



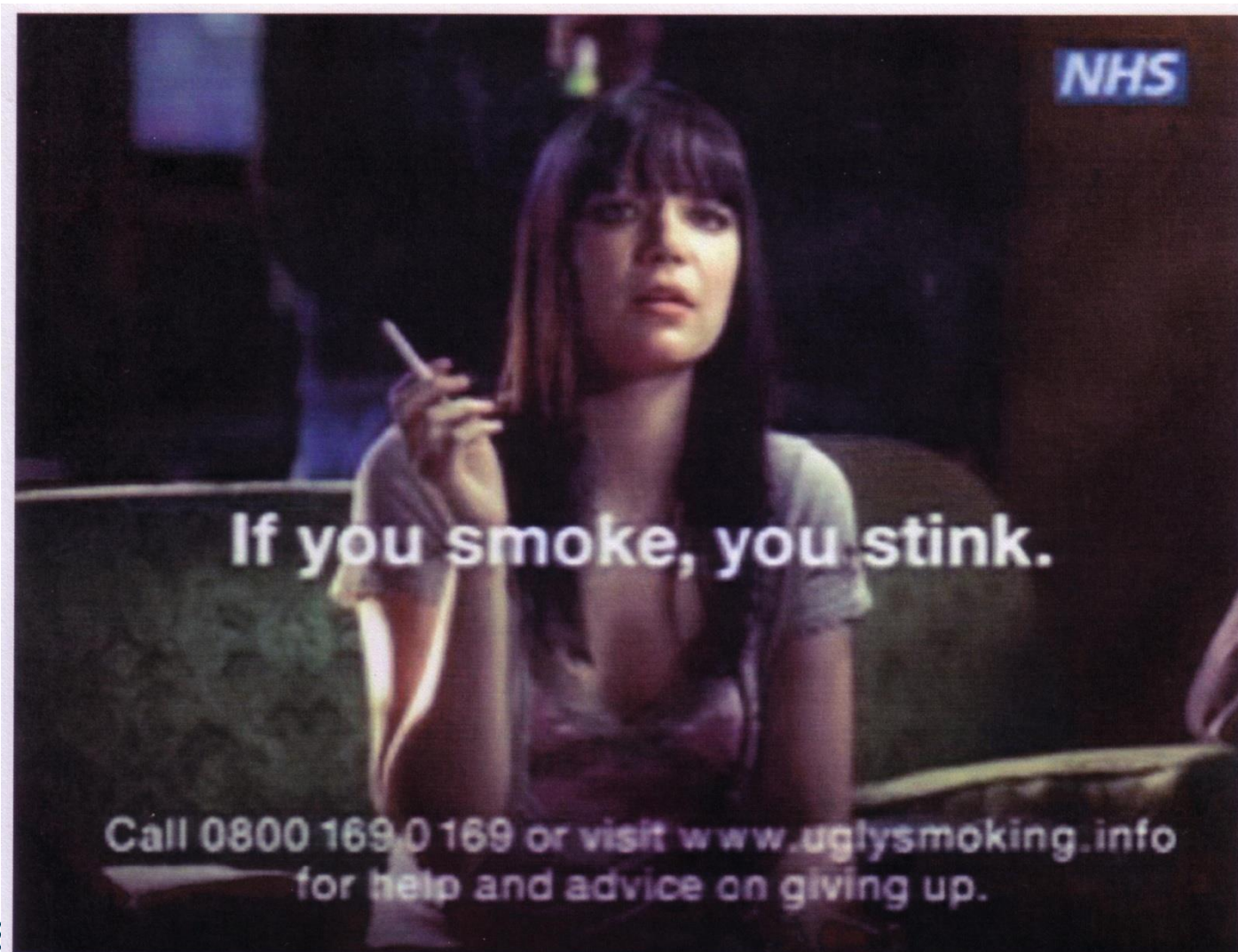
The 'Social Norms Approach'

