oklahoma, you agree that drunk driving is a bad thing, and we need to do anything, including manipulating TV program content, to try to eradicate the problem." In that sense drunk driving is one of those "apple pie" kinds of issues. Excessive drinking, by itself, is not.

The designated-driver example is a good case study. A lot of leg work by Jay Winston at the Harvard Alcohol Project was greeted with open arms by an entertainment industry that regarded the concept as all-American. But Winston only got 150 placements.

Anti-DWI sentiment is strong, meaning that polls will show about 90 percent disapprove. But it is not strong in terms of intensity; people don't feel like they are really struggling about DWI. It is one of those things that people say, "Oh, yeah, it's bad," but it's not their burning desire to go out and prevent it or prevent themselves from doing it.

DWI lacks intensity in terms of manipulating the messages. You can say that statistics show how universal the sentiment is. In other issues, though, you have a small

number of people who feel very strongly. That doesn't make it normative, but it does lead to a lot of agitation. Social action by those people goes a long way.

JOHN BAER

Biases in Perceiving Group Norms

When you ask college students to think of a specific individual, for example, a best friend or someone else by name, you don't see the biases generally present in interpreting other people's drinking behavior. But, when you ask people to rate a group of people, even a small group with your best friends, we start seeing these biases. Apparently people make judgments when they think about groups as opposed to when they think about individuals.

It's a difficult cognitive task to make a judgment about what is normative and what is acceptable when you are generalizing across a lot of people. When people think about this generalized group of people, what comes to mind are salient things--things that are easy to remember, things that are particularly humorous, things that are particularly interesting. What comes to mind tend to be the more extreme behaviors. Then people say, "Oh, well, getting drunk is happening a lot," because when they think about drinking and partying, that's what comes to mind. It doesn't necessarily mean that there is a lot of drinking or partying, because what they are not remembering are the boring times when nothing's happening.

When you think of a specific individual, the process is different. Then, students are more likely to think of times when the particular named individual did drink and times when he or she didn't. But when you're thinking of six people you may not think of all the times they don't drink.

Students' Beliefs About Drinking

Students' beliefs about drinking probably exist before they even get to college. Researchers do not have much evidence that even living in a very heavy drinking social group like in the Greek system necessarily changes or develops norms in a very different way from the norms that existed even before they joined the group. In the final analysis, students choose their living arrangements. Some students choose to socialize in a Greek system and some do not. Beliefs about those systems existed before they got there.

Changing norms is difficult because if you say to folks, you really shouldn't do something and they look around and it looks like "everybody is doing it" they don't understand why they should change. Sometimes, in fact, it looks like other people are even worse than they are. Thus, they think there is no reason to change their own behavior.

Research shows that these biases exist in the very high end of drinkers as well. Even those people who drink the most thought that there were other people drinking more than they did. Those biases present an element of resistance to making changes.

Normative Versus Non-Normative Behavior

Students self-report their own drinking behavior as being situational, and that of their peers as problem-related. That phenomenon is a classic case of "Fundamental Attribution Error."

Development of Group Drinking Norms

Different social settings have different norms. Specific kinds of social practices are quite acceptable in certain social settings, but not in others. For example, drinking every weekend in the Greek system seems to be something that is more accepted than drinking every weekend in other settings. But drinking every day is frowned upon in all of the settings.

Prevention Programs Directed at College Freshmen

Telling people about the health risks and the potential problems really doesn't work. What does work is motivational interviewing with personal feedback. That's a strategy where we sit down with students, one-on-one, and get from them very specific information about their drinking patterns and their particular individual risk factors. And then we give them feedback in a nonconfrontational style. William Miller and Steven Rollnick (1991), created a theory and a method of *Motivational Interviewing*. With motivational interviewing, we talk to people about their drug and alcohol abuse and potential addictive behaviors in a way that motivates them to consider contemplating change. Without labeling people as alcoholics, without accusing them of being in denial, sit down and give them feedback. We talk to them openly about what they've been doing, and ask for their responses and their consideration about what we told them. We have been able to bring about real decreases in the students' drinking behavior. They tell us they drink less. They have fewer alcohol-related problems for the rest of the freshmen and sophomore and junior years as a result of this kind of intervention.

On The Generalization of Social Support Interventions

The obvious approach is to try to train people to see norms more accurately, and to see if that changes their behavior. We can teach people to look at behavior differently and try to get them to really challenge what they consider normative. We can sit down with people and give them real feedback about real norms and see what they make of it. One of the things we do is challenge their perceptions of social norms.

Public Service Announcements can be planned around that theme. You can think of one saying, "Watch people, they may not do what you think they do."

Of course, you have to be sensitive to who people are hanging out with. People drink a lot with their friends, and heavy drinkers do hang out together.

DAVID CLARK

Research On Adolescent Behavior

My research on adolescent behavior showed some remarkable similarities between mental health patients and otherwise unidentified age matched students. The similarities were clear on two factors:

- The macho, military, mostly fantasy factor
- The high-risk driving behavior factor

The research also revealed major differences between the mental health and age-related populations on a third factor--hanging out with kids who engage in high risk and otherwise socially unacceptable behaviors. The major differences were gender-based, with females differing mostly on the "hanging out" factor.

The research goal was to begin to quantify the degree to which some teenagers are really prone to do a lot of really different reckless things. Anybody who works with a lot of kids, for instance, a high school counselor, can always point to the five percent of the kids in the school who do a lot of "that kind of stuff."

We tried to develop measures that isolate that five percent group. We wanted to help the adults be specific about what behavior constitutes membership in that group. All of us, even in our darkest nightmares, scale a lot of kids in the middle with regard to degree of recklessness. It wasn't hard to pick out the five percent that were actually reckless. We weren't sure whether all of the kids lay along a continuum.

The second purpose of the research was to look at correlates of recklessness to see if it was an uni-dimensional process or not. We found that, at least at face value, people could create a scale and come up with the three important factors.

The third factor, the "hanging out" factor, was characteristic of some 13-and 14-year old girls. It describes the junior high school student's interpretation of naughty and defiant behavior. Developmentally and theoretically, it has all sorts of interesting implications.

During junior high school, these kids self-identified with smoking in the washroom and hanging out with other bad kids. As they got a little bit older, how "hard-core" these kids were differed with regard to reckless behavior. Surprisingly, the study found that this behavior was not monolithic and uni-dimensional, but either two-dimensional or three-dimensional. On the one hand, the behavior showed a foolhardiness or macho quality, and on the other hand, it involved dangerous behavior, such as drinking and driving.

When we looked at these kids' history, especially the ones we had psychiatric data on, the drinking and the drugs were implicated heavily in both groups. This is the chicken-and-the-egg problem. The question is: are the kids who are more reckless attracted to

drinking and drugs as part of what goes with recklessness, or does this involvement with drinking and drugs make kids more reckless than they were to begin with?

We prefer to believe that both are true. Kids who seem to be a little bit more of what the conventional literature calls "sensation-seeking," kids looking for some action and excitement, are more attracted to drinking and drugs. And the disinhibiting influence of drinking and drugs, especially the judgment-dropping influences of those agents, will leave them even more reckless than when they started. So we have kind of a snowball effect.

Latent Depression in Reckless Behavior

Among suicide researchers, everybody supposes that when you find a kid who endangers him/herself on a repeated basis, you are dealing with latent depression and latent suicidal wishes. That is a common assumption. So one question that the researchers examined was, "Do the kids who score very high on recklessness show any evidence of depression, by history, diagnosis, or history of suicidal attempt?" The answer, at least with regard to diagnosis and suicide attempt, was a very clear "No." The kids who were more reckless were not more depressed, did not have a greater depressive history, and had not engaged in suicidal behavior any more than average.

The kids who were more reckless and those who were more suicidal did engage in more drinking and drugs, however. The real truth is the literature about the suicidal kids is as much a history of drinking and drugs as is it with reckless kids. Both groups, the reckless kids and the suicidal kids, have a lot of drinking and drug use in common. That is where they overlap. But people are tempted to see them as more linked than they really are.

Norms That Govern The Behavior of Adolescents

One theory of adolescent recklessness assumes that failure to protect one's physical health or safety is the result of "developmental arrest." This stems partly out of training and partly out of anxiety. Parents teach kids how aggressively protective of themselves to be.

On the healthy side, some parents teach kids appropriate levels of self-protection. When you watch these parents as they care for their kids around the pool, you can easily see them reminding their kids that the pool area is slippery, "You can't run, you have to be careful. Your head can be vented, your teeth can be chipped." These parents get the idea through by repetition and by explanation, not just scolding. So you see these kids, independent of their parents, taking a lot more care of their bodies because of this training.

Other kids get taught less positively, and they develop anxiety. You see parents who are so frightened about their own safety and body integrity that they infect their kids with their anxiety. Sometimes children of these parents are hypochondriacs or have anxiety disorders. They are really afraid that people are going to jump out from behind bushes and kidnap them or shoot them all the time.

Some of us who live in big cities are prone to anxiety. Within limits, it's very appropriate. But it can be overdone. Teeth do break, and bodies and bones do break. But, some people exaggerate the dangers out there, the credibility of the dangers, and the fragility of the self. These people either scare kids into being so careful they are afraid to venture out of the house, or the opposite. Sometimes kids are so sick and tired of their parent's overprotectiveness that they throw themselves in harm's way. Both in terms of sort of formal, thoughtful education about dangers in the world and body resiliency, and also anxiety about safety and health, parents should teach kids about (a) the reality of danger and (b) the fragility of the body. And depending where the kids come in on those, depending on the education, intellect, affect, and the attitudes of the parents, the kids come out in different places. Personality is always a 50/50 mix of the kids and the temperament.

Interventions To Combat High-Risk Behavior At This Stage

Interventions that are personalized and experiential are always the most powerful. You can take 16 year olds and lecture all day to them. They can intellectually understand the problem, but then they go home, and it doesn't apply to them. A better way is to create small, intensive group intervention.

You first gather kids who have been injured and in accidents as a result of alcohol or drug use. They must be carefully selected for their ability to follow the presentation protocol and for their ability to fit the profile. You need to avoid bringing in kids who obviously pass the wrong message along.

Professionals and kids who have been in accidents should work together. The professional leads the session, but it's the kids who act as the spokespersons. The kids could convince other kids that they used to be like the kids in the audience. That is, they used to be socially hip, active, and fun. They used to like to have fun and they knew, no matter what people said, that you could drink or do drugs and still do okay in school. They knew you could drink and drive, and still get home. They need to think that all the scary stories that people tell you weren't always true.

The kids who are presenters could anticipate all of the objections and observations that kids in the audience always have and say, "I know that. I know what you're thinking." The kids who are presenters can then talk about what actually happened to them. They can show all the ways the accident changed their lives: who was hurt, the cost involved, the hospital stay, the injuries, the debilitation, the impairment, the rehabilitation, and, most importantly, the degree to which the kid's thinking is changed a result.

This is a kind of "conversion experience," a before-and-after picture which is very compelling. A teenaged speaker would have to have some punch, some charismatic appeal, accompanied by a professional who would supervise the presentation. The professional trainer would watch, monitor, steer, and control the discussion that followed. Without formal lecturing, the professional could lead the discussion that ensued. The questions and answers would work in a list of target points that needed to be made.

There is a series of formal, academic, intellectual points but they shouldn't be made in a 20-minute talk or a lecture. They could be "shoehorned" in as kids in the audience discuss the experience the kid is presenting, or as the audience asks questions of the injured kid. Adult professionals might have a list of five points that they want to make by the end of this discussion, but they wait for the right moment in the discussion, for the right question to come up, before they shoehorn it in.

Presenters should be a mix--kids who are quadriplegic, kids who narrowly escaped, kids who are impaired, and some who are now okay after a long rehabilitation. All of them could talk about how their lives changed.

Norms Development Regarding Drinking and Drugs

Clark presents Hawkeye from the television series M.A.S.H as the model for society excusing drinking excesses. Hawkeye is the model of the competent but alcohol-abusing physician. The myth of stress is used to promote or excuse problematic behavior.

M.A.S.H. portrayed a war which everyone hated. Bodies were arriving constantly, supplies were always used up, and staff were always exhausted. There were two coping strategies available to staff: humor and booze. Hawkeye's wonderful sense of humor was a great positive virtue to advertise and promote on TV. In the early part of the series, drinking was mostly winked at. Later on in the series some folks began to worry about it a little.

A psychiatrist showed up in the cast a couple years into the series and began to deal with people's exhaustion, post-traumatic stress disorders, and even Hawkeye's drinking. Early on, before self-awareness became as valued a concept, society thought people under severe pressure should be given allowances and be forgiven for things that we wouldn't ordinarily allow. People under stress could be allowed to flaunt convention. Hawkeye certainly does: He doesn't wear a proper uniform, he doesn't salute, and he's kind of iconoclastic. His sense of humor is valuable, so if he wants to drink himself silly, fine, as long as in the operating room he's doing his work.

This attitude is based on two theories. One is stress reduction. Drinking was, and for some still is acceptable as a stress reduction mechanism. The other is that people felt that as long as it doesn't affect a person's work, as long as they're looking good during the day and pulling shells out of the chests of the day's casualties, they can drink all they want. Examples include the wonderful architects, the wheeling and dealing lawyers, people who do great things during the day. If they are doing that, then they are given a free pass at night to drink themselves sick.

We found that by encouraging people to be more self-conscious and knowing how much they drink is a big stride forward for any of the kids we talked about. One of the ingredients in being reckless and/or abusive with alcohol or drugs is to have self-induced amnesia, to totally ignore and totally deny what they're doing.

Kids take the attitude that it doesn't matter or that they like the unpredictability. They prefer the lack of knowledge to the truth. This is a self-consciousness engendering device, which is one ingredient for an attitude change.

K. MICHAEL CUMMINGS

The Effect of Laws That Are Not Enforced

Tobacco Sales To Minors

When a law is not enforced, it gives out the message that society doesn't really think the issue is important enough to allocate the resources necessary for enforcement. An example is the laws in New York State governing the sale of tobacco to minors. It was the *law* itself that made it difficult for those who were charged with enforcement to actually do the enforcement.

According to the New York law, selling tobacco products to a minor was a criminal offense, and the police departments were charged with enforcement. The criminal was the seller, so the store clerks would be the ones in trouble; they would have a criminal record if they were caught selling cigarettes to a minor.

For a variety of reasons, the police departments viewed the selling of tobacco to minors as a minor crime, not a criminal offense. That viewpoint was a disincentive right from the start. It was coupled with the fact that the police really didn't have the resources needed to enforce the laws. Criminal courts also weren't really interested in seeing these cases come before them since they were already backlogged with "real" criminal cases. Finally, the feeling among the police was that they didn't think it was right to have clerks who might be 16 years old with criminal records attached to their name for selling a pack of Marlboros to a child.

Proposed Solutions. Breaking the sales-to-minors laws should be a civil offense rather than a criminal offense. It should be treated much like a traffic ticket with a relatively low level of fine associated with it, just enough to get attention.

Instead of the police being charged with enforcement, I advocated that the County Health Department should be responsible for enforcement. Also, the owner of the store should be the one charged with sales to minors, not the clerks working in the stores. Licensing for retailers could be a means of enforcement, with the idea that merchants could lose their license if they repeatedly sell tobacco products to minors.

In New York currently, the Health Department enforces the laws with a graduated series of fines, starting at a minimum of $100 and increasing, I believe, to $500. However, this creates problems in New York State as well as other States with similar laws. Although enforcement activity has been given to the County Health Department, licensing of tobacco retailers in New York is done by the Tax Finance Office at the state level in Albany. The license fees that are collected are not earmarked to go those county health departments to

help pay for enforcement activity. Because the counties are also stretched with limited resources and there is no state money being allocated for this, the counties are not going to go out of their way to provide enforcement activity, even though they are mandated to do so.

I think the licensing scheme is a good one. It works well when it is kept at a local level, like restaurant inspections. In the example of New York, restaurants are licensed locally, the fees are set locally, and the inspections are done locally. The license fees go directly to the agency that has to do the enforcement. This is a solution that makes a lot of sense, when enforced.

However, I don't believe in the short time in which the law has been in effect in New York that any retailer has lost a license to sell tobacco products. In fact, some retailers have chosen, whether through ignorance or not, to ignore the licensing law. That is, they never bother getting a license to sell tobacco products; they just sell them. The Tax and Finance Office in New York State has been contacted about what to do. They chose to ignore the situation and not deal with it.

The licensing law was put into effect before the change in youth access, at a time when the New York State budget was strained and the State was looking for ways to raise revenues. The licensing fee on retailers was basically a tax on tobacco sellers, separate and in addition to the licensing fees in place for wholesalers. While the state is taxing many more retail outlets--$100 fee for over-the-counter sales, $25 for vending machines--it is not clear that the tax is working as planned. For example, some outlets with multiple vending machines purchase one license to cover all the machines. The licensing of retailers, however, does result in state revenues, with little overhead costs. I'm sure it's a fairly low administrative fee to send out a letter and collect $100 on an annual basis from many people.

Cigarette Tax Revenues

In one study, we estimated how many teenage smokers there are in each State and how many teens purchase tobacco illegally, that is, are buying it over the counter. We calculated how much the State and the Federal government are likely to collect in tax revenue from those illegal sales. The amounts are fairly substantial: New York State collects over $7 million in tax revenue collected from the illegal sale of tobacco products to minors. And people wonder where you can get the resources to do the enforcement activity? Maybe tax revenues are a good place to start. The money has already been collected from minors anyway.

Enforcement of Sale-To-Minors Laws

In one project, we conducted a sting operation called "Merchant Compliance Checks on Alcohol and Tobacco." The project was begun originally because of an unfortunate incident where some teenagers in one of the towns had gotten a couple of six packs of beer, got drunk, and had an accident. Kids were killed, the community was upset, and they wanted the police department to respond.

"Project 21" was created to prevent sales of alcohol to minors. Not long after, we introduced "Project SCAN" which similarly focused on tobacco sales; and project 21 administrators called us to ask to join forces.

The police department at the local level was quite interested in responding to the communities and doing something rational about the problem. The police were having difficulty enforcing alcohol sales because alcohol sales' licenses are handled through the State. As a result, the State hires their own inspectors and basically takes control away from the local police departments.

The State inspectors are, I think, very good, and the State inspection system raises a lot of money because of licensing. The problem is the State's budget. When the State budget comes up a little short, enforcement is one of the areas that is frequently cut. As a result, there are fewer and fewer inspectors out there, so there's less and less enforcement. There's really no incentive for the local community to do anything. Even though there is a public desire to act, the police departments are economically excluded. This is one of the things we've been able to avoid by giving the County Health Department the authority to do enforcement on tobacco sales.

We can think globally and act locally. Local control over enforcement of alcohol and tobacco sales works. But, you can't do local licensing of retailers and do private inspections unless you get approval from the State.

Grassroots Strategies

I got the grassroots strategy idea from (Winett, King, & Altman, 1991) who had done it successfully in California. The California group claimed that you could publicly shame retailers into complying with sales to minors laws. We know from a number of public opinion polls that there is a lot of support among smokers and nonsmokers alike for keeping tobacco products out of the hands of children. But, there is very little awareness of what the problem is. The first two steps, therefore, are to create that awareness and then to identify organizations that would sign on for help and support.

We used our original efforts on working with the local police department as an avenue for enforcement. We have a very weak County Health Department, for a variety of reasons. They do not seem to be interested in the issue of underage purchasing of tobacco, and also, they are stretched too thin with too few resources. Even now that they have the legal authority to do enforcement, they are not really interested. We are going back to the local police department that we dealt with originally, and finding that some of them are interested in getting involved in enforcement activity.

One of the nice provisions we are still trying to work out will allow for up to 50 percent of the fines that are collected from illegal sales to stay local and go to educational programs, for instance, the Drug Abuse Resistance Education (DARE) programs. The DARE officers are doing the enforcement activities, organizing it at a local level. This is advantageous because the local officers know their communities; they know where the kids get the cigarettes and where the problem stores are. With the County Health Department not

wanting to go out and do anything, we are continuing to pursue this avenue of enforcement with the police. Also, instead of having to go to a local judge for a criminal hearing, we have an administrative hearing at the local health department.

Successful and Unsuccessful Strategies

Involving kids was very successful. They ran our news conferences and helped us deal with the media events to raise the issues and increase awareness. Involving a lot of organizations took a lot of work, but it created a political campaign. I think having a clear objective and knowing where you are going are probably the most important elements in using this strategy.

Tobacco and DWI Campaigns

Lessons Learned From the Scan Program

We learned from the SCAN program that education is a key element. Now, every prom season we use a series of vignette-type stories about alcohol abuse, as well as stories on how school systems are addressing their lock-in parties. We use advertisements and promotions addressing DWI around the holidays. We make announcements that the police are going to be out watching for people who drink and drive. I think a DWI watch becomes a popular thing to support when it becomes more of a community priority. This is a battle for any public health issue.

Focus on Kids

The tobacco industry is always fighting any attempts to raise the issue of tobacco sales to the public. Tobacco sales restrictions are a hard issue to raise at all with that kind of opposition. However, it is easier to do and can be done when you focus on kids.

With DWI, you can also focus on kids. The innocent victims in DWI are our children. With tobacco, you can make an analogy with environmental tobacco smoke. It is known now that kids suffer from breathing in smoke. The elderly are even more affected by breathing in smoke; they begin to have respiratory and health problems. But it sells a lot better to talk about McDonalds going smoke-free because it caters to children.

The Young Mothers Anti-Smoking Program

Targeted messages

The "Young Mothers" Program looked at the effect of targeted messages on specific high-risk groups and found that the targeted message, when delivered and received, did elicit responses from the designated group. The results of the study, I think, clearly showed that the program was successful. The messages in this program came from information provided by mothers in the group. Basically, the mothers who were smokers told us that they knew

that smoking is bad for them and they wished they didn't smoke. When we got down to what would get them to pick up the phone for help, they told us it was guilt. Therefore, we created messages that were designed to induce guilt. Those were the messages that worked.

We did a nice job producing spots: We had a kickoff campaign, we personally met with public service directors from different departments, and we developed local tags for the commercials (for instance mentioning the County Cancer Society at the bottom). Ultimately, it was the purchased air time that got the message out.

Purchased Air Time

What we learned is that the best way to target an audience is to buy placements, not to rely on Public Service Announcements (PSAs). When we purchased time to get the message out, we got many more calls from our target audience. Prior to purchasing air time, we had relied on PSAs. When we did use PSAs, we worked with the Public Service Offices to make sure that they were airing the spots. Despite all of our work, some of the stations never aired our spots. Some stations aired them, but relatively infrequently.

In the Buffalo area, we gathered some data on airing PSA spots, and even here, where we have an excellent rapport with our local TV stations, the amount of play was minimal. When the stations aired our spots, they played them at midnight or at 4:00 a.m., that sort of thing. Because of that, we found that the PSA avenue was not very useful. Ultimately, it pays to advertise. I think that is a useful finding for anybody in the public health area because we so often think we've done our job merely by creating a public service message. The important part is seeing that it is aired.

Media Promotion and DWI

In designing a media promotion for an anti-DWI program, based on my experience with the "Young Mothers" Program, the most important thing I would do is to buy spots. First, I would decide (1) who the target audience is going to be, and (2) what the goal is for the campaign. For example, the "Young Mothers" campaign had a pretty clear objective: we wanted these mothers to try to quit smoking. The first thing we did is advertise calling the quit-smoking hot line. From there, we filtered the group who called into our ongoing program.

It is important to create a public awareness message, and then take it to local contacts to reinforce it and get the word out. You have to try to reach the policy makers and decision makers in the community, as well as kids who might be drinking and driving.

Targeting does work. Because there are limited resources, it is important to hand-select the target audience. Once you have decided who the program is designed to reach, you need to look at the options. There are other, often more effective, ways to reach a target audience apart from a media campaign. For example, the pricing of cigarettes is a very effective way to send a message to smokers. Every time they pick up a pack of cigarettes and go to plunk the money over the counter, they get a message. It's more

expensive now than it used to be. When Canada raised taxes on cigarettes, smoking rates dropped considerably there, but not in the United States.

Certainly, I think with alcohol that's probably worth considering in terms of taxing the different types of alcoholic beverages which reach different audiences. Taxing beer and wine probably affects young people more than taxing hard liquor does.

The Time-To-Quit Program

The "Time to Quit Program" focused on the success to be gained from newspaper promotion of smoking cessation programs. Unlike the "Young Mothers" Program, the "Time to Quit Program" targeted a broader base of the population. Like the "Young Mothers" Program, the results point to the efficacy of promotion.

Newspaper Promotion

Similar campaigns have been done on television which had widespread application. But actually, the idea for the "Time to Quit" series resulted from research that I was conducting on booklets on quitting smoking. The National Cancer Institute had funded a number of other investigators and me some years back to develop self-help, stop smoking material. We designed a modest study to compare the content and format of booklets that were given to people.

The FDA had the investigators of all of these different studies get together periodically to share information on how they were implementing their studies. Much of the discussions focused on how to recruit smokers to come into the programs. This was very curious because we all wrote that 90 percent of smokers want to quit. These people ought to be beating down our doors; but, of course, that doesn't happen and we all knew that. We spent a long of time figuring out recruitment strategies. Tracy Orleans, who at the time was at Duke University, was involved in a project where she was working with an HMO. They put an ad in one of their magazines where people could call-in or write-in for one of the self-help guides. She got a huge response from it.

When we compared our materials at the meetings, we could see that they were only a little bit different. Some were just flashier than others, but all were pretty much the same. The question was raised as to why we didn't just put the information in the newspaper. Everybody started to do that. We had spent all this time trying to recruit people into programs instead of just giving them the information. Some people will use it and other people won't. No one had ever done this before using a newspaper-based program.

With our program, we went to the Buffalo News. Timing, of course, is everything. The editor had just quit smoking at that time, along with his wife, so he was quite interested in the program. I suggested centering it around a New Year's Resolution theme, and he liked the idea. He wanted to be the one to try it first, and he ended up winning an award for the series. Most of the information that was in that series was material we had in our stop smoking booklets.

Overcoming Denial

We found that the best way to recruit people is to give them a little bit of a scare. That's why we used the stories of "I Never Thought It Would Happen To Me." That idea was originally an ad that we had produced locally and purchased to advertise our hot line. It featured Yul Brenner speaking from the grave saying "Whatever you do, just don't smoke." It got a huge response, so we used the same framework for the ad using local people. The whole idea for "I Never Thought It Would Happen To Me" came from the smokers themselves. They weren't angry at the cigarette industry. They were just feeling bad that this had happened to them; they never expected it to happen to them. This made me realize all the more that smoking is truly an addiction, and denial is a key element in all types of addiction. We used that denial as a target for communication.

The "I Never Thought It Would Happen To Me" series has been replicated in a number of different newspapers around the country. Several versions of the series included a "Quit and Win" contest. The series didn't cost us anything, and it resulted in a good response that was a lot cheaper than the clinic. The articles in the series reached a lot more people than the clinic did, even though a lower percentage of those who saw the series may have ultimately quit than of those who actually came into our clinic. However, in terms of final numbers, we would have had to run a clinic for five years to reach the same number of smokers who quit.

Lessons For Anti-DWI Programs

Personalized Ads

I think you have to be motivated to quit smoking, and to reach different people, you have to put out different messages. One thing that is important to people is a sense that they can quit successfully. Another is a sense of urgency, that they can and should do it now. The campaign should be made personal; for example, let people know "It can happen to me."

Using Fear

I've been criticized by some of my colleagues, but I'm pretty strong on using the truth to create fear. We have to get people's attention. When it comes to tobacco, I have no problem using a message that will elicit guilt and fear.

The "smoking head" spot was a good ad and from it, we got calls right away. I also saw a great ad that was put out by the Center for Disease Control: "Passive smoke has been proven to cause lung cancer in dogs. What do you think it's doing to your kids?"

We have an ad currently running on the backs of buses here [Buffalo]. The background is black and with white letters; in parenthesis in the center, the message says "Smokers' Lungs." The design was created by a fifth-grade student. It didn't cost much to produce and put on the buses.

Using Humor

Humor can also be used successfully. We've had great success in using humorous television spots developed by others. One group of spots we used was developed by the Minnesota Department of Health. The spots showed a bunch of animals smoking cigarettes with some sort of funny music in the background. The punchline is: "If you think this looks stupid, how do you think it looks on you?"

Another successful humorous ad showed the same animals, but now with their rear ends showing. You see a dog wagging its tail or a chicken, elephant, zebra, or giraffe, and the message is that "Butts are gross!" The last segment is a cigarette butt being crushed into an ashtray. "This is the grossest butt of all." The ad is very effective; it is humorous and gets you laughing and thinking.

This series of animal ads, obviously designed for a younger audience, deliver the message that smoking is stupid and "gross." The ads are all cognitive and capture the attention of youth. I think the ads have all I need.

Motivation

I look at communications research, such as Dorwin Cartwright's article written in 1949 on "How to Sell War Bonds." It contains basic principles of communication which I believe are still valid today. Even before the introduction of television, he was right; there has to be a cognitive structure, the sense that people will be exposed to the message and respond to it. The message has to address motivation. You have to fit your message--the action that you're asking people to take--to the overall goal. You have to frame the behavioral structure and make it easy for people to respond. And you have to get people to "do it right now."

In many advertisements, the message is to quit smoking. People hear that message, accept it, and are motivated. However, they are not going to quit smoking <u>now</u> because we didn't tell them to.

Synthesis Across Anti-Smoking Prevention Programs

Clearly the tobacco industry has been able to successfully target their ads for certain brands. Because adolescents are inclined to follow fads, it seems that any advertiser that makes its "niche" in the marketplace is aided and abetted by the adolescent propensity toward pack behavior.

Adult smokers who are going to continue to smoke need to have a way of getting some information about the product. In terms of advertising, a lot of the imagery in advertisement could be regulated.

Cigarette advertising which is permitted to be affiliated with sports is basically a way of circumventing broadcast restrictions. It is inappropriate and should be prohibited. If some of the advertising was "tombstoned" to a black and white format, for example, it would be more appropriate. Or perhaps, picture imagery could be prohibited. Or, the cigarette advertisements could have letters but no color. These are some of the ways to control cigarette advertising.

All print advertising of cigarettes should be banned. The Government would certainly be within its right to eliminate print advertising of tobacco products. Again, there is good evidence that print advertising is targeting young people in many, but not all, respects. The cigarette advertisers use the ad medium as a way of directing their message. Promotions are a tougher issue on a regulatory basis; however, many of the promotions seem to have special appeal to young people so I would think some regulatory effort to ban those types of promotions would be appropriate.

I also think the couponing and mail order tobacco business ought to be banned for the same reason we ought to ban vending machines: we can't control the outlets. As you can see, I think there are a lot of different ways that we can be going after cigarette advertising.

If I had to pick the most important and immediate thing to do, I would say lift the Federal preemption on States and localities regulating cigarette advertising. Give the States and localities a crack at regulating, for example, billboard advertising. To some extent, States and localities are already regulating the billboards, and the tobacco industry hasn't challenged this yet. They are afraid to challenge these regulations because, if they lose in court, it will open the floodgates of regulations. I think the Federal Government has no right to preempt the localities, and neither do the States.

On Alcohol And Tobacco Advertising

I think the Tobacco Control community has probably made more progress in limiting advertising than those involved in alcohol sales and promotions. Now, the Alcohol Control community is considering using some of the same strategies developed as used in tobacco control.

Given the health problems that we have with beer and alcohol abuse, the products shouldn't be advertised. Except for an occasional "don't overdo it," ad from the beer manufacturers, the alcohol industry is behaving much like the cigarette industry.

The tobacco industry has come out with efforts to help youth say no to cigarettes in their campaign to educate merchants not to sell to minors. These programs have been

successful to a large degree. It's also ironic since these are designed to discourage policy that would affect tobacco sales. The tobacco industry is probably spending more money on these kinds of campaigns--pro-health and anti-tobacco--than the authorities have available to spend. It's ironic.

MARTIN FISHBEIN

Theory

In the theory of reasoned action, behavior and its intentions are caused by a weighted combination of attitudes and subjective norms. This is not attitudes and norms in general, but rather quite specific attitudes about performing a particular action, and subjective norms which dictate the feelings of people important to the actor about the actor's performing the particular behavior.

With regard to DWI, most people who drive drunk do not think they are drunk. So, to examine the question of driving while intoxicated, the real questions are empirical ones: You need to create a scenario where you would ask a person whether they would drive under certain circumstances. You need to create a scenario to test the attitudes and subjective norms that impact the decision-making process.

Reasonable scenarios collect information about how individuals make the decisions to drive after drinking some specific amount of alcohol under some specific conditions. Do they drive after drinking three drinks in an evening? What about five drinks in two hours?

Here's an example of developing such a scenario:

> "You've had two beers and a shot of whiskey in a bar. How likely is it that you would drive your car home? What do you see as the advantages and disadvantages of driving under these circumstances? Who would approve of your driving? Who would disapprove of your driving in this situation?"

Using scenarios like this would give you people's perceptions of whether they consider themselves intoxicated, who else might consider them intoxicated, and who are the relevant referents. You need to vary the circumstances so that you have some variance about when people think they are still in full control.

Empirically, then, you can actually test the decision-making process. You create a scenario like one of the following:

> "O.K. You've been at a party, and you've had three or four drinks. Do you intend to drive home?"

"You've been out with friends at a bar, had three or four drinks. Have you ever been in this situation? Did you drive, or did you intend to drive? What do you see as the advantages and disadvantages of driving in this situation?"

Creating these scenarios would start to get at the beliefs which underlie the attitudes. It would also show who would approve or disapprove of drinking and driving. This would give you the subjective norms, relevant referents for creating the normative kinds of questions.

In measuring norms of acceptance of drinking among others, you can use the same sorts of scenarios:

"You've got a friend who has just had three to four drinks. He wants to drive home. Do you intend to tell him not to drive or stop him or prevent him or take away his keys?"

You can then ask the same kinds of questions:

"What do you see as the advantages and disadvantages of asking your friend for his keys in this situation? Who would approve or disapprove of your asking for his keys?"

This would start to get at the beliefs which underlie the attitude. Again, these questions would give you the relevant referents for creating the normative kinds of questions.

The Anti-Smoking Campaign

The Readers Digest articles in the 1950s created a drop in numbers of smokers, but the numbers went back up. The Surgeon General's Report generated another drop, but this also went back up. What really made the difference was the Fairness Doctrine. For every commercial, there needed to be equal time devoted to anti-smoking message.

If you look at those later messages developed under the Fairness Doctrine and afterwards, they were not health messages like the earlier messages. The later messages addressed the personal and social consequences of smelling bad, having bad breath, burning your clothes, putting your family at risk.