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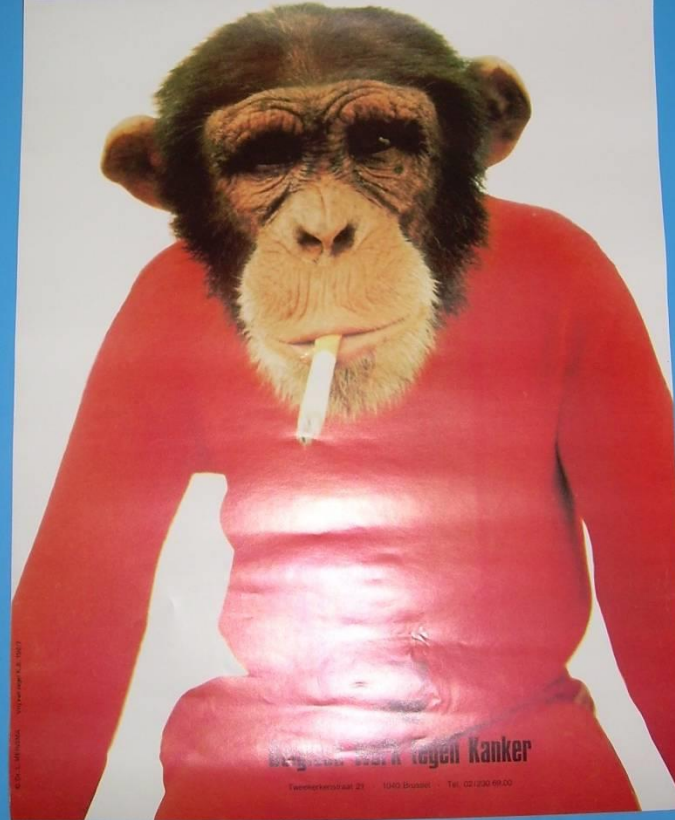
U What message is this sending?





And you?

EN JIJ ?





What is a norm?

- A norm is an unspoken social rule/code about how people are supposed to behave or believe
- Norms are not always explicitly taught and are based on experiences



Examples of norms

- Elevator behaviour usually includes:
 - Facing the front
 - Remaining silent
- 'Personal space' (differs depending on culture):
 - Distance between you and another person
 - Making eye contact or not



Perception of norms

- Perceived norms are very important in explaining the variances in certain behaviours
- Perceived norms can be accurate or inaccurate
- Inaccurate perceptions are referred to as 'misperceptions'



Misperception of norms

- Because norms are often unspoken, they can be misperceived
- We tend to overestimate how much other people do unhealthy behaviours and underestimate how often people do healthy and protective behaviours



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Why do Misperceptions Matter?

- Famous Misperceptions include:
 - *Getting cold and wet predisposes you to catching a cold or getting influenza*
 - *All college students drink all the time*



Students and alcohol: going hand in hand?



“The university student usually has the reputation not to scorn alcohol. (...) Some people even say that beer and students are intrinsically related.” (W. Prové - 1965)



How do Misperceptions occur?

- We notice the 'difference' not the pattern. The 'Out of the Ordinary' behaviour often gets more attention
- Focusing on the unusual makes it appear usual
- Therefore, non-normal behaviour looks like the norm



What You 'See' is What You Get

- Our brains are very efficient; very good at using incomplete or partially inaccurate data
- We are social beings, influenced by what we believe to be true for others
- We often find it difficult to 'see' opposing realities



What You 'See' is What You Get

- Often, it is the different or the dramatic, that grabs our attention
- Additionally, we can over-focus and ignore an important part of the 'obvious' reality



And, therefore...

- We can MIS-perceive the unusual as the norm, ignore the truly normal, and so base our actions on false ideas about others.



What about Fear Appeals?

- Sometimes, as public health professionals, we care so much we want to literally '*scare the health*' into our intended audience
- Unfortunately, we inadvertently NORMALIZE the very behaviour we are trying to change



What about Fear Appeals?

- Fear in ads keeps us in the past, scared or worried about the future
- It does not allow us to be in the present moment



Fear appeals...





Fear appeals...