The anti-smoking campaign shifted from health to social concerns. It emphasized both the normative and the attitudinal side of giving up smoking. Which one worked? Who knows. Both may have been relevant. Getting kids to tell their parent to stop smoking because they were afraid of being orphaned was very effective.

The Impact of Risk on Behavior

The impact of risk doesn't show up with one particular behavior but is inferred from examination across a set of behaviors. We don't know in advance which behaviors are

controlled by attitudes and which by subjective norms. That's an empirical question. The same behavior might be attitudinal in one population and normative in another. Even the slightest shift in the definition of the behavior can cause a shift in whether the behavior is normatively or attitudinally controlled.

In some research with gay men, however, attitudes, not subjective norms, seemed to be the more important determinant of intentions. The intentions are really behavior-specific, and population specific. For example, with regard to gay men's intentions to perform sexual behaviors, individual differences in populations were shown to have different behavioral intentions and different attitudes and norms. Age was a factor in determining preferred sexual practices, for example. Partner relationship was a major factor in determining perceived risk. Therefore, interventions targeted toward changing beliefs needed to be geared toward particular targets.

In other research regarding seat-belt usage, subjective norms rather than attitudes were found to be more salient. Again, the norms differed with the specific behavior examined, and especially with variance in the perceived risk of the behavior.

Designing Interventions

The process of designing interventions must be empirically determined. First, you find out if the behavior is attitudinally driven. If so, then you want to find out what advantages and disadvantages will occur when people perform this behavior. You then compare the beliefs of those who intend to perform the behavior and those who don't. This comparison gives you the beliefs that are really separating out the people; those are the ones that you should be focusing the message on.

If the behavior is primarily normatively controlled, go back to the underlying beliefs about what specific other people think they should be doing about this behavior. Also, check to see which beliefs about others are discriminating between those who intend and those who do not intend to perform the behavior. Then, look at how the messages about the groups would support their behavior change.

The process is to go back to the belief stage to find out what are the most important beliefs and who are the most important referents that determine a particular action. Presumably, what we should be doing is targeting our messages on those beliefs or utilizing those groups either as the message deliverers or the clarifiers of the norms regarding this specific behavior.

On The Use Of Normative Factors In Changing Behavior

After researching those attitudinal and normative factors that are important to behavior change, they can be used to help change behavior. For example, one set of "norm-strengthening messages" was used in a 1988 campaign against AIDS in Seattle. These messages were directed at the gay community and emphasized that "the gay community is beginning to use condoms. You should too."

For the most part, interventions should be kept specific to the behavior they are specifically directed at changing, not as actions toward general goals but specifically related to behaviors. The intentions, the attitudes, and the norms must be defined in terms of a specific action, target, context and time.

Regarding anti-HIV interventions, for example, if the goal of an intervention is to increase gay men's use of condoms for oral sex with their long-term partner the intervention should be designed to increase the specific intentions to use condoms with a long-term partner rather than avoiding AIDS, or practicing safe sex.

Measuring Advantages and Disadvantages

Measuring the variance in attitudes and norms requires the specification of a particular behavior. Regarding DWI, you can create a scenario where most people think that they were a little loaded--not so loaded that they could drive if they wanted to, but at a point where they recognize that they are affected by the alcohol:

> "Well, I probably had more to drink than I should; and if I got stopped and took a breath test, I would be over the limit."

You could even phrase it as:

> "If you were stopped by the police you wouldn't pass the breath test. You would be declared under the influence.

Then you would ask a series of questions:

> "Would you drive home?" "Do you think driving home under those circumstances is good or bad?" "What do you think most people would think: you should or should not drive?" "Who are the people whose thoughts would matter?"

The most crucial element is defining the specific behavior you want to measure. It's an action with respect to a target with a context in a given point in time.

Using New Reference Groups

There are a number a ways of changing norms. You might try bringing in new reference groups that people haven't thought about--people who would support their behavior change activity. These could be doctors for AIDS, and police for DWI. You can make people aware of important others who think their behavior should be different. You can make the new groups' opinions be salient. Having someone important might not be enough to change a behavior, but if someone is on the borderline, it can be one more plus in changing behavior. For example, if someone is debating whether or not to drive after

drinking they might say to themselves, "Given the way I am now, I am not sure of whether or not I should drive." Maybe if they know that the police think they should not drive, that would be an important factor in influencing the decision. Or, regarding HIV prevention, they need to know how their partner feels.

Working With Decision-Making About AIDS

1. Most people think that if they tell their partner to wear a condom, they are going to get angry or upset. 2. That's not always true. 3. In fact, sometimes partners are relieved. 4. One way to change norms is to have people talk to their partner and see what they really feel. 5. Don't just assume that everyone is opposed to wearing a condom. 6. If you talk to them you find out differently when you ask people individually whether they talk to their partner, they say no.

Testing For Effective Communications

Interventions such as promotions and advertising campaigns are often based on extensive market research that attempts to identify the needs of consumers and the strategies designed to meet those needs. In health campaigns, much less research is done. We need to do more to be effective.

We think we know all the answers. With drugs and alcohol for example, we assume that peer groups influence the decision to start. Somehow, however, we've ignored their effect on the decision to stop. We think that working with the peer groups to help the decision-making process is what works for prevention, so that's what we do. We really need to research on what is important in each population.

In the health field we put together focus groups to evaluate new advertisements, but not usually to develop them, as they do in the private sector. Rather than targeting people to understand what would be the most likely means of targeting behavior change, we just assume what is true and design our programs on those assumptions.

Determining Norms Against DWI

There are probably strong norms against stopping someone from driving home. But a TV commercial like "friends don't let friends drive drunk" can start to create a norm by creating an awareness of the problem.

Probably, if studies were done, most people's decisions to stop someone would be attitudinal. They'd think their friends would get angry at them if they did stop someone from driving. They think they would lose their friends, that it's none of their business to do this.

The campaign might be to give the message that your friends are appreciative afterwards, and they don't get upset. If you say, "I'm really worried about you. I don't think you should drive. I'll take you home and we'll come back tomorrow to pick up your car." Most people think it is negative to prevent someone from driving drunk, but maybe it is really positive. It enables someone to say, "Thanks. I was really worried about getting a ticket." That's not normative, that's working on those beliefs. What would be the consequences of starting to stop somebody?

Maybe attitudinally is the best way; or maybe the normatively, the best way is to say, "The police, your wife, your children don't think you should be driving under these circumstances. Most of your friends wouldn't drive under these circumstances. Why are you driving?" It could be either or both. But we need to answer that question empirically before we put together a campaign. Everyone may be different.

BILL HANSEN

Preventing Alcohol, Marijuana And Cigarette Use Among Adolescents

In my graduate school days, I was involved in the first Federally-funded tobacco prevention project with Dick Evans, my mentor at the University of Houston. Evans sent us up to interview kids, to find out what they knew about the effects of smoking. We found out that they knew a lot of things. Everything that Evans was going to tell them, they already knew.

While interviewing those kids, we also noticed that they were very much influenced by their peers; the social influence process was very much at work. We discovered that kids had to learn to resist peer pressure. Resistance was not something they knew or understood. That was the birth of the peer resistance strategy that nobody had ever tried before.

We started developing this peer pressure hypothesis using kids' social settings. We started teaching kids how to say "No." That work was picked up by a number of researchers, including Al McAllister who had a slightly different idea. His idea was that we can teach kids how to say no, but what we really need to do is to utilize resources that are available to help you teach them about their own power. McAllister had older kids, high school peer leaders, that he brought down into the middle school. The peer leaders were very effective in teaching the middle school kids.

McAllister gave a presentation at the annual meeting of the American Psychological Association in Toronto in 1978 or 1979 where he mentioned that the program worked so well that participating kids not only learned to say no to drugs, but also immediately adopted the attitude that smoking is not cool either.

That's where it struck me that what the program is doing is changing norms. I saw that the kids were picking up on the social issues that surround smoking, alcohol, and other

substances. Kids after training perceived the social norms to be different than they might have otherwise.

Theories Of Norms Change During Adolescence

At the time, there was really only one theory that seemed to specifically address norms: Ajen and Fishbein's theory of planned action. Their theory is really a plan to measure action empirically. Ajen and Fishbein never bother to explain and explore the variables leading to action, and, perhaps, that's reasonable in their context. In the theory of planned action, the norms and attitudes leading to a single action are variables. They took things as far as they could.

Adolescent Norms

The issue of social norms is interesting for adolescents. Look at how young people estimate those norms for the rest of the group; they really grossly overestimate them. Adolescents are much more liberal in their perceptions than any data would ever warrant. Moreover, there is a strong correlation between normative beliefs and behavior. In Ajen and Fishbein's tradition, if you look at the weight between social attitudes and normative beliefs, typically normative beliefs win out. In fact, when they don't win out, they still predominate. Normative beliefs also account for personal beliefs.

At least in adolescence, it's a socialization process that starts with a (usually erroneous) perception of social reality. The kids take their cues from other people in terms of what they think of doing. Anyway, from these observations, we basically agreed that there must be something going on, but it has to do with perception. What is an acceptable perception of what is commonly done?

There must be a perceptual problem with adolescence that during the formative years, when their social personalities are forming, they use these errors in perception to guide their decisions. Adolescents probably don't do this rationally; they probably do it sub-rationally. They don't sit down and write their decisions down and talk about them. Rather, they come up with a sort of an emotive feeling or something like that. They think that they must do what's acceptable. If not, they are not going to fit in with their group.

The Intervention Program

We developed an intervention program that would alter kids' perceptions of the norm by giving feedback about prevalence, abuse, and acceptability in ways that seemed believable. We got this program funded in 1985, and the National Institute for Alcohol Abuse and Addiction (NIAAA) coined the phrase "norm-setting."

In 1986 or 1987, we did our work primarily with middle-school populations: prevalence curves take off in the middle school transition. Social perceptions become more important when you've lost your navigation. Hierarchies need to redevelop. Elementary school is too early to intervene because norms are not being brought into question yet.

The other obvious thing that happens to adolescents is puberty. Hormones don't drive you to drink, but they do drive the onset of social awareness, and awareness of the normative climate. Around sixth, seventh, and eighth grades, things usually begin starting up.

Methods Of Norms Training

My main trade secret is that you've got to know how to structure training sessions so that all information is taken advantage of in the most appropriate way. We presented scenarios to kids that they were to discuss with their parents. They were to ask their parents' opinions of specific behaviors. Then, the kids shared back with the class the results of their discussions.

The kids' classroom presentations of the results almost always came back extremely conservative in terms of what the kids and their parents had discussed about drugs. From one perspective, the classroom presentations weren't risky at all. From another perspective, there was a fair amount of risk.

We developed some tricks to use with the process to make sure that when opportunities for norms education occurred, they were dealt with appropriately. The norms education was never dealt with heavy-handedly. We always let the kids do the presentation of information. We used the Socratic methods the way they are supposed to be used. We put parents in there as a conservative force.

Application Of The Normative Education Program To Anti-DWI Programming

DWI is going to be a different kettle of fish from substance abuse. A DWI program is going to focus on high-school kids, college kids, or some older population. People have tried and failed miserably with the high school and the college age populations, and that's the area where future programs really need to be developed. An extrapolating process might acknowledge that we have a normative beliefs problem, but how you intervene is not going to be extrapolated; it has to be invented.

The focus has to be on the developmental differences between middle school and high school kids. High school kids are different from middle school kids. Middle school kids are going from nonuse to some use to some experimentation. That process goes on until, by the time kids are in high school, their social perceptions are now entirely within groups. Their behavior continues to develop.

In middle school, kids are pretty compliant and generally cooperative. They respond to the Socratic and Devil's Advocacy methods. By high school, however, kids exercise civil disobedience. This fact alone tells you that you can't extrapolate methods. High school kids are much more independent.

HAROLD HOLDER

Norms Development

Norms are dependent on a degree of awareness, a level of concern, and a level of acceptability. For any behavior, there are positive factors *prescribing* the behavior and negative factors *proscribing* it. These positive and negative factors work together to create a set of defined norms.

As awareness of an issue increases, so does a level of concern about that issue. Behavioral acceptability then becomes clarified regarding that issue. Norms emerge and become clear. For example, a review of past articles published in the New York Times reveals that in the 1960s and 1970s, there were few restraints on DWI, and very few articles written about it. DWI was not an issue, and did not become an issue until the early 1980s. At that time, there was "sudden" attention paid to organizations such as MADD and to individual advocacy groups. Simultaneously with this sudden attention, pressure was put on State legislators for DWI legislation, on lowering BAC levels.

We could effectively argue that MADD became representative of the anti-DWI movement because of its timeliness. Chaos theory states that vast social bubbling occurs with an issue until there is a threshold effect. Then, and only then, does there appear to be an explosion from "out of nowhere." But the process is really more gradual than that. It's just that no one notices the bubbling-up until it reaches the threshold. Then, everyone notices.

Timing Of Support For MADD

Support for MADD also reflected the change in the times. Essentially, one woman's anger coalesced with other people's anger, and together these promoted anti-DWI norms. In 1980, even before any existence of MADD that I was aware of, I speculated about what would happened if there was a shift in public concern about drunk driving. I knew that there could be a spontaneous eruption of a social concern that could bring about a change.

Previously, we had actually done some simulations about the effect of organizational pressure against driving while intoxicated. The issue was interesting to me. Our simulations revealed that, in fact, some conditions would create pressure to coalesce against DWI, so it was not unreasonable to consider those things as important factors in creating the anti-DWI move. But, although I used the word "spontaneous," I'm not sure that the movement was spontaneous. I think it was due to the vast social bubbling that I mentioned earlier.

MADD came at a time when society had reached a threshold of intolerance for DWI. There was an accumulation of something until pressure broke forward. That's again a part of chaos theory. Things moved in gradual ways, and then there was a kind of explosion. It's hard to say exactly where the change came from regarding anti-DWI sentiments. You didn't expect it because it was not an incremental change.

Community Sentiment About Drinking And Driving

California recently passed their version of a zero-tolerance law on kids and drinking. Other States have done so as well. There continues to be legislation around this area that reflects this level of concern.

In one prevention effort, we are working in three communities doing community trials, two in California and one in South Carolina. The level of concern for drinking and driving is as high as illicit drugs and violence in the three communities. However, the newspapers don't think that's true. They, along with a lot of professionals, think that the drinking and driving issue is "passe." I've got the data that refutes that.

The Importance Of Single Events

In South Carolina, Senator Strom Thurmond's daughter was killed by a woman who was driving drunk. Thereafter, Thurmond became very active in getting support for putting warning labels on containers. These labels, like those on cigarettes, warn against drinking alcohol while operating equipment or machinery. These efforts were a very significant confirmation of his personal concerns, but it reflected community concerns as well. Senator Thurmond acted to reinforce community norms. His intervention was particularly important because he was a prominent figure whose child was killed.

The woman who killed his daughter was a professional who had been to a party. She had no prior evidence of alcohol abuse. The death, because publicity focused on high-risk drinking and not necessarily alcoholic-risk drinking, continued to reinforce the norms.

Tax Increases

Alcohol is very available and very affordable. We haven't had any major increases in either alcohol taxes or in prices since the 1960s. In fact, alcohol prices have been declining. The United States now has the cheapest alcohol in the world.

On Wine As Beneficial To Health

The new information on red wine is presenting a challenge to normative behavior. It will be interesting to see what happens when the public is faced with alcohol's potential as a protective factor from heart disease. When you look at the research, the effects are not quite as succinct and clean as they are reported in the newspapers. The question is: "Are you

increasing people's risk for one outcome while decreasing their risk for another?" It doesn't make a lot of sense to get people who don't drink at all to drink in order to get protection for their heart.

The International View

Other countries, like the Scandinavian countries, the Western European countries (Germany, England, France), and the Eastern European countries (Czechoslovakia and Poland), do not view drinking while driving as a part of alcohol policy. They keep the two as separate entities.

The Scandinavians are very aggressive on enforcing driving after drinking, but they don't link DWI issues to their alcohol policy. European alcohol policy revolves around the state monopolies which keep the prices very high. They regulate alcohol consumption by controlling production and restraining availability.

Community Prevention Ideas

In one study, we formed a working group of persons from law enforcement, the judiciary, schools, health care, and emergency rooms. The task put to the group was to determine what interventions would work to help reduce alcohol-related problems, and what the effects of the interventions would be. The group came up with about 25 interventions. Of those, only ten or 12 had any evidence of research support. From those models, we speculated on the effects of certain interventions and forecast these effects for San Diego.

One of the immediate effects of the workshop was to bring to the attention of the workshop group, the "systematicness" of the drunk driving problem. Before the workshop, many of the participants, especially the judges, believed that drunk driving was strictly a problem of dependency and addiction. They thought that if they could get all these dependent and addicted folks into jail or into treatment, there wouldn't be these problems. After the workshop they felt differently.

Looking To The Future

If you are going to look at the prospective effects of intervention, you've got to speculate about what the future is going to look like. In the recent past, economics helped to curb alcohol consumption, because we haven't had a lot of money to spend, and because unemployment is high. I believe that between now and the year 2000, alcohol consumption will flatten out and thereafter probably turn back around.

When alcohol consumption increases, we will see more people killed by alcohol, "more dead on the road." That's just what I believe; the simulations (models) do not predict that. The models actually predict an increasing decline in per capita consumption and, therefore, a decreasing decline in alcohol-involved crashes.

LLOYD JOHNSTON

The Overall Decline In Drug Use

There are two general types of theories of drug use: supply reduction theories and demand reduction theories. The supply reduction theory, or the availability theory, holds that the supply of available drugs determines the level of drug use. The demand reduction theory, or the perceived risks theory, holds that the appreciation of danger from habitual drug use and the prevalence of peer use determines the level of drug use.

Evidence for the availability theory is scarce. Figures 2 and 3[7] of The Monitoring The Future Study show the trends in availability of marijuana and cocaine, the perceived risk of regular use, and prevalence of use among senior classes of 1975 through 1992. Clearly these two charts show that supply reduction did account for either the major decline in marijuana use or the more recent major decline in cocaine use. Marijuana availability was basically steady throughout the study. In the case of cocaine, availability actually increased during a period of decline in use. That inverse relationship presents strong evidence against the availability hypothesis. Seniors have been saying that if they want drugs, they can find them especially with marijuana and alcohol. Over 90 percent of the high school seniors in the study knew where to find marijuana, and certainly the percentage was even higher for alcohol. In fact the study merely assumed that alcohol was universally available even for the underage teen.

The level of perceived risk, however, shows a dramatic change in social attitudes, especially with regard to marijuana. The perceived risk for marijuana use began around 35 percent in 1975, then rose to nearly 80 percent in the early 1990s. The increase represents a huge change in social attitudes which, in fact, creates a preview of its mirror image in the drug usage figures.

Based on these results, the Johnson, O'Mally, Bachman and O'Reilly (1993) theory of drug epidemics viewed that both perceived risk and social norms play a major role in drug usage. This is no accident. One of the important determinants of social norms--social disapproval--is directly related to how dangerous a drug seems to be--its perceived risk.

The drugs that appear to be the most dangerous, like heroin, are also the ones that are most disapproved. Certainly there are other determinants of social disapproval as well, for example, the influence of the tobacco industry, but perceived risk seems to be an important determinant of a social norms in the case of drug use, and probably alcohol use as well, specifically with regards to drunk driving.

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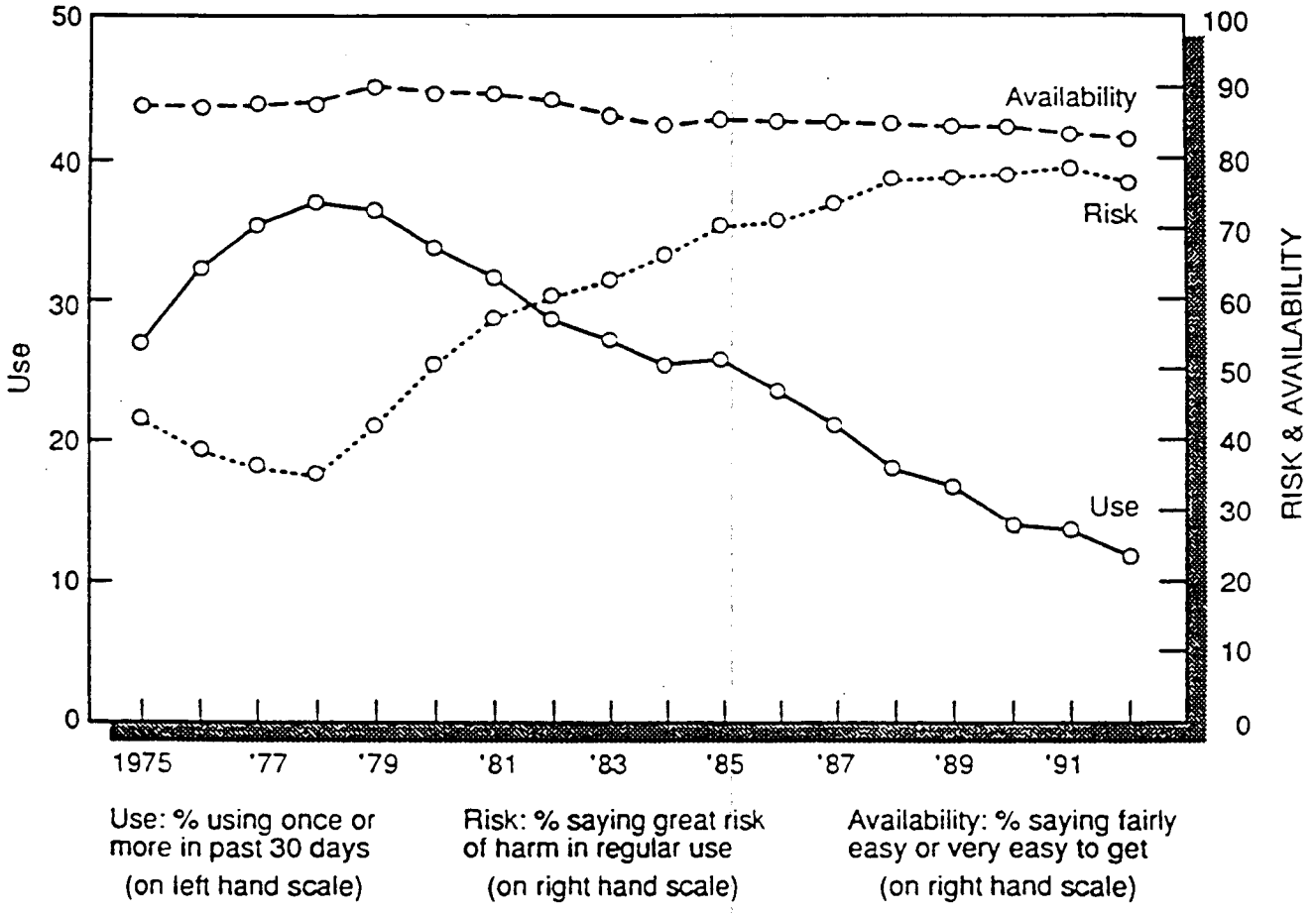
[7] All exhibits in this section refer to the Monitoring the future study--an annual study of a probability sample of high school students in the United States.

FIGURE 2

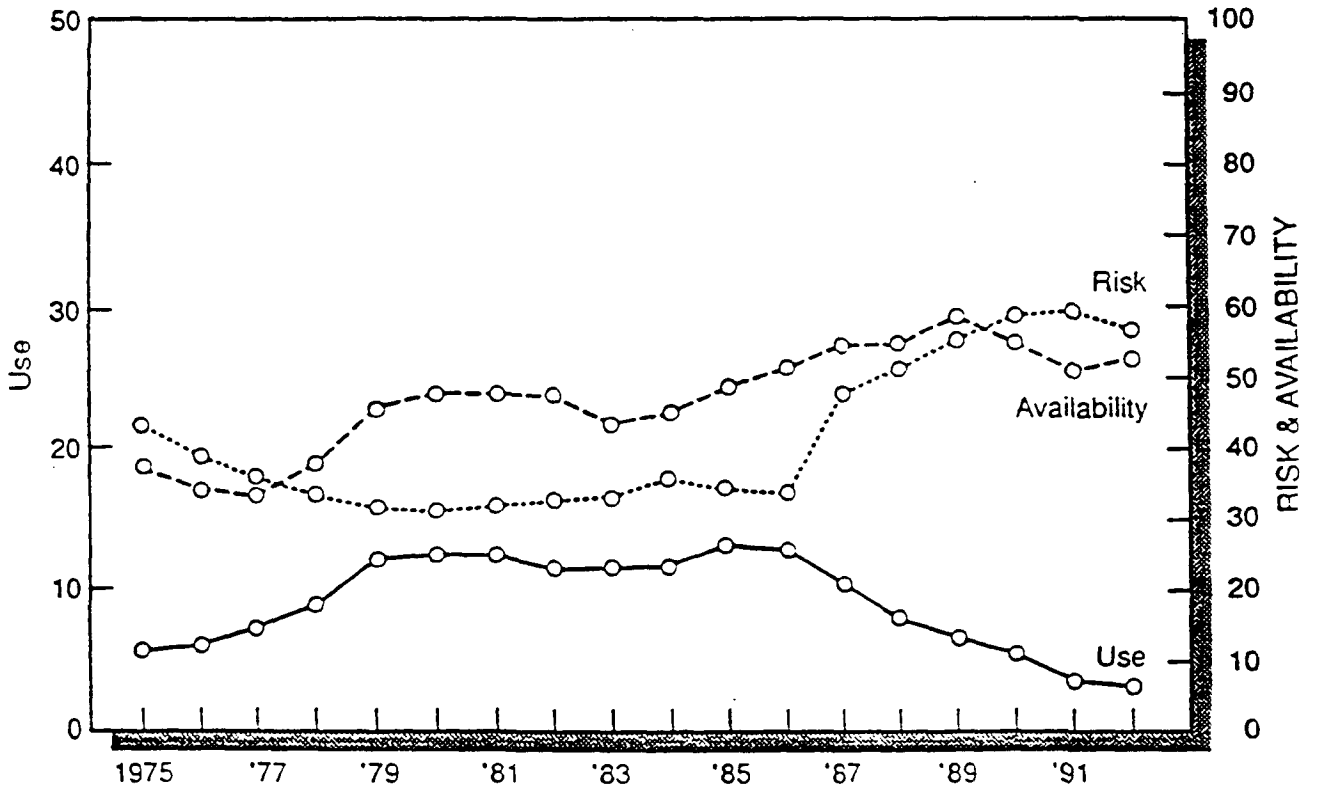
Marijuana: Trends in Perceived Availability,
Perceived Risk of Regular Use,
and Prevalence of Use in Past Thirty Days for Twelfth Graders



Source: Figure 23 in National survey results on drug use from the monitoring the future study, 1975-1992, volume I, secondary school students by L. D. Johnston, P. M. O'Malley and J. G. Bachman, 1993. Rockville, MD: National Institute on Drug Abuse.

FIGURE 3

Cocaine: Trends in Perceived Availability,
Perceived Risk of Trying,
and Prevalence of Use in Past Year for Twelfth Graders



Source: Figure 24 in National survey results on drug use from the monitoring the future study, 1975-1992, volume I, secondary school students by L. D. Johnston, P. M. O'Malley and J. G. Bachman, 1993. Rockville, MD: National Institute on Drug Abuse.

Perceived risk has been a major determinant to drug use. It doesn't explain the change in use for all drugs, but for a number it seems to be directly correlated, most notably marijuana and cocaine. In fact, as Figure 3 shows, cocaine use dropped rather quickly after 1986, a dramatic change which is mirrored by an increase in the perceived risk from cocaine use.

The Natural Correction Cycle

Even without any special intervention programs, people become aware of the adverse consequences of a drug over time, and then the use of that drug declines. In some cases the cycle can be extremely long; in the case of cigarettes, for example, it's been 40 years. In the case of PCP, however the cycle was short, maybe a year. In each case the cycle is determined by the nature of the negative consequences which emerge from the drug and how long it takes for people to become aware of them.

Most of the adverse consequences for cigarettes are from chronic long-term use. Negative effects of tobacco use often don't show up for 30 or 40 years. Even then, it requires sophisticated data analysis in order to establish correlation. On the other hand, PCP causes people to act freaky and dangerous right away. It's an acute abuse effect, so the feedback cycle is pretty fast.

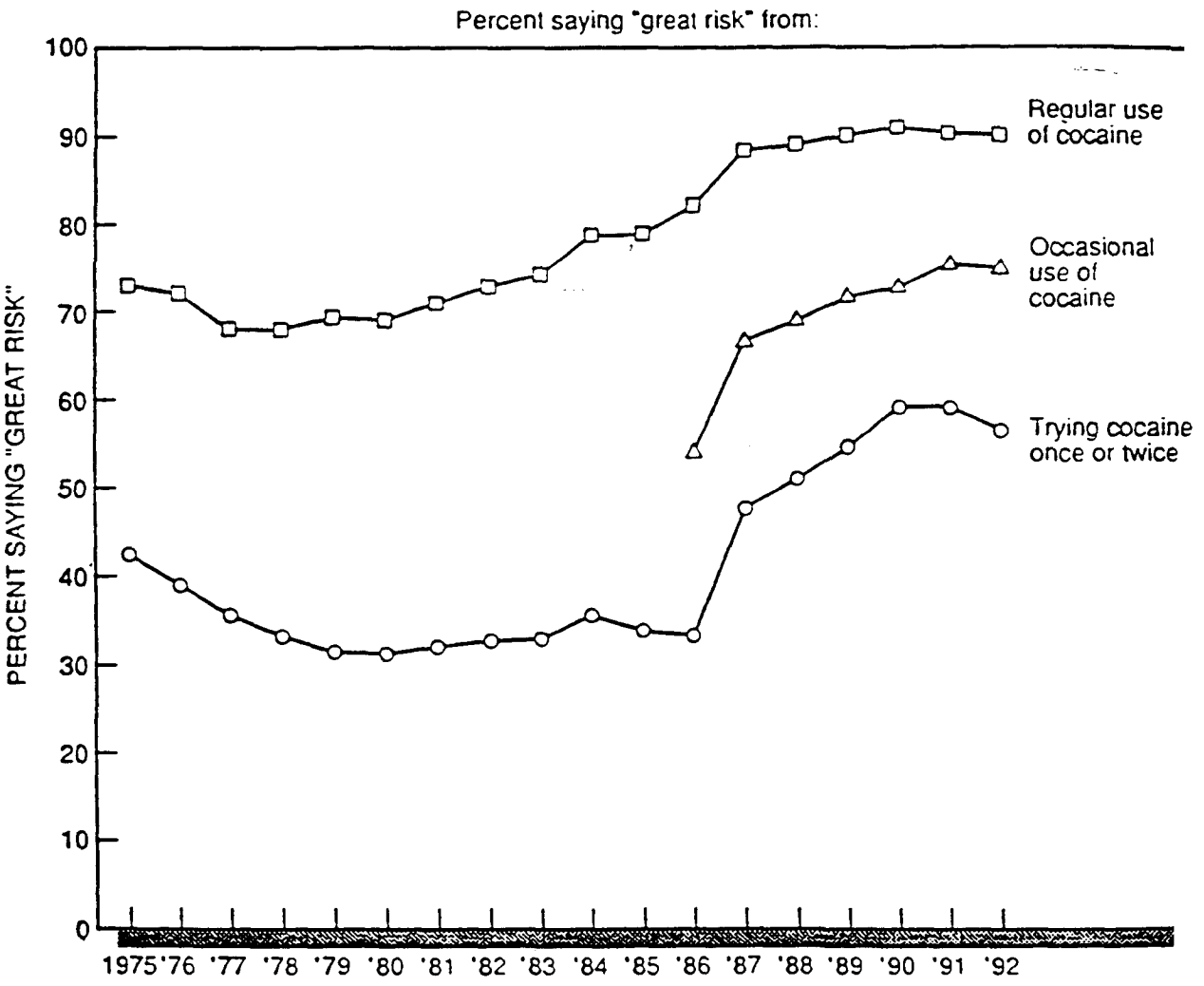
Evidence of risk from a drug doesn't mean that everyone will stop using it, however. Perceived dangers actually can be a positive incentive for some subgroups. Perceived risks of drug use can provide a way of expressing machismo, or courage. PCP provides a good example of a short-lived drug which remained in favor for only a small subgroup.

PCP became known in the streets of Washington DC as "St. Elizabeth's" because so many users of the drug ended up at that mental hospital. Although it was clearly known to be dangerous, some people especially black inner city youth in Washington continue to use this drug. Because of the negative, even dangerous nature of the drug, the very act of using it made PCP attractive to some subgroups looking for another way to express bravado. Some small groups seek danger, but in general people move away from behavior which they believe to be too dangerous.

The publicity surrounding the dangers of drug use also affects the levels of use. For example, the death of basketball star Len Bias from a cocaine overdose in 1987 may be the cause for the increase in perceived risk for cocaine after that year. Figure 4 shows the trends in perceived risk of cocaine for three different levels of use. The bottom line shows perceived risk for experimental use, the middle line for occasional use, and the top line for regular use. In all three cases, the belief that cocaine use entailed a "great risk" rose significantly in 1987.

FIGURE 4

Trends in Perceived Harmfulness of Cocaine Use for Twelfth Graders



Source: Figure 22a in National survey results on drug use from the monitoring the future study, 1975-1992, volume I, secondary school students by L. D. Johnston, P. M. O'Malley and J. G. Bachman, 1993. Rockville, MD: National Institute on Drug Abuse.

The Health Belief Model

The "perceived risk" interpretation fits well into the health belief model. In that model, a health behavior is most likely to change if it is perceived as dangerous, avoidable, and personally applicable. Figure 4 shows that in the early 1980s there was a gradual and fair-sized increase in the perceived danger of regular cocaine use. Young people were beginning to get the message that being a regular coke user entailed serious danger. Stories circulated that cocaine can kill; and that cocaine is highly addictive. People were getting the message about regular cocaine use and yet their behavior wasn't changing. Remember, however, that attitudes and beliefs usually change in relation to the behavior a person believes they actually might engage in. Very few adolescents are heavy coke users yet. Heavy use tends to emerge over a five to seven year period. Adolescents can be occasional or experimental users, however. Until the late 80s, adolescents perceived risk in regular use, and these adolescents were not likely to become regular users for some time.

Between 1986 and 1987, however, a number of things happened. Len Bias, a college basketball player, star-bound for the pros died of an overdose; so did Don Rogers, a professional football player. Following those two deaths the media paid a tremendous amount of attention to crack and to cocaine and its dangers.