‘Smoking isn’t just suicide, it’s murder’ – Chilean Corporation Against Cancer
Universiteit Antwerpen



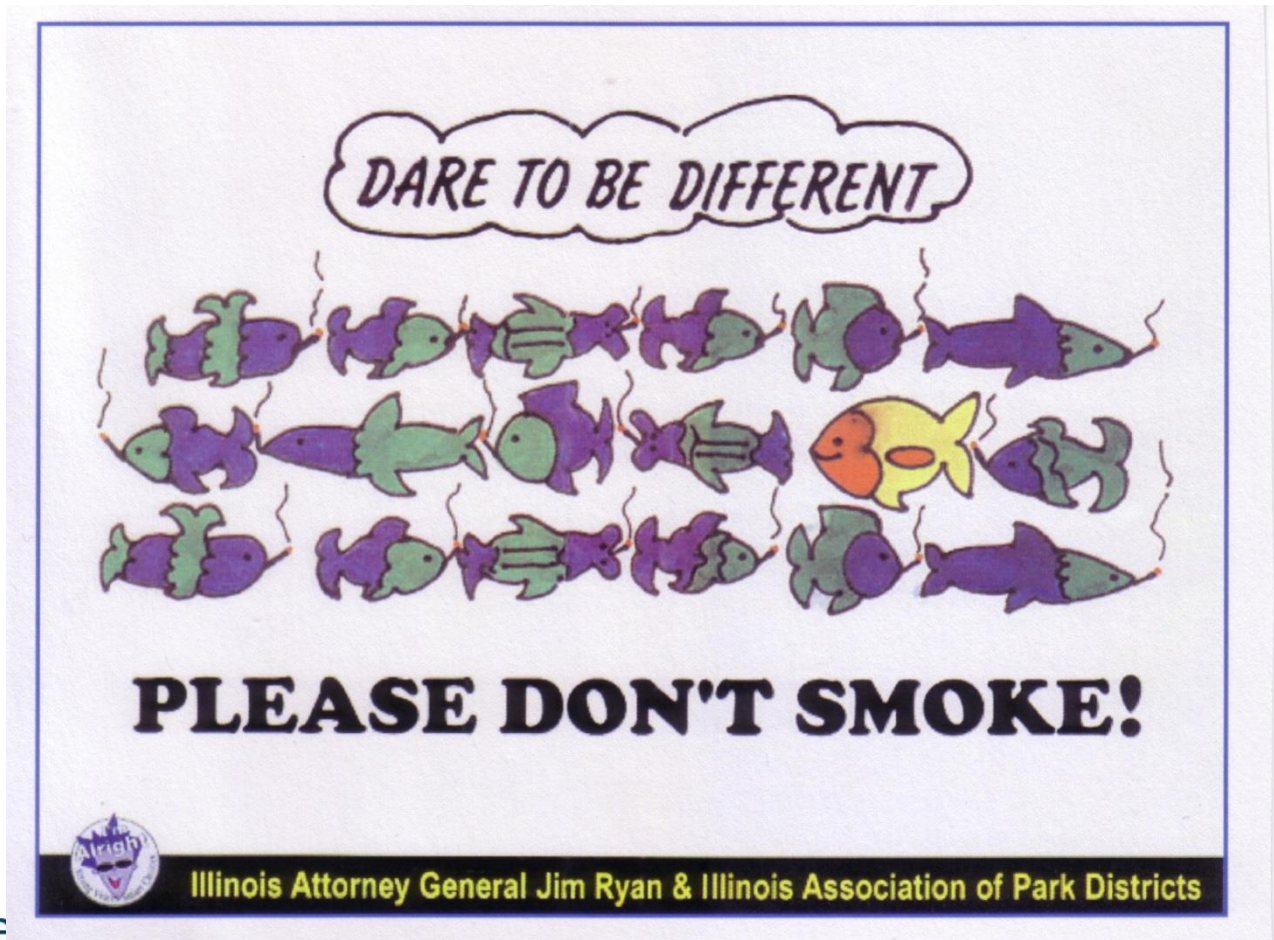
Fear appeals...





Unintended Consequences

- Sometimes we inadvertently normalize exactly what we are trying to prevent!