Len Bias' death was even more influential, because it was alleged at the time, that he used cocaine for the first time the night he died. Len Bias' death carried a couple of vivid messages. The first message was that anybody, regardless of their physical condition or their age, can die from cocaine. Len Bias, after all, was at the pinnacle of his physical prowess, a young, strong 18-year-old.

The second message that emulated from the Bias death was that anyone could die from using cocaine the first time. The story of Bias' death following his first use turned out not to be confirmed, but it was like a retraction; nobody read it. So the original story remained just as powerful.

Interestingly, there was a similar decline in steroid use following Lyle Alzado's cancer. Alzado made a point of trying to make an example of his experience using steroids and human growth hormones. Whether accurate or not, he attributed his impending death from cancer to his earlier use of steroids and hormones. In the year following Alzado's publicized message there was a five percent jump in the perceived risk of steroids in all three grade levels studied.

Feedback Cycles For Drug Use

Many factors affect the level of perceived risk for various drugs. Some of these are part of a natural process that documents the actual effects of the drug. The casualties clearly start piling up once a drug has been around long enough. In the natural process of learning about a drug, the media become a catalyst to the feedback cycle. Intentional persuasion efforts, such as the media Partnership With Drugs can accelerate the feedback cycle. When they retain credibility, the media have persuasive powers. Schools and families also have the

potential to affect adolescents' drug use, but many of their current efforts are misspent. The question is not simply how to reduce drug use but how to effectively reduce it.

Many efforts toward change have either no effect on drug use or have the unwanted effect of increasing use. For example, in the early 1970s, the Government mounted an anti-drug campaign on television and radio in which very exaggerated claims were made. Kids of that era, very sophisticated about drugs knew from experience that the reports were either exaggerated or just plain wrong. That generation of users and their cohorts stopped listening to anything that came out of the system; even the accurate messages were ignored. One recommendation that we made to the Media Partnership With Drugs has been that the credibility of the message has to be top priority.

How has this active campaign against drugs affected the perceptions of people exposed to it? Three general conclusions emerge. First, American adolescents had a very high level of recall of exposure to those ads. They remembered them. If they were exposed, they remembered them. Secondly, the ads retained high credibility. Most adolescents didn't feel that there was much exaggeration in the ads. And thirdly, they felt that the ads didn't influence their own attitudes and behaviors, to varying degrees of course. In a sense, the target audience's judgment was that it was good campaigning.

Trends Of Disapproval Of Alcohol Use

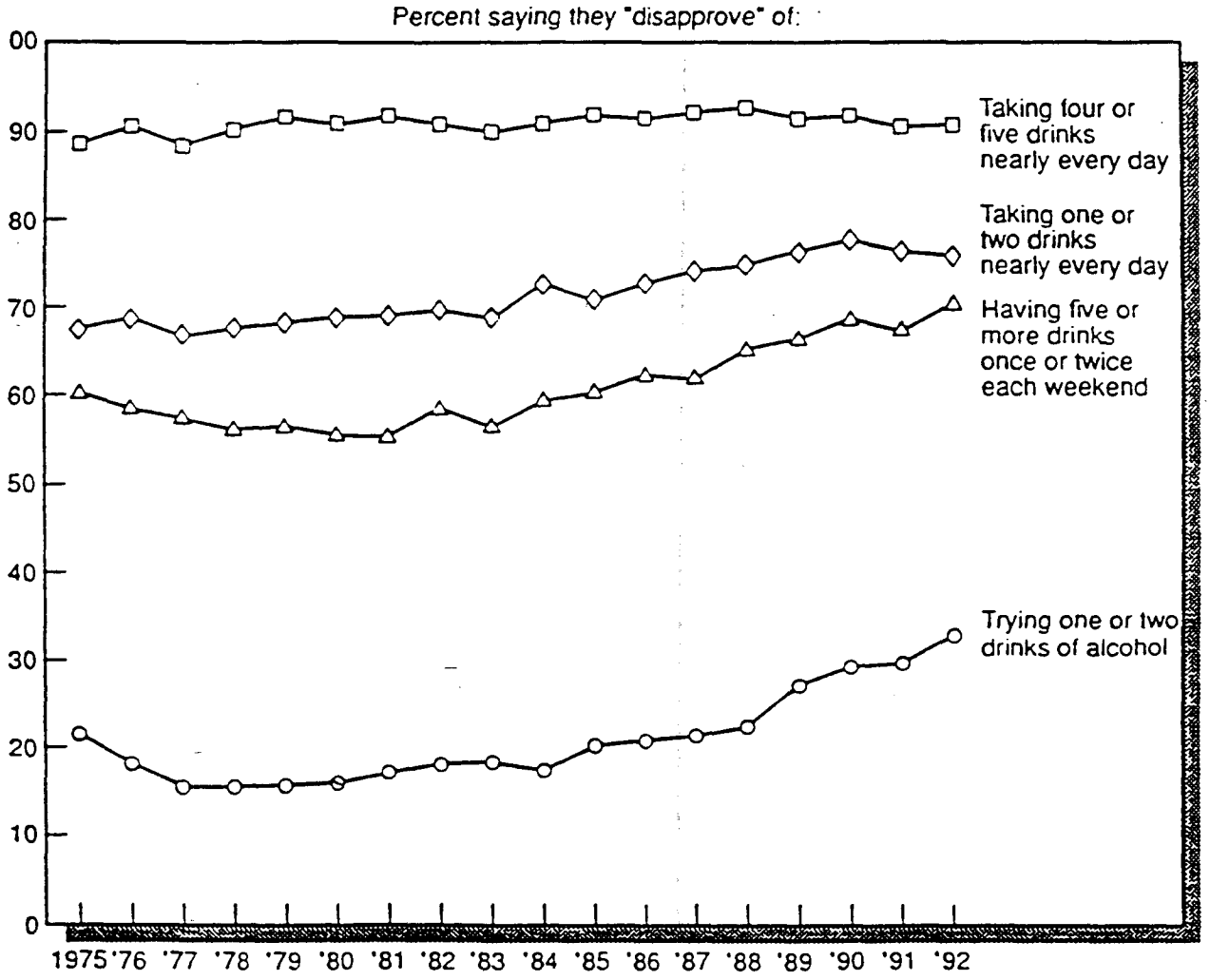
There has been a measurable change in attitudes and beliefs toward alcohol use and the perception of harmfulness of that use. The measured disapproval of alcohol use is actually a measure of individual attitudes, which were found to track very closely with perceived peer norms.

There has been a change in attitudes toward alcohol in general which started back in the late 1970s, and accelerated some in the late 1980s. Figure 5 shows the trends of disapproval of alcohol use for twelfth graders. The biggest change came in disapproval of "having five or more drinks once or twice each weekend." That was the behavior which was of the most concern for adolescents because that is the behavior they engage in when they are abusing alcohol. Clearly that is where a lot of the drunk driving occurs. Trends in perceived harmfulness of alcohol use (Figure 6) did not begin to rise until 1981; but since then they have risen a fair amount. Many programs, begun during that period, highlighted the dangers of alcohol. Those programs included Mothers Against Drunk Driving, NHTSA programs, and others concerned specifically about drinking and driving. Also, many States raised the legal drinking age, during the early 1980s because of strong pressure by the Federal government. There is evidence that raising the drinking age contributed to a decline in drinking behavior. But that doesn't explain all the change in attitudes because even in the States that didn't toughen the laws, teenagers became more aware of alcohol abuse.

Both the norms and the perceived dangers of weekend drinking have changed considerably over the last decade; so, something has been effective. Partly the legal changes lead to a change in attitudes. To some degree, some number of youngsters believe that if something is illegal then it is wrong. That is if the adult society cares enough to make it illegal, it must be dangerous.

FIGURE 5

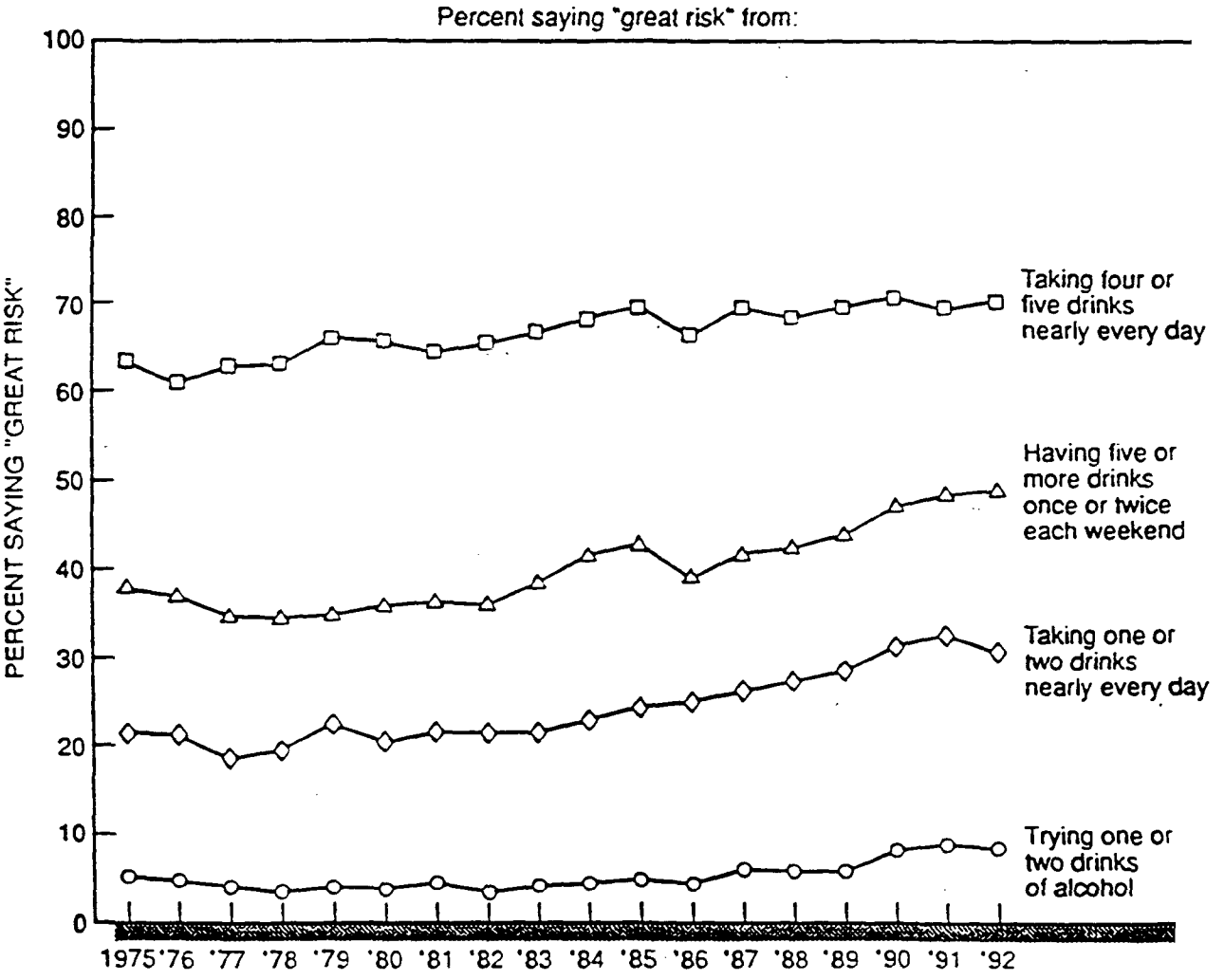
Trends in Disapproval of Alcohol Use for Twelfth Graders



Source: Figure 28b in National survey results on drug use from the monitoring the future study, 1975-1992. volume I, secondary school students by L. D. Johnston, P. M. O'Malley and J. G. Bachman, 1993. Rockville, MD: National Institute on Drug Abuse.

FIGURE 6

Trends in Perceived Harmfulness of Alcohol Use for Twelfth Graders



Source: Figure 28a in National survey results on drug use from the monitoring the future study, 1975-1992. volume I, secondary school students by L. D. Johnston, P. M. O'Malley and J. G. Bachman, 1993. Rockville, MD: National Institute on Drug Abuse.

Parallel Trends Across Drugs

At the same time, much has been heard over the last 20 years about how alcohol use may be moving in the opposite direction. When marijuana came into popularity, its proponents thought that marijuana was better than alcohol. In fact, however, kids drank more during the ascent of the drug epidemic. As marijuana and other drugs started to decline, many people asserted that users or potential users would merely shift over to alcohol. In fact, it appears that what is changing is the proportion of youngsters who are seeking to get high with anything, legal or illegal.

Any given drug has its own usage profile; different drugs have quite different time profiles. Marijuana was the first to peak in 1979; amphetamines peaked in 1981; cocaine and crack in 1986. These different individual drug profiles suggest that there are factors in their use that differ by drug. There is not simply one overall factor. But it is pretty clear that there has not been a displacement from marijuana to alcohol, and alcohol to marijuana. Instead, there has been a tendency for them to move in parallel fashion.

In the current turnaround period, however, there has been an increase in use and a decline in disapproval. Clearly marijuana has made a reemergence and has proponents, which it hasn't had for a long time. In a sense, there is advertisement for marijuana by rock groups and other kinds of entertainers. It is clear that advertisement is not the only determinant. But, it is a deep, powerful determinant.

Until recently, the norms in society, the message given to kids, had really become unified. For a number of years in the early 1980s, people talked about the importance of giving kids a clear, consistent message, which wasn't the case at that time. Different people were saying different things. Finally, there emerged a clear and consistent message of the dangers of marijuana, and those who differed were at least silent.

The unification of a public expression of social norms is breaking down now. There are many people speaking out as proponents either of use or of legalization, which gives the implication that they are sympathetic to use. Rock groups had moved away from drugs for a period of time, but now are seen on late night talk shows talking about drugs and smiling and winking. It's not necessarily that they have recently changed their minds to an acceptance of drug use, they just didn't express their opinions in public before.

This turnaround has occurred for two reasons--first, some of the groups just decided to return to their original stance on drugs in the hopes that they might get some commercial mileage out of it. The second source of the turnaround was the election of Bill Clinton, who is seen as a much more liberal president, whether or not he actually holds liberal views on drug use and legalization. In addition, other people who are seen as responsible members of society have "come out of the woodwork" and started talking about legalization.

Laws and Attitudes

In the case of alcohol, there have been some changes in attitudes that are quite likely attributable to the age of legality for the age group. In the case of cigarettes, however, there

hasn't been an actual change in the legal age for purchase even though the laws have changed. The higher legal age for buying cigarettes is even less enforced than the legal age for selling alcohol. Very few kids really take it very seriously as a law. Law can have an impact on attitudes, but in the case of cigarettes, it's effect has been eroded to practically nothing. If the law were enforced vigorously and taken seriously then it probably would lead to some change in attitudes.

This can also hold true for drunk driving. There have been some substantial changes in those behaviors, a greater change than could be predicted from the changes in alcohol use. Part of the change might be attributed to hardening up of the laws. More vigorous enforcement in turn may be due to the pressure that has been put on police agencies by action-oriented groups, such as MADD. Youngsters, as well as the public at large, have become more aware of the dangers of drunk driving. That issue has gotten a lot of attention from the press over the last decade or so, both in ad campaigns and in news coverage.

Anti-DWI coverage didn't all happen by chance. The MADD group went out of their way to bring it to the press, as did other action groups. There has been a change in the *understanding of the dangers of drunk driving, and also in the disapproval of it; there's* support now for pretty draconian measures for drunk drivers.

This harder-line legal approach probably does lead to a different perception of risk. It also may directly affect disapproval. The law-abiding citizen among us may say, "Gee, society takes these sanctions seriously. Maybe I don't like it either that people drive drunk."

Events can influence disapproval directly, or indirectly through perceived risk. Both disapproval and perceived risk can both influence behavior. Perceived risk has been a critical determinant in the use of illegal drugs. But, that doesn't mean it is unwise to actually directly manipulate social norms. For example, perceived risk has been a very important influence on drinking and driving behavior. Ad campaigns and news coverage have made people so much more aware of the consequences of drunk driving. It doesn't take too many terribly tragic stories for people to begin to think that there's something important to attend to. The public has been bombarded with the horrors of drunk driving for more than a decade.

Lessons On Drinking and Drunk Driving

Each new generation must learn the same lessons about alcohol and drug risk in order for them to maintain the current level of awareness. People don't come pre-inoculated. No one would stop TB inoculations to youngsters just because TB disappeared in the adult population. That is precisely the way to start another epidemic. Each new generation has to learn the same lessons that were learned in previous generations. These kinds of problems cannot be dealt with episodically; they must be built in a continuous, systematic manner. Alcohol and drug awareness has to be part of normal education and socialization.

Unfortunately, there is currently a societal trend toward paying less attention to the issues of drinking and drunk driving, which will have an effect on everyone, regardless of age. People are not hearing as much on drinking and drunk driving from the mass media.

either in terms of news programming or on normal entertainment programs. People are not getting much from advertising campaigns, because the ads are not getting the placements that they used to. This may be true more in the case of drugs than for drunk driving because of the natural correction cycle. When dangerous behavior is sufficiently widespread and there are enough casualties, people simply learn from those disasters. This will occur whether or not anyone is out there trying to be sure that people stay away from it. Drug use fell substantially in the 80s, so there were fewer casualties within the peer groups. There were fewer Len Biases, and so forth.