Unintended Consequences

- Notice that the majority of the fish are smoking, making it look like the norm behaviour. In fact, the majority of Europeans do NOT smoke.*
- *<http://www.euro.who.int/Document/E89842.pdf>



A Positive, Normative Approach





Injunctive norms

- Besides of the 'descriptive norms', use can also be made of 'injunctive norms'
- Injunctive norms are addressing attitudes regarding some specific behaviour...
- ...the perception of these attitudes...
- ...and the misperception of the attitudes
- E.g.: what is one's position regarding cannabis use?



Example of injunctive norms

We collected data on personal and perceived peer attitudes towards illicit substances using the questions “Which of the following best describes your attitude to using each of these substances?” and “Which of the following do you think best describes the attitude of most (at least 51%) of the female/male students at your university to the use of each of these substances?”. Response options were:

- ‘Never ok to use’

- ‘Ok to use occasionally if it doesn't interfere with study or work’

- ‘Ok to use frequently if it doesn't interfere with study or work’

- ‘Ok to use occasionally even if it does interfere with study or work’

- ‘Ok to use frequently if that is what the person wants to do’.

Helmer S. et al., Preventive Medicine 67 (2014) 204–209



Social Norms Approach is a Paradigm Shift

- Social Norms practice is based on a long-term relationship
- It is a new approach to behaviour change
- It does not assume, lecture or terrorize
- It is a relationship built on trust between the practitioner and the intended audience



Social Norms Approach is a Paradigm shift



- Social norms professionals



**Listening,
Respecting audience and
using accurate data**

- Community members
or Students



Using accurate data...

Most VCU students have 0-4 drinks when they go out.*

Says who...
Sponge Bob?

No, we didn't go to the pineapple under the sea. We got the numbers from you. Student surveys were filled out in random, representative undergraduate classrooms.

Office of Health Promotion
University Student Health Services
Division of Student Affairs

* Most means 67% had 0, 1, 2, 3 or at most 4 when they went out in the two weeks prior. Statistic from VCU Spring 2002 random undergraduate classroom survey, n=810. Questions? Comments? Call Linda 828-7815 or Jim 828-2086.

(1 drink = the alcohol content of 12 oz. Beer or 4 oz. Wine or 1 oz. Liquor)



Various Social Norms Intervention Strategies

- **Social norms marketing**
- **Small group social norms**
- **Online personalized feedback**
- **Brief motivational interviewing**



Social Norms Success

- Hobart & William Smith Colleges, between 1995 and 2000:
 - 30.2% reduction in the number of students who are frequent heavy drinkers (defined as 5 or more drinks in a row, 3 or more times in the last 2 weeks)
 - 21% decline in the perceived percentage of heavy (5+) drinkers



Social Norms Success

- From 2001 to 2006, the University of Virginia had
 - 25% reduction in odds of freshman having a Blood Alcohol Concentration greater than 0.08 the last time they partied
 - Likelihood of a doubling of freshman experiencing NO negative consequences



Social Norms Success

- Ringsted Project (2001) had reductions for the following behaviours among a group of Danish youth:
 - 38% reduction in smoking
 - 39% reduction in alcohol use
 - 80% reduction in marijuana use



The Cochrane Collaboration®

- Moreira MT, Smith LA, Foxcroft D: Social norms interventions to reduce alcohol misuse in University or College students (Review)
- The Cochrane Library 2009, Issue 3
- <http://www.thecochranelibrary.com>



The Cochrane Collaboration®

- 22 Studies were included (n=7,275)
- Web/Computer-feedback
- Significant reduction for:
 - Alcohol related problems
 - Blood Alcohol Concentration
 - Frequency of drinking
 - Quantity of alcoholic drinks
 - Binge drinking
 - Drinking norms



The Cochrane Collaboration®

- Web/Computer-feedback (WF) is probably effective in reducing alcohol misuse (in students)
- WF had an impact on a large set of outcome variables and is less expensive than individual face-to-face-feedback
- WF is the method to be preferred
- Results of WF were more pronounced in the short term (up to three months)



Social Norms Approach in Europe

- Little by little the social norms research is also growing in Europe.
- In Europe, an 'active group' (a.o. John McAlaney, UK) is working on social norms regarding alcohol use in students
- ESSUS (European Symposium on Substance Use in Students) → Antwerp, 2008, Kosice 2010, Bradford 2012, Bremen 2014, Rouen 2016, Amsterdam 2018, Cluj 2020
- Regular meetings, research and symposia with researchers from different countries



Concrete European studies

- 'Social Norms Intervention for the prevention of Polydrug Use' (SNIPE) – University of Bremen + BE, UK, DK, ES, SK
- 'Profiles of misperception on substance consumption in university students in The Netherlands, Belgium, Denmark, Finland and Sweden' (Cécile Boot)
- European student social norms (John McAlaney – Bradford University)

STUDY PROTOCOL

Open Access

A feasibility trial to examine the social norms approach for the prevention and reduction of licit and illicit drug use in European University and college students

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Abstract

Background: Incorrect perceptions of high rates of peer alcohol and tobacco use are predictive of increased personal use in student populations. Correcting misperceptions by providing feedback has been shown to be an effective intervention for reducing licit drug use. It is currently unknown if social norms interventions are effective in preventing and reducing illicit drug use in European students. The purpose of this paper is to describe the design of a multi-site cluster controlled trial of a web-based social norms intervention aimed at reducing licit and preventing illicit drug use in European university students.

Methods/Design: An online questionnaire to assess rates of drug use will be developed and translated based on existing social norms surveys. Students from sixteen universities in seven participating European countries will be invited to complete the questionnaire. Both intervention and control sites will be chosen by convenience. In each country, the intervention site will be the university that the local principal investigator is affiliated with. We aim to recruit 1000 students per site (baseline assessment). All participants will complete the online questionnaire at baseline. Baseline data will be used to develop social norms messages that will be included in a web-based intervention. The intervention group will receive individualized social norms feedback. The website will remain online during the following 5 months. After five months, a second survey will be conducted and effects of the intervention on social norms and drug use will be measured in comparison to the control site.

Discussion: This project is the first cross-national European collaboration to investigate the feasibility of a social norms intervention to reduce licit and prevent illicit drug use among European university students.

Final trial registration number: DRKS00004375 on the 'German Clinical Trials Register'.

Keywords: Social norms, Prevention, Drug use, Intervention, University/College students, Europe

Background

Licit and illicit drug use remains a major public health threat in Europe. One quarter of European 18–21 year olds and 41% of 21–24 years olds report having consumed an illicit drug (i.e., cannabis, amphetamines, ecstasy, LSD, opiates, cocaine, crack or mushrooms) in their lifetime [1].

Four percent of all European Union (EU) deaths among those aged 15–39 years are drug-related [1]. The harmful use of legal drugs, such as tobacco and alcohol, also continues to be a problem in the EU. For example, in Germany, 21% of young adults report binge drinking at least once a month and 30% of women and 38% of men aged 20–24 are regular smokers [2–6]. Lastly, the use of multiple drugs at the same time (i.e., polydrug use) is widespread in Europe with the majority of drug use combinations including alcohol [1]. To date, no large-

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European student social norms

- How often do you drink enough alcohol to feel drunk?
- How often do you think students of your age at your university drink enough alcohol to feel drunk?
- Never
- Once a month
- 2 – 3 times a month
- 1 day a week
- 2 days a week
- 3 – 4 days a week
- 5 – 6 days a week
- Each day of the week