Ironically, as a result of the success of the anti-drug campaigns, young people have less occasion to learn informally from the casualties around them, because there are fewer casualties. That could apply to some degree to the drunk driving issue as well because there are fewer kids driving drunk and therefore there are fewer casualties. So, the number of people who learn just from those events is also declining.

When the natural, or informal, learning process begins to subside programs must increase the formal learning structure. Kids still have to learn the lessons of the dangers. If they are going to see drugs as being as dangerous as their predecessors saw them, and disapprove of them as strongly as their predecessors did, they still have to learn these lessons. Kids are most likely to learn from ambient influence and their environment. Therefore, they are going to need a more formal anti-drug and alcohol approach in their environment, not just in school, but in all areas of education and socialization.

Alcohol Awareness and The Media

One interesting effect of the alcohol-awareness crusade was the effort to educate the Hollywood crowd. New York and Hollywood were criticized for the gratuitous drinking in their shows and in their characters. Consequently, there has been a substantial change. There are many fewer movies and dramas with characters carrying a glass of alcohol around, drinking, and every time something happens to them, drinking some more. Adult behavior in reality has changed. Fewer people get snookered, even fewer who drink socially. That is partly because the media have gotten the message out over the last 10 or 20 years. There has been a change in the amount of gratuitous drinking.

Alcohol Among The College Age Population

In the college age population, however, there is an interesting difference. The kids who are going to go to college, of course, are the more academically able. For the most part, in high school they drink less than their peers, reflecting in part the seriousness of their studies. But once they get to college, their drinking not only catches up, it surpasses that of their non-collegiate peers. A couple of things correlate with going to college that explain a lot of this trend. One of them is that they leave the parental home and lose that form of social constraint. Another is that attending college usually implies a deferral of marriage. So while a lot of their peers get married, which has a suppressing effect on abusive behavior with regards to alcohol, very few of the college kids marry until after graduating from college. Those two things explain a lot of the crossover that occurs in the college years.

There have also been different trends in drinking behavior among college students than among others. Binge drinking is common for students who drink in high school, but its frequency drops among young adults who do not attend college. Among college students, however, its frequency does not decline.

Somehow the college experience either stimulates them to drink, or in some way protects them from the kinds of forces that have moderated drinking in the larger society. Some of that may have to do with anticipatory socialization. Uncle Joe tells stories about what a great time it is to get smashed in college all the time; kids see "Animal House"; the parties look like fun. When kids arrive, there are places where drinking is very common, in the Greek fraternities and so forth. So there is a lot of support for drinking in the college environment.

There is a lot of drinking in college, almost all of it weekend party drinking. At parties there is also a lot of crossover between students who are too young to drink legally and those who are of age to do so. That makes it harder to suppress drinking in the underage population in college, unlike in high school, where all the kids are underage under the new laws. In college, drinking is associated literally with being older. The college situation is complex but very interesting.

One benefit of the change in drinking age laws is the amount of DWI. Very few college students have reasons to pile into a car and drive some distance to get alcohol. I remember when I was in college. Massachusetts had a drinking age of 21 and New York had a drinking age of 18, so we all piled into a car and drove into the mountains to go to New York. We drove back with a driver who had a fair amount to drink, and some cars didn't navigate the turns. Now kids over 21 can just go down Main Street and get the alcohol they want for parties. Kids expect to drink in college, and they are going to get alcohol however they can, even if they have to drive 50 miles to do it. Making the age laws consistent across States did cut down on drunk driving a fair amount; maybe not the number of people who drive drunk, but the distance that they drive drunk.

What are the statistical norms--how many people are doing it? And what are the ethical norms--how many people will accept it? There is ignorance on both counts. Youngsters tend to overestimate the number of people who are engaged in deviant behavior. They also tend to overestimate the number of people who find it acceptable, and so one of the ways of effectively intervene is to challenge both of those things.

One way to do this is to use empirical studies, for instance a survey of a high school or a national survey of youngsters of a certain age. The results can be creatively fed back to youngsters. This will reinforce the confidence of those who disapprove but feel that maybe they are in the minority or they are alone and will alienate people if they speak out. The more conservative among the kids suddenly realize that they are the great majority and it's OK to be conservative or whatever the thing is that they believe is in the minority at a given time. In this case, it is all right to be against drunk driving and heavy drinking.

MARVIN KROHN

Social Bonding Factors Predicting Smoking Among Adolescents

When we look at social bonding among adolescents, we find that attachment, involvement, and commitment with both friends and family have an enormous impact on adolescent cigarette smoking. Bonding with friends and bonding with family are both powerful, but in different directions. The most important predictor of smoking in adolescents is having friends, especially best friends, who smoke.

Conversely, the best protection against smoking is being involved in activities with parents. We found that for the most part, parents do not want their kids to smoke. The more involved the parent is in the life of the child, the less likely the child is to smoke. We found that involvement has very significant implications for prevention.

Our research suggests that one way to impede any type of unwanted behavior on kids is to have the family significantly involved in the child's life in a participatory way rather than simply the traditional way. Involvement means not only asking our kids whether they've done their homework or had a good day in Little League, but really participating in some activities with the child. That seems to be more effective in controlling the child's behavior.

One particularly interesting aspect of friendship and relationships with the family has to do with social networking, specifically the multiplexity of contexts in which friendships occur. When family relationships and friendships overlap, both those relationship afford protection against smoking. If a child is involved with their parents or the parents are involved with the child in a variety of extracurricular activities, the degree of constraint of that child's behavior is going to be greater from the parental aspect.

The constraint is probably due to a combination of factors. First, when parents and children are together, there is simply more supervision. Second, there also is the positive feeling that the child has toward the parent and the parent has towards the child. We find a relationship between real involvement and the degree of attachment between the parent and the kids. I think there's also that aspect as well as simply the supervision, which is obviously the most apparent factor in spending time together.

With friends, it's a little bit different. We find in that case the impact of time together might be conducive to cigarette use. There is not the same element of restraint as with parental contact. In another study on truancy and drug use, we also found that hanging out in places where adults are not present leads to both.

Trends In Adolescent Smoking

Smoking rates for eighth and tenth grade students appear to be on the increase. Attitudes toward smoking have also softened. Only about half of eighth and tenth grade students think that a pack a day presents a great risk to health.

One of the things that we found in our research is that the message regarding the health effects of cigarette smoking was largely lost on kids. They'd learn that message, just as you might learn information for any sort of exam you had to take. They would learn it better if you had some sort of group reward; they wanted the class to get a party, a pizza, or whatever we were giving out, but they wouldn't really take the message into their belief system. The message didn't seem to have much effect on behavior and didn't stay with them over a long period of time (at least at a three- or four-year follow-up). One of the reasons, I think, is that kids at that age think of themselves as immortal.

The health message doesn't seem to get across. We used to show slides of the typical smoker's lungs and it just didn't seem to impact these kids. Youngsters all think they are invulnerable. On the other hand, the social aspect of cigarette smoking did seem to have a better impact on kids, the impressions of cigarettes as unappealing to others.

On Drinking and Driving

A very effective message is to let people know that they need to be aware of their friend's drinking and driving. They know the vulnerability of others where they are not necessarily in touch with their own. Smart kids just know they don't want to be in the car with their friends after they have had too much to drink.

DAVID MCKIRNAN

The Stability of Norms

I despair of systematic prevention campaigns ever really substantially affecting norms. I wonder sometimes whether the norms that we measure, or the success and behavior change campaigns that we observe, are, in fact, following some other sort of larger social cultural change rather than leading it. I have that sense regarding kids' use of alcohol and drugs.

If you take almost a decade's perspective, there has been a profound change in norms, particularly regarding drug use. It went from something that was "chic" and defined you as a high-status member of the group to something that was almost denigrated. In many quarters, drug use was seen as something very socially negative, something losers did. Now, however, Johnston's University of Michigan group's research is showing that some of these drug use behaviors are creeping back among the kids.

The Norms Shift in Drug Use

The shift in norms away from drug use through the late 1970s and early 1980s was not driven by any kind of "Just Say No" campaign. The shift was driven more by kids simply observing the effects of drugs on their peers and getting pretty concrete feedback about what drugs did, rather than any sort of norms sending messages in their health classes or from the media. Kids more directly observed the effects of drugs, and this resulted in a shift in their conception of drugs and alcoholic beverages.

Among adults too, there is a real shift away from drugs and alcohol. I don't see that these shifts are a consequence of any systematic intervention. Instead, they are being led by the greater health concern that the middle class in the U.S. has developed over the 1980s. Also, the aging of the Baby Boom generation results in their maturing out of alcohol use. To a great extent, I see norms shifts as following other cultural shifts that are bigger than all of us in society. That doesn't lead to any kind of intervention implication other than to sit back and watch.

On Norms Change

Meta-Norms

Probably some meta-norms exist which direct individual norms. It's not exactly clear what drives change, but it certainly is not a consequence of a Federal or other agency sitting down and saying, "Let's change this norm."

One interesting case of norms change is the meta-norm directing individual health and fitness norms in the United States. That norms change is American, not international by any means. For example, if we compare U.S. norms with European norms, we see that cigarette consumption is down in the U.S. but has not changed in Europe over years. It's unclear whether alcohol consumption has moved around in the European countries. But certainly, there is no health club binge in Europe. The health movement is a very American norm.

The Health and Fitness Movement

It's interesting to examine and understand how this norms change happened. Once the health industry, or maybe the exercise/fitness/health industry, started having some success and making some inroads, it began very heavy promotion of its services. This heavy promotion might have had a lot to do with the development of some of these health norms.

If I were really cynical, I might say that many people have actually adopted the health orientation as a byproduct to go to health clubs. In the health clubs, you have to spend at least 15 minutes doing pushups or something. The rest of the time you are socializing and are being seen hanging around in lycra. I'm only being 50 percent facetious in saying that to some extent people have gotten into the exercise bit as an excuse to go to health clubs and meet other attractive people.

The exercise industry very heavily promoted that whole lifestyle, by, for example, encouraging people to buy particular running shoes for running in order to define themselves as "at the cutting-edge." Maybe this set of values reflects some ethnographic trend with the whole baby boom generation refusing to age. That ethos states that if you run three times a week, you won't age; you'll look fabulous until they take you out feet first. This kind of mentality fuels the whole health movement, with the key being that if you follow the pattern, you're important.

It seems that everything gets blamed or attributed to the "baby boomers," but this is one phenomenon that is appropriately attributed to that whole block of people not wanting to look like their parents did. Norms change occurs when there is a vulnerability to that norm change, when people have the sense that they want to modify their behavior, that they are dissatisfied with the status quo, as it were. I'm speaking in generalities, but the health movement is an example of that. People had a sense of wanting to be different from a previous generation. They wanted to continue this "youth identification" that was just a byproduct of the huge demographic bulge of that age group.

Health and exercise norms were just something that people gravitated to naturally. The pump was primed for another perspective on how to behave, and this industry came along and fed that. The industry provided a model and conceptualization and, in a sense, a set of norms about how to go about it.

Group Identification

This may be a good example of some normative shifts. A priority there is group identification. The norms have to be thought of in terms of different social groups. They are best understood as learned and shared among the members of the social group. Moreover, norms themselves feed back to the social group and, to some extent, define the group boundaries. For example, "We're one of these hard drinking groups."

When I was in Montreal, I noticed that language use clearly defined the boundaries of social groups. Very subtle features of language use--not different dialects but the use of slang and so forth--were very important to defining the characteristics of the group. Norms stem from internal cohesiveness of groups, where group members communicate with each other and mention certain behaviors and not others. But then, they also feed back and define the members of the social group.

To some extent I think that was happening with the shift toward exercise and physical health in that baby boom generation. That was a group-defining norm: You have that bulge of people that had a sense of a group identity with a much larger group than typically we talk about. An entire strata of U.S. society primed for these norms. And the health industry or exercise industry was there ready to serve it.

Norms Centers and Advertising Influence

Once you get norms starting to shift, you get the pump primed in a population group. Other people then become norm centers. These very influential norm centers start to

promulgate certain kinds of behaviors and certain concepts, and a whole norm-sending industry springs up.

The health industry or exercise industry could not have been effective in promulgating these norms had there not been already some movement for the industry to take advantage of. That's my point in terms of these cultural shifts. A bunch of advertisers cannot get together and say, "All right, let's create this product. Let's create this whole new lifestyle and convince people to adopt it." I don't think this could ever be successful Rather, advertisers follow the front of the pack. And then, they help drive the pack through a multi-million dollar advertising campaign that defines you as being a particular kind of person if you do a particular kind of thing.

The media is very powerful. NIKE™, for example, spends more selling their shoes than the NIAAA budget for the year. Public agencies are not even in the ball-park of the amount of power that these big companies have. Once the industries start cooking on something, the amount of resources they can muster are truly awesome. You really fight an uphill battle trying to change norms if the media is not on your side.

Through the late 1970s and early 1980s, there must have been a dozen different magazines such as Running, Biking, Outdoor Scenes, Self, and Shape. You can actually read these magazines, and they will tell you how to exercise and what an exercise regime should look like.

From a norm-setting point of view, the magazines are only effective if people believe that there's a new look, a new norm. For the health and fitness craze, you had to go to a drugstore, pick up one of a dozen magazines, and find out how you are supposed to look and what you're supposed to do. With the health club mentality, the norms are rigorous. That is, there is a narrow range of acceptable behavior, only certain kinds of dress are appropriate. This very rigidity make some people want to stay away from these clubs. For others, learning the norms makes them feel better about themselves by being a member of the group.

Learning the Rules

Learning norms gives people a sense of confidence, control of their environment, and a sense of self-esteem. This is because they know what the rules are. By following the rules, people get rewarded by others. When the rules are explicit, it's easier to follow them and to feel good about yourself. When the rules are made clear, if you follow them, you are rewarded; if you don't follow them you are a jerk.

The health club phenomenon also illustrates what happens in other normative domains. That is, try as they may, these commercial industries could not have gotten people into these health clubs. Even if the health industry had decided, in a vacuum, to "spend $100 million this year advertising, it just wouldn't have been successful. *You're only going to have an impact in this larger normative sense if there is something already happening in*

the culture, no matter what the reason is--economic shifts, population bulges, or main movements of another trend.

Shift In Norms Away From Drug Use

In the beginning, drugs were a sign of rebellion, a way of self-identifying yourself as being more clever than the rest. As the shift continued, drug use made you less clever than the rest. This is a good illustration of the group definition effect of norms adherence.

Socioeconomic Differences and Norms

Ghetto Behavior

Kids in the ghettos just don't see that their actions are going to result in anything interesting in the future. In the 1950s, people would talk about the "opportunity structure," from a very socioeconomic and sociocultural perspective. People thought that the economic structure really determined a lot of social behavior. People were primed to learn certain things about the economic opportunities structure--that the economic structure did not immediately tattoo a certain pattern of behavior on your brain, but it primed the pump for you to learn certain things and not others. Now, however, it's passe to talk in these terms. I would put back some of that economic determinism. It's the fact that the economic structures don't change that much that makes those norms so powerful generation after generation.

I think that certainly is what's happening with kids in the ghetto environment. I've spoken to other researchers in the NIAAA conference about alcohol and AIDS. The researchers and public health service cannot understand why these kids are not concerned about AIDS. They go in and measure norms, attitudes, and behavioral intentions. What they find is that the kids' norms and behavioral intentions are kind of fuzzy. And yet, the kids know what they need to know about AIDS.

I did a study here in Chicago where we interviewed a lot of kids from some of the very, very toughest public housing environments. Virtually every one of the kids knew how HIV was transmitted. You couldn't find one of these kids that did not know how the thing works. These were kids who had never seen the inside of a classroom, yet, they all know how this stuff works. And still, their norms permit them to continue to have unsafe sex.

When you ask a girl from the ghetto about condom use, she'll say it depends on the guy or it depends on her mood. When you ask a guy, he'll say "Look, HIV is, like, the least of my concerns. So I have ten years after I learn I'm HIV positive. I don't think I'll live 10 years." They'll tell you in a very straight-forward manner that there is no possibility that they are going to live long enough to actually get sick. They say, "So fine; get me infected. What do I care?" I think the same things occurs with some of the drug and nonworking-oriented behaviors. The kids just don't see an obvious intimate connection

between being good boys now and getting big economic rewards ten years down the line. So why be good now?

A view of the whole opportunity structure leads you to hypothesize, with regards to inner cities, that most of the variance lies out there in the world, not in people's heads. I think that's why the norms are not shifting in these communities. In addition, you have also the byproducts of other political and cultural decisions.

Fiction and Reality

I had a friend who was a very smart social psychologist who also wrote science fiction. He always dreamed he would write a book about how to take a culture and absolutely destroy it. What he would do is put folks in big housing projects and give them lousy educations. He would make drugs illegal but widely available. He would create a situation where by selling these drugs they could make a fortune, but there is no other possibility of their making money. I think that's what we're seeing in the ghetto heroin trade.

Finding Change Agents In HIV Prevention

Jeff Kelly, from the Medical College of Milwaukee, has worked with prevention in a rural environment, and kind of loaded the dice in his favor. He visits little towns that have only one gay bar, goes into the bar, and finds the opinion leaders. Basically, he gets nominations on who's the coolest guy here. The researchers then enlist that person or persons to be their change agents.

This is a gang leader approach, a very indigenous, very bottom-up kind of perspective. The change agents will start promulgating condom use, promulgating drinking less while having sex, or promulgating whatever behavioral norms they are trying to shift.

Success has been reported with this approach. It's a very ethnographic perspective. You get to these towns and find out who the people turn to when trying to understand their own environment; then you work with those leaders.

In larger settings, where the AIDS epidemic is most prevalent, that strategy is more complex because the social structure is not clearly defined. Nonetheless, people are looking for ways to behave. There is a lot of anxiety around how you're supposed to behave, what you're supposed to do, how you're going to be simultaneously hip and cool and not catch this awful disease. People know they must be very tough because they don't want to look too much like they're conforming to the advice and dictates of the Public Health Service. That's not cool and people don't want to look like nerds. So, what are they supposed to do and how are they supposed to behave?

These behavioral conflicts are anxiety-provoking. People are looking for a behavioral prescription. So. you do what was done in the small towns. You go into the bars and have the higher status people promulgate a certain course of action that is safe but that is defined as a sort of hip just by virtue of the person who's doing it. It's like the Louis XIV phenomenon; anything he did was appropriate. If the leaders promulgate certain behaviors, the norms will take root. This was Kelly's basic hypothesis, and I agree with it.

Unfortunately, when the culture is more complex, or when behavioral settings become more complex such as in a larger city, it is difficult to really go in there and do this kind of clean intervention. Even some of the "change agents" might lose some of their status by virtue of their collaborating with the study. That kind of effect can occur in the big cities because of heavy anti-CDC sort of politics. The intervention becomes complex and not quite as easy as in the small towns.

Gay Bars

An intervention I'm starting at the clinic is trying to get some of these guys to modify some of their behaviors in the gay bars. One of the things we noticed is that there are different kinds of gay bars that vary along many dimensions. But one dimension along which they all fall is the extent to which they are exclusively sexual market places, that is, with sex taking place in the bar or immediately after.

The bars that are more exclusively sexual market places also have what you can call a more heavy-handed approach to sex--S & M bars, leather bars, that sort of thing. Those bars that are often less sexually oriented are what you can call "fern bars."

What's interesting is that the fern bars are more open; they often will have open glass panes so you can see in. They are not smokey, and, in fact, some of them are even nonsmoking bars. They're kind of healthier in that sense. There's not that kind of secretiveness and dank-backroom-bar kind of quality like in the leather bars.

What's also interesting is that by appearances you would think the fern bars are safer than the leather bars where sexuality is very explicit. However, in the leather bars where sex is very heavy handed, it is also safer. Since people are thinking about sexuality and intending to have sex, the norms are relatively strong to have safe sex. They don't become *mindless* about sexuality. In some of the "fern bar" environments, however, much more unsafe sex takes place because people are not just walking in and preparing to have safe sex. They just happen to find somebody and, thus, are not being mindful about their sexuality. There's a higher probability they won't use condoms when it comes down to it.

Mindfulness Versus Mindlessness

Understanding Different Settings

In our intervention, we're beginning to train people to recognize the norms of these different settings and the effects of the norms on their own behavior. We plan to train the gay community to counter some of the norms that may exist in bars where sexuality is more covert but takes place anyway, by actually making sex more overt and encouraging counter-normative behaviors in those settings. The other intervention that we are trying is just getting gay men to recognize these norms and understand how these things work. Part of our argument is to combat the notion of automaticity.

Under many conditions, people stop monitoring their beliefs, norms, and standards, and rather, put things on automatic pilot. They become motivated to become mindless and stop being aware. Alcohol usurps the monitoring very strongly. Just being in a highly stimulating environment where there's a lot of noise, color, people, and whatever else makes it easy to be mindless and stop self-monitoring.

Part of our hypothesis is that in the most explicit bars, the leather bar, the sexuality is much more mindful. It is not mindless because people are going there to have sex, in a particular way, using certain accoutrements, condoms included. They continue to follow their norms. By contrast, in these other bars, the fern bars, people don't admit that they are there for sex. If they admit that they are, that's kind of nerdish; as if you read Playboy for the articles or something. In the fern bars, people are simply not as mindful about the sexuality so the norms can be kind of ambiguous.

One of the new things that I've been struggling with lately is trying to trace the norms to understand how they operate in these different settings. We think about them like amateur psychologists. We ask ourselves, "What are the norms? What do they expect me to do here and how does that correspond to what I want to do?" We want to think about what in the environment or what in people's heads may lead them to want to become mindless.

Behaving As Others Behave

One of the good predictors of unsafe sex norms is that people base their estimates of proper behaviors on what other people in the environment do. Of course that is always clouded by the kind of a "birds of a feather" phenomenon. People are hanging around with people who behave like them. It's not exactly clear, so that's why in an experimental design you can nail down some of those changes.

Self-Monitoring Behavior

But there's a lot of evidence consistent with this kind of mindfulness versus automaticity phenomenon. One of the strongest behavioral interventions from the "I-Want-To-Help" behavior is to have people monitor their own behavior. In stop-smoking programs, this self-monitoring is a familiar technique. In smoking literature, the strongest intervention component is the baseline--people establish the baseline, have confidence in it. That's also

the place where most people drop out of the stop smoking programs because it's scary and they don't want to think about it. But it also modifies the behavior more than anything. All the rest of the interventions are trying to capitalize on the gains that are made during the self-monitoring piece.

That's been the case for some of the alcohol interventions as well, the control drinking studies where people carry a little three by five-inch card in their pockets. That's another element on the whole norms piece. In addition to understanding what the norms are in different settings, there is also the major factor of the extent to which people are even monitoring the norms, and the extent to which there are mechanisms available for people to temporarily forget their norms.

It's a similar phenomenon with adolescent sexuality. You have this big battle over whether adolescents should be given condoms and real sex education as opposed to reproductive biology education. Some argue that sex education is going to make adolescents more sexual. Of course, the opposite argument can also be made. By giving adolescents real sex education you give them more ownership of sexuality. They are more willing to accept it as part of normal life and they make more intelligent decisions about it.

In some of the European studies of aggressive programs teaching about HIV and safe sex to adolescents, the percentage of adolescent girls who are having sex actually goes down as a consequence of the program. What happens is that by admitting to this behavior, people are taking more control over it. They are saying, "Well, all right, if I'm sexual, I'll decide when I'm going to be sexual."

Rationalizing Mindlessness

For years people have written about substance abuse as a kind of normative time out. It's a rationalization actually, "I was too drunk, honey. That's why I did that. This is the time when I don't have to think about all of that awful stuff that I have to think about at work all day, including social responsibility," that kind of stuff. There's potentially a paradox in that when the norms become very rigid and aversive, the motivation to become mindless of them increases.

I think to some extent that's what's happening with some of the safe sex issues--the motivation to become mindless increases. The anti-smoking campaigns found this out very early on; when the campaign showed these awful diseased lungs, it became ineffective. The campaign set up a model or an image that was just so horrible that, rather than dwell on it, people would rather just forget the whole thing. They would rather become mindless of the entire phenomenon. Much more effective in stopping smoking are things like, "If you smoke your breath will stink, or people won't like you as much, or your clothes will smell, or you'll have yellow fingers." These are norms transgressions that people can appreciate and act on. They don't make people think of becoming mindless about the behavior.

I think that's certainly the case when you consider HIV-risk behavior. The prospect of getting this awful disease is so horrible that there is a very strong motivation for gays to become mindless about sex. With the gay bars, the added alcohol consumption and the

whole stimulus package a gay bar possesses together create a great place to become mindless.

Denying A Problem

Similar issues occur with DWI. No one wants to think of their own alcohol consumption as a problem, like in the Albert Collins' song: "I Ain't Drunk, I'm Just Drinking." People don't want to recognize themselves as having a problem with alcohol. Neil Weinstein has done some interesting work on perceived vulnerability. He makes the argument that the degree of control that we ascribe to the problem influences the extent to which we will allow ourselves to see ourselves as vulnerable to it. He argues that diseases which have some kind of a stigmatization to them are the ones that people see themselves as most invulnerable to.

Alcohol leads the list, followed by cardiac arrest. People who don't eat right and don't exercise get heart attacks. To some extent there's a stigma around that. With ulcers, people will give a vulnerability ratio of almost 1:1. With something like alcohol, people think they can manage it. People may have very strong norms, but other attributes of the phenomenon of alcohol abuse lead them to say, "no, this can't apply to me, because I'm invulnerable." And what's underlying that attitude is thinking, "that's an awful thing to say about myself."

Seeking Ambiguity

One thing we have been grappling with regarding the application of HIV interventions to DWI is the extent to which you are talking about affective norms versus informational norms. I wonder if whether, when there's a lot of affect around, people will strive for ambiguity around the informational piece. For example, even well-educated guys who have strong norms about sexuality will respond to any possible ambiguity in data. There's the controversy surrounding oral sex knowledge and controversy about condoms breaking. Some men will leap on that 0.1 percent probability of breakage. Do they break or do they develop some kind of leak? Some men will leap on that. These are college educated men, and they say that, "If condoms have a 0.1 percent probability of breaking, why should I use them? Why should I care about this? It is just obviously random."

If you confront them and say that it's a 99.9 percent probability that condoms will work; immediately they'll say, "Oh, yes, I understand those values. Oh, yes, I'll use them." Blah, blah. But it's clear from the initial statement that two things occur: (1) that they have the brains and the knowledge to actually analyze the situation and understand it well; but (2) despite that, they are motivated to seek ambiguity.

I think the reason they are motivated to seek that ambiguity is because there is so much affect involved. They feel so bad about violating norms that they search for a reason not to do it. I wonder whether there's not something like that with DWI stuff as well, that people have very strong norms on an informational basis or on account of larger behavioral prescription basis, but they are seeing ambiguity in some of these norms.

I'm not exactly clear where the ambiguity would be, but it could be to look at huge individual differences in alcohol tolerance. Some people can drink a lot and it doesn't affect them. And so they think, "I can get home. I'm only driving a certain distance."

Promoting Mindfulness

With gay men in the workshops, we try to plug all those informational leaks and to counter these myths. We try to say, "This is what you are doing." An even better way is to get them to recognize what they are doing themselves and to get to the point when you can say, "Okay, let's say you believe that myth. How will it affect your behavior?" Immediately, the guy will say, "Oh yeah, I can see I'm doing a scam on myself." That is more important than correcting the misinformation--getting them to understand how they are seeking ambiguity is kind of an informational scam they are perpetrating.

One effective self-awareness intervention is to find some reason why you are the exception to the rule. Everybody can find that. This is not surprising. What is surprising is that you are stupid enough to run with that ball.

That's the kind of intervention that I would promulgate, because I would argue that the norms are there. Even at that, when you talk to the guy who is weaving out of the bar, he'll tell you that's not smart. Even if the guy admits to passing out, he is not that stupid. Increasing self-awareness of that excuse making would be the intervention I would try.

Ambivalence About Alcohol

The normative ambivalence about alcohol stems from our inability to accept that some people may have difficulties with alcohol. The degree of stigmatization of alcohol problems creates a boomerang effect. People will not recognize themselves as having a difficulty until it's too far along the road. Alcohol problems are one of the last things that people want to recognize in themselves. The disease model of alcohol has a boomerang effect in increasing behaviors such as DWI by virtue of people not wanting to say to themselves, "Gee, I may have a disease here." That's the only concept that's available to you either you are a truly normal drinker or you have a disease. If that's the way it's construed, it's all or nothing. You don't want to say to yourself it's all, so it must be nothing. So you drink and then you drive.

DEBRA PRENTICE

Student Misperceptions

We have the beginning of knowledge of drinking norms on campuses like Princeton. I think on college campuses, the norms are related to the fact that the ideal image of a college student is somebody who can drink a lot, party a lot, and still get good grades. And so, at least in part, drinking has to do with the college student identity in juxtaposition against the administration who presumably are the parent figures.

On campuses like Princeton that were historically all male, there is a tradition of drinking. In clubs and fraternities, the norms lag behind individual progress; that is, the norms are still imbedded within the culture, even as individuals have moved on.

Excessive Drinking Stands Out

The fact is, obviously excessive drinking is much more observable and will be more noticed by people. I think this visibility of heavy drinkers is largely responsible for why students seriously overestimate the percentage of students who drink, and who drink at any given party. If you ask students, they say that they drink 45 percent of the time at parties, but that other students drink 100 percent of the time at parties.

This discrepancy exists because it's hard to notice people not drinking. Nondrinkers don't make a big fuss, and because of this, their behavior goes unnoticed. These factors contribute to people thinking that everybody else is more comfortable with drinking than they personally are.

Drinking Norms Are Learned Before College

Freshmen misperceive the norms coming onto campus. At Princeton, approximately one-third of the incoming students who attend the "April Hosting," or another similar event, are alumni children. They've heard the stories and have a very good idea of the drinking culture before they arrive.

My experience with students is that the excessive drinking norms are more a freshmen and sophomore phenomenon. Juniors and seniors move away from drinking. It's no longer a major issue for them. They typically drink less and are perfectly comfortable with that. They don't worry too much about alcohol anymore, compared with freshmen and sophomores. This shows that perceptions of norms change over time.

The Alcohol Intervention Study

We surveyed freshman students as they first came to college and four to six months later. When they first arrived, there was a discrepancy between their own comfort with alcohol and their estimates of the comfort of their peers. That discrepancy was significantly reduced four to six months later. My sense is that when students first come to campus, or when they've been away for a summer and come back to campus, they adapt to the drinking scene, either by trying to become more comfortable themselves with drinking, or by deciding to develop a group of friends who think and behave as they do. Really serious drinkers go out with others who drink. Students who don't drink find their friendship groups elsewhere.

Although most students come to terms with drinking, the accommodation doesn't last. When they return to campus after a summer away, they need to come to terms with drinking

again. The magnitude of the discrepancy between their own feelings and their perceptions of others' feelings comes and goes.

The students reduced the discrepancy either by bringing their estimates closer to their own feelings or bringing their own feelings closer to their estimates. But, the discrepancy reemerges again when they've been away. So I think it is a continual adjustment. The students are negotiating their social environment, who they are going to be friends with, and how they are going to live their social lives. That changes them during the course of their four years.

We found that reports of the students' behavior went along with their attitudes and their own estimates. Drinking behavior was directly related to the students' own comfort with alcohol as well as their estimate of the comfort of their peers. This correlation was especially strong if students were particularly high in "fear of negative evaluation" (a measure of how anxious students are about the social approval of their peers). Students who were high in fear of negative evaluation showed a very close correspondence between their estimate of the norms and their own drinking behavior. That is, there was clearly social influence going on there.

That's what I think is typically the case on college campuses. Students' drinking behavior is some joint function of social pressures, their environment, and their own vulnerability to those pressures. Students who are vulnerable, that is, students who are especially fearful of negative evaluation, are going to be heavily influenced by what they think other people want them to be doing about drinking. Other students will probably drink in accordance with their own comfort.

Pluralistic Ignorance

Using one of two types of interventions, we conducted a study with incoming freshmen students during their first week of classes. In the first intervention, an individually-focused skills training, students are really taught how to make responsible decisions about drinking and drinking situations. In the second intervention, we asked them questions to estimate their comfort and comfort of their peers beforehand and then presented actual campus data showing that people mis-estimate drinking levels among others. Then we had them talk through why they thought that was. The first intervention focused on students as individuals making decisions in a drinking situation; the second focused on the social dynamics of drinking situations.

Four to six months later, we retested these students by measuring their attitudes about norms and their alcohol intake. People who received the individual-focused intervention drank an average of five drinks per week. People who received the norms-focused intervention drank three drinks per week. The drop was sizable, and was not driven by differences in abstinence. That is, the same percentage of students did drink in both groups. It was that the students who had learned about pluralistic ignorance through discussions on social dynamics who actually reported drinking less.

We were able to figure out why that was. What seemed to be the case was that students who had learned about pluralistic ignorance no longer took the norms seriously and thus no longer worried. By exposing pluralistic ignorance, we undermined support for the norm and, thereby, reduced its ability to influence behavior. The result was a decrease in drinking. Norms derive a lot of their power from the perception that everybody feels that way. What we did was not so much to tell the students that the norms aren't at "this level," but rather at "some other level."

We let the students know that there was enormous variability. People do not all endorse the same position. And that seemed to weaken the norms' power impact. Alcohol interventions don't typically have enormous success at changing drinking behavior, so we were actually pleased that a one-hour intervention could have the effect that it did.

Norm Change Regarding Smoking

For smoking, I would imagine the effectiveness of the campaign is due to the influence of media campaigns and emerging of conditions that make it more difficult to smoke. I don't think personal experience has as much to do with smoking as it does with alcohol, although I could be mistaken about that.

Certainly, having somebody close to you die of lung cancer would be something that would bring the message home to you. But I think the smoking norms changes are really a testimony to the success of media and legislation.

Economic conditions frequently explain these kinds of changes. If you're not sure what your future is, if you are going to be unemployed, why not smoke? Given the sense of hopelessness brought on by a downturn in economics, you'll see a rise in risky behavior under those circumstances. It's very hard to know what is causing the upturn in kids' smoking.

DWI Norms

Pluralistic ignorance provides a very useful analysis if you're the person who's going to take away the keys or not. It's an enormously conflict-ridden situation. I think that people feel enormous anxiety about allowing somebody to drive drunk, and yet are inhibited by the social convention, by how counter-normative it is to take away somebody else's ability to drive. I actually suspect that, as in the case of excessive drinking on campus, there is a latent fear about letting people drive drunk. This feeling against drunk driving could be reinforced, if we could make people realize that everybody else felt that way.

I think what happens with DWI situations is that social conventions take over. We don't know how to take people's keys away. It's socially awkward. Although people probably assume that they would be willing to take the keys away, when it comes down to it, it's a harder hurdle to overcome than they would like. They don't quite know how to deal with it.