Reference group

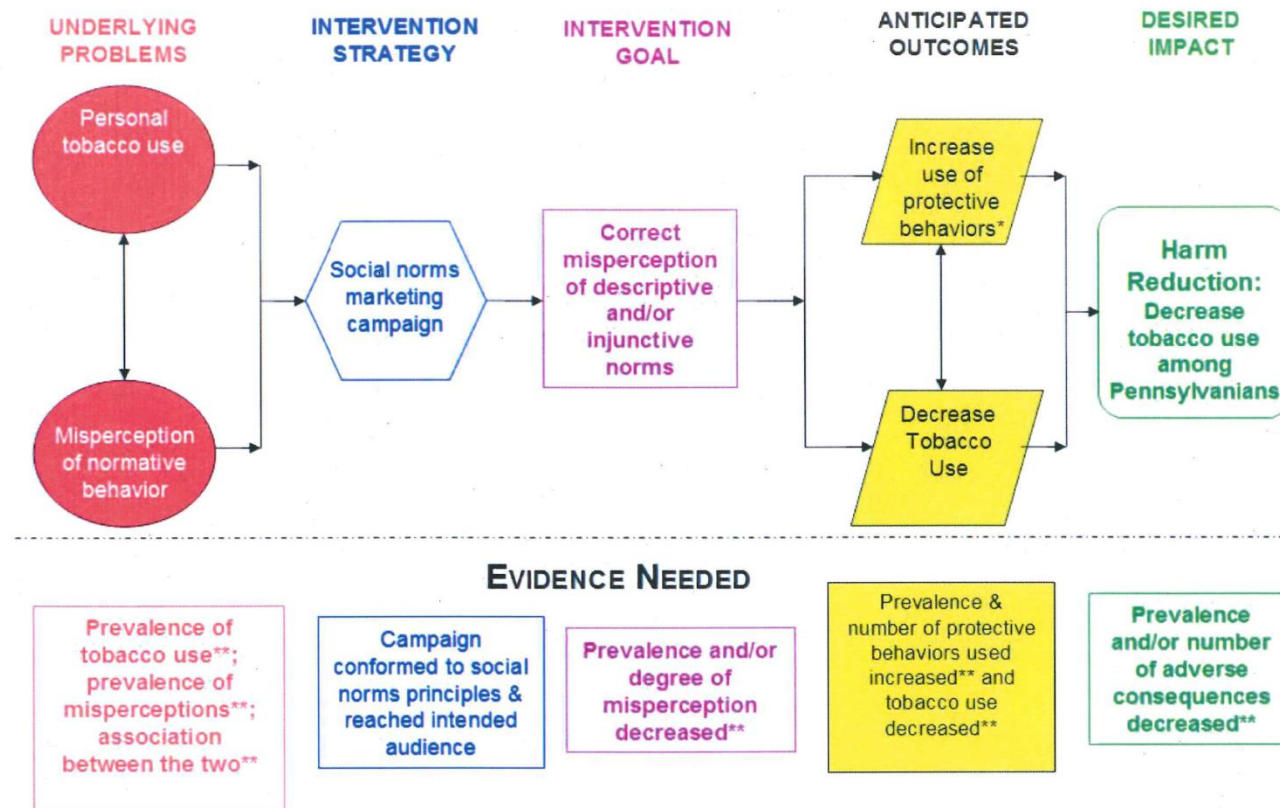
- Students living 'on their own' vs. 'students living with their parents'
- Study Amsterdam – Antwerp
- 'Consumption of tobacco, alcohol and recreational drugs in university students in Belgium and the Netherlands: the role of living situation' (Boot, Van Hal et al.)



Social norms are also culture-bound

- The Netherlands: of people aged over 55 years of age, 75% of males and 69% of females is drinking daily. 19% of males between 55 and 64 years of age is drinking on average 3 glasses or more a day (CBS, 2004).
- Flanders: much less!

In Conclusion...



*If norms for protective behaviors were included in the marketing campaign

**Baseline assessment needed before intervention & follow-up assessment after intervention



Epilogue

- **John McAlaney** was asked to guide us and he accepted
- Support from UAntwerpen possible via master (after master) theses (epidemiology, sociology, youth health care, general practitioner)
- **Carlo** asked me to define SNA in two sentences:
- *People consider the perceived behaviour of their social environment as a reference for their own behaviour. When, wrongly, they estimate this reference behaviour as unhealthier or less desired than really is the case, this so-called 'misperception' can be corrected via the social norms approach, resulting in a modification of the own behaviour based on the 'correct', more desirable norms.*