I think it's very similar to students who go to parties where there's lots of drinking. They see all these bacchanalian activities going on and they are not comfortable with them. And yet, it's very hard not to just go along. I think that's the case with DWI.

With DWI, it's compounded by the fact that there's a lot of uncertainty about whether to allow somebody to drive when they've had too much. It's very difficult to know at what point to intervene. I think that private attitudes about DWI are extremely negative. But we just have difficulty acting on those private attitudes because we don't have social customs to do so.

Defining DWI As An Emerging Situation

I've been the person to take away keys from people once or twice in my life. I was just amazed at how hard it was, how difficult it was to say, "This is an emergency. I'm defining this as not normal. I'm defining you as having had too much to drink." Even if everybody knows a person has had too much to drink, to actually say so is a very subjective judgment. One of the social psychologists' favorite topics has been people's inability to act on their feelings or beliefs when they are under social pressure.

For example, there are a lot of studies about why bystanders fail to intervene in an emergency, and about why it is that your chances of getting help if you're a victim of an emergency decrease as the number of people around you increase. What researchers have shown is that it is the uncertainly of the situation combined with that difficulty of saying, "Okay, this is an emergency" that makes it hard to intervene. The tendency is to try to act as if everything is normal long after it is very clear that everything is not normal.

I think DWI cases are very much that. You hope that the person isn't really that drunk. There's a lot of ways to let yourself out of being the one to take action. This is why it's always suggested that you decide ahead of time who's not going to drink. Once you're in the flow of social exchange, it's very difficult to say, "You've done something wrong. You've drunk too much to drive." It's a social faux pas, even though it's clearly the right thing to do at another level.

You need to understand what the social dynamics are in order to understand what's going to encourage people either to decide who's driving ahead of time, or to intervene when somebody who's drunk is trying to drive home.

Weak Enforcement of Sanctions Leads To Pluralistic Ignorance

Norms against drunk driving are enormously high. People who do drive drunk assume that they're going to make it because they've done it before. In fact, people who are drunk may not feel out of control. Their judgment of whether they can drive or not is completely different than their judgment when sober. I heard a lot of students talk, after the fact, about how they are mortified that they drove in the shape they were in. But they did drive because they needed to get home. The students were influenced by the momentary

desire not to wake up in the morning some place without their car. But I don't think any of that has to do with the actual approval of the behavior.

Designing Programs

I would direct interventions at the social group and try to "liberate" people from close adherence to social convention. I would collect data from a group of people by asking them: "How uncomfortable were you about letting people drive when they were drunk? How comfortable did you think other people were? How comfortable were you with people driving while they were drunk? How comfortable did you think other people were with allowing drunk driving?"

I would also ask questions which showed that people are more worried than they think other people are, a kind of pluralistic ignorance. People are always so much more aware of their own worries than anybody else's. I think that you could actually get people to say, "Well, I worried about it more, but everybody else seems to think it's okay." I would have interventions to talk through the results.

We had a lot of success with college students in talking about the social dynamics involved. When we do these interventions with college undergraduates, they immediately get very interested. We have them fill out a questionnaire on which they almost always rate themselves less comfortable than the average student. Then we say, "Look, everybody else does this. Why do you think that is?" They get very interested in talking about social dynamics and social pressure. They all admit that they hate the constant peer pressure and want to bury it. They understand the general concept of social influence.

I would hope to have similar success with DWI campaigns because it is a similar phenomenon. It occurs within a group, and it's something that people worry about much more than they realize. People don't appreciate the fact that they are legitimately worried about these kinds of things. It is a case in which behavior ends up being directed at taking action, that is, taking away the keys. Behavior is directed against social conventions, whose power we underestimate.

This kind of approach should uncover all kinds of social dynamics. You can say to people, "Now, on reflection, not caught up in the moment but on reflection, how do you want to behave in this situation? Do you want to be the kind of person who would let your friends drive drunk? Or do you want to be the person who overcomes a voluntary embarrassment and takes away the keys?"

People are very clear about their beliefs. However, they won't always act on those beliefs unless they are made to think about them. The behaviors have to be discussed in a social group because individuals alone can't appreciate the group aspect. There's no better way to demonstrate that something is shared than to have a whole group of people together talking about it.

Several campuses conducted media campaigns to correct norms misperceptions. One message showed a lot of different students talking about alcohol and giving a presentation of the variability of opinions. Another message, presented on posters, included data showing that, although students think everyone drinks every weekend, a survey of 75,000 college students show that 50 percent say they have one drink a week or less. All of these efforts tried to break down the perceptions of the norm.

I think what you want to say about drunk driving is similar to what you want to say about excessive alcohol use. People don't like it. What you want to say to perspective drunk drivers is, "Your friends don't think this is cool. I know they don't tell you, but they don't like this." Using data which show that everybody doesn't drive when they are drunk, or everybody doesn't think this is an okay thing to do would be very effective as a media campaign.

What we found on campus is that even the most committed heavy drinking freshmen males don't like to hear that people secretly think heavy drinking is grotesque. Everybody's sensitive to their social standing. I think that letting drunk drivers know that they will lose their standing within the social group is potentially very effective.

RALPH TURNER

Emerging Norms

Because the social science literature has always assumed norms to be stable, the issue of emergence is only beginning to be taken seriously. New norms arise, when a sense of normally acceptable risk is either greatly intensified or greatly diminished. When intensified, the new or emergent norm will either define a previously tolerable condition as intolerable, or at least call for harsher, prompter, or surer impositions of negative sanctions. If the sense of risk at performing a new behavior is diminished, the emergent norms will pronounce previously proscribed behavior as acceptable.

Society holds many norms, only vaguely. Many norms would be in conflict if really clarified and applied literally in all cases. New norms are typically developed from such "clarification or more literal application of long standing norms."

The Civil Rights movement is a good example here. Without understanding how norms develop, it would be difficult to understand why a condition accepted as a mere misfortune can come to be viewed as "an unmitigated injustice"

Norms and Values

Values, for Turner, imply positive attributes, and norms imply negative attributes. To promote change, behaviors need to be reframed in the forms of values, of positive attributes. Driving sober, for example, needs to be portrayed as a value that protects society

in much the same way as promoting a non-smoking environment became a positive value. Adhering to a norm, or upholding a value in Turner's terms, gains the individual both respect and admiration. Violation of a norm brings on punishment. But, negative sanctions are most effective when there is a general level of compliance. When the negative sanctions are not kept up, frequently norms are disregarded.

Process of Norms Change

Norms change is the process of reframing some problem by a group of activists. In a first stage, an initiator raises a question which promotes a generalized rethinking of some problem. This process is often called a paradigm shift. Then, and only then, in the second stage of a norms change process, can the activists who follow "take center stage" to create change in a group's norms (or values, beliefs, or behavior).

In the anti-smoking campaign, for example, people first began to think about the Surgeon General's Report during the 1960s. Only after that initial stage was the anti-smoking campaign effective. Without the support of the initial work, the activists would take too big a risk to attempt to change behavior. To change behavior, risk has to be minimized, or the individual has to attribute less salience to the risk.

Incorporation of Norms Into a Subculture

Norms are developed and maintained when they are linked to groups. One problem with support for State income tax is that the tax is not directly linked to some local supporters who see it as responsible for, say, getting pot-holes fixed, or performing some other service that is useful at the local level.

In the case of DWI, the issue has to become the purview of groups, friends, and associates who have to be personally concerned about members of a group. The norms and values of society become effective when they have local (even primary group) relevance. DWI is really dependent on primary groups at work.

Turner did some research on friends in primary groups deciding to rat or nor to rat on friends who had committed a robbery. Students, for the most part would not report their friends. Rather, they would talk to their friends and try to find a way to return the money in an inconspicuous way. Primary groups, Turner concluded, can exercise "powerful social control."

Timing

Timing is of the essence in any campaign aimed at changing norms. Seeds must be sown through an initial process in order for change ultimately to be effective. Right now it takes guts for a young person to say, "I'm not going to ride with you; you've had too much to drink." It takes some strong movement to make that normative behavior. For example, in California, people are only now ready to consider legislation about earthquakes. It takes

someone to arouse enough feeling, enough emotion to make people willing to stick their necks out to change.

Norms Against DWI

Norms against DWI are probably quite weak and are countered by:

- Competing norms of conviviality
- Negative sanctions against not drinking (the wet blanket syndrome)
- Competing norms of individualism ("I can take care of myself")
- Negative sanctions against loss of control ("I'm still in control; I can handle it")

Promoting The Diffusion of Anti-DWI Norms

To mobilize the diffusion of anti-DWI norms, programs would have to be directed at groups where the problem is the greatest. Anti-DWI programs should work on reframing conviviality and in-group behavior. They should be directed at primary group control and redefining the drinking buddy responsibility. "Primary groups are still our best form of social control." But again, timing is important, people need to be ready to be influenced.

KENNETH WARNER

There are three factors which account for most of the success of the anti-smoking campaign: sustained publicity, taxation, and legislation restricting access.

Sustained Publicity

Publicity is a very strong tool of any public health campaign. The early anti-smoking publicity, in particular the Fairness Doctrine, contributed to a major shift in the way people viewed smoking. From 1967 through 1971, the Fairness Doctrine proved that sustained publicity is very important.

The 1964 Surgeon General's Report had a strong and shocking effect. During the first three months after the report was issued on January 11, 1964, cigarette consumption dropped by 15 percent. However, many people started smoking again, as time wore on, bringing the year's total drop to only five percent.

Similar drops in smoking rates occurred a few times before. In 1953 and 1954, there were big drops due to the release of public information on the relationship between smoking and cancer. When one article, "Cancer by the Carton," first appeared in the Reader's

Digest, the public began responding to evidence of the relationship between smoking and cancer; but not in any sustained fashion.

In the 1950s and early 1960s, there was some instant impact from information releases and then a kind of recidivism. This short-lived drop is very difficult to evaluate. This is because the 1963 figures represented the peak of per capita consumption, and while there was a big dip in 1964, the figures started going up again in 1965 and 1966. The beginnings of more sustained cessation activity accompanied the Fairness Doctrine.

If nothing further had happened in the late 1960s, the previously observed growth pattern may have simply resumed. However, the anti-smoking advertisements on radio and television resulted in the first four-year sustained decline in per capita consumption. These ads were designed to give equal time to the pro-smoking ads, but they weren't equal time by any stretch. The Federal Communication Commission ruled that the anti-smoking ads had to provide a balance to the pro-smoking advertisements. There are no rules stipulating equality in number of ads, time of advertising, or location during the day.

In the first year, the ratio was 8:1, pro-smoking to anti-smoking. Not only were the ads not equal in number, but the anti-smoking ads did not appear in prime time at the same level as the cigarette ads.

Two Types Of Publicity

We have to be careful to distinguish two types of publicity. One is the media and the other is the effect of the news on the media. Sometimes news is produced with the idea of media manipulation in mind. One major cause of the effect from the Surgeon General's Report is the media blitz that followed for a day or two. When a new message gets out, it gets a lot of free press on the front page of USA Today, The New York Times, The Washington Post. This release of information is carefully orchestrated. Those reports are issued in a way that is designed to maximize coverage.

It helps to have a villainous industry as the enemy. Having the tobacco industry as your enemy may finally be moving to the point where it is an asset.

Abolishing Smoking On TV

The Fairness Doctrine ended with the abolition of tobacco advertisements from television. In retrospect, that abolishment was probably a bad thing because the anti-smoking messages in the Fairness Doctrine were demonstratively more effective than the pro-smoking messages. One of the reasons the anti-smoking messages were more effective was that they were novel. The cigarette ads were old and familiar. Perhaps if both had remained on TV, the anti-smoking messages would have become old and familiar as well. They also may have lost much of their impact. Nobody really knows what the net effect of not having the television ads on the air would make.

The Evidence of Norms Change

Before the Surgeon General's Report, someone would pull out a pack and offer cigarettes to others in the group. Now, of course, it is socially inappropriate to take out a cigarette without asking whether people mind the presence of smoke. That observation provides a very profound statement of norms change.

Class Differences

There are major social class differences in norms regarding smoking. If you go into a blue collar bar after work, you see that a lot of people are smoking. No one would even think to ask people to put their cigarettes out. If you go to a party of professionals, however, nobody will light up. Historically, that's of interest because in all societies it's been the wealthy, higher-education groups that would start smoking first, followed by the lower socioeconomic groups. Smoking prevalence is changing in all groups in the U.S., but it is changing much more gradually in the lower socioeconomic groups.

Excise Taxes

Relatively few people are aware of the effects of taxation on smoking prevalence. If you take the eight-year period from 1964 to 1972, there was an unprecedented spate of tax increases at the State level, to the point that the real price of cigarettes skyrocketed during that time. Then from 1972 to 1981, there were few tax increases and the real price of cigarettes fell a lot. Prices have picked up again since 1981. The implication is that whether taxation is a cause or effect, there was a great willingness or readiness on the part of the State legislators to add to their tax revenues in the first decade after the anti-smoking campaign got started in 1964. Then there were no tax increases to speak of. There's been a much slower rate of increase through the 1980s, but during the 1990s cigarette prices have gone up quite a bit.

Michigan just passed a 50 cent increase per pack. If that tax increase were sustained in real terms, the 50 cent increase would decrease the number of smokers by about 100,000, conservatively. In terms of preventable premature deaths, there are going to be 30-35,000 Michigan citizens who aren't going to die 20 years before their time as a result of this tax increase.

Cause or Effect

Many people have suggested that the smoking restriction and tax laws are changing smoking behavior. Others have suggested that the restriction laws are correlated with tax or price increases. Still others have argued that both restriction laws and tax increases are simply occurring as more of the electorate moves into an anti-smoking mode. Certainly, it

has become more socially acceptable to oppose smoking, and less socially acceptable to smoke. Still, I maintain that tobacco control policy that does not include increased taxes would not be a good comprehensive policy.

Effects of Recent Price Cuts

Per capita consumption of cigarettes increased steadily throughout the century, but began to decline annually without exception from 1973 to 1992. In 1992, however, the decline leveled off and consumption increased again last year, concomitant with a fall in the real price of cigarettes. Prices fell dramatically this past year due to both the Marlboro cost-cutting and to consumers shifting over to generic cigarettes. Generic brands now account for over 40 percent of the market, up from 30 percent the year before, and 11 percent the year before that.

Cigarette prices in real terms have fallen a lot. After Marlboro cut their prices, all the other premium brands followed suit. If in fact there has been an increase in consumption, the increase is attributed almost exclusively to that. That raises questions about the young market. If kids are not smoking the generic brands, that means that they are less price sensitive than we thought.

Restrictive Legislation

The seminal event in the Non-Smokers' Rights Movement was probably the passage of the Minnesota Indoor Smoking Law in 1975. Since then, there has been a large amount of restrictive legislation. It is very hard to say how much of that activity is leading and how much is following the anti-smoking sentiment. There is a body of literature on the effects of both laws and policies restricting smoking in the workplace. The research is increasingly suggesting that the laws and policies do tend to help people quit smoking. They certainly cut down on daily consumption. Some smokers do smoke some additional cigarettes when they go home from work, after they have not been able to smoke on the job. They do some compensation, but not nearly enough to equal their daily consumption frequency if they smoked all day. The effect of restrictions are much less well researched at this point than are the effects of taxes.

The Effects of Publicity of Anti-DWI Norms

Clearly the MADD campaign, which is in essence a publicity campaign, has been effective in changing not only public perception but also legislative behavior. Everybody has gotten much stricter about drinking and driving. But the campaign raises questions about what's important: Is it the existence of a law? Is it the publicity that precedes its passage? Is it the enforcement of the law? Is it the stringency of it? Is it how often people are apprehended? Is it the penalty that's imposed when people are caught driving drunk?

Another interesting phenomenon is the Partnership for a Drug Free America, which claims that its campaign has had a big impact on drug use in America. Some of that claim is self-serving. To get free air time the "Partnership" specifically ruled out dealing with alcohol and tobacco. They figured the stations wouldn't give them free time if the Partnership hurt the clientele that bought air-time. It's a problem for the media because of their wide conglomeration.

At the release of the 1989 Surgeon General's Report, Dr. C. Everett Koop was quoted as saying, "The tobacco companies own everything that you and I don't." That is basically true. They have the food business locked up: Nabisco, Kraft, General Foods. They have a corner on the advertising market.

The Effect Of Anti-Smoking Policies On Children

There are three principles that should be adhered to in forming a smoking policy: (1) Children should have an absolute right to grow up in an environment that is as free as possible of inducements to use nicotine. (2) Adults and children obviously should be free from breathing smoke-polluted air. (3) Truly knowledgeable adults who want to smoke should have the right to do so in the privacy of their own homes.

Those three principles lead to all kinds of policy implications. Together, they imply that there should be no advertising or promotion that is readily accessible to children. And additionally, there should be education against smoking. The principles also imply that public places should be devoid of smoke, but cigarette sales should be permitted for those adults who want to smoke in their own homes.

Omni-Drug Policy

It is interesting to note that as a society, we have two very different ways that we deal with drugs. One can easily argue that we could move to some intermediate model of heavily regulated legality for all drugs--lots of advertising against drugs, maybe State controlled sales, or at least State regulated sales with heavy regulation of sales to minors. We could at least conceive of treating all drugs in a similar fashion: tobacco, alcohol, marijuana, cocaine, heroin, etc.