

Original article

## Relations between normative beliefs and initiation intentions toward cigarette, alcohol and marijuana

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### Abstract

**Purpose:** To examine the relations between normative beliefs and intentions to initiate cigarette, alcohol, and marijuana use among adolescents reporting no prior use.

**Methods:** An anonymous questionnaire was administered to 6,594 seventh- to twelfth-grade students in northeast Ohio. Separate analyses were conducted on sub-samples of respondents reporting no prior use of each substance. Within each of these 3 sub-samples, respondents were classified as holding high-risk intentions if they reported that they intended to begin using that particular substance within the next 6 months or were “not sure” of their intentions. Those reporting that they did not intend to start using a substance were classified as holding low-risk intentions. Multivariate logistic regression analyses examined the relations between normative beliefs and intention status (low- vs. high-risk), while accounting for socio-demographic characteristics.

**Results:** Across all 3 substances, normative beliefs were stronger predictors of intention status than socio-demographic variables. Higher levels of perceived acceptability and perceived prevalence were associated with holding high-risk intentions. Normative belief measures assessing close friend and sibling reference groups were much more important in explaining intention status than those assessing other reference groups (e.g., same age peers).

**Conclusions:** Among adolescents with no prior use, normative beliefs concerning close friends and siblings may play an important role in the catalysis and support of intentions to initiate substance use. These findings challenge the utility of primary prevention strategies that provide normative feedback based on rates of substance use among distal reference groups. © 2005 Society for Adolescent Medicine. All rights reserved.

### Keywords:

Normative beliefs; Cigarettes; Alcohol; Marijuana; Adolescence

Over the last 25 years, research has found that a wide range of variables contribute to the etiology of adolescent substance abuse. A comprehensive review of this literature suggests that the risk factors can be grouped into 5 broad categories: genetic vulnerability [1–4], developmental stages and age of onset [5], psychosocial characteristics [6–8], parenting practices [9–11], and peer influences [12,13]. These sets of risk factors interact to jointly deter-

mine the extent to which an adolescent becomes involved in substance use and abuse [14]. Furthermore, among adolescents who smoke, drink alcohol, and/or use other drugs, there is heterogeneity to the contribution of various risk factors. Thus, the manifestation of substance abuse during adolescence is a problem that can be explained by complex, probability models comprised of multiple pathways.

An area of research that is much less understood are the conditions that catalyze and support the formation of intentions to initiate substance use in adolescents with no history of prior use. The formation of an intention to initiate use of a particular substance most likely involves shifts in attitude

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and motivation, but the transition from intending to not use to intending to “try it,” in the months just prior to onset, is not well documented in the research literature [15]. This line of inquiry is particularly important to the primary prevention of substance use; that is, the purposeful design of interventions seeking to inhibit intentions or reduce readiness to initiate use of a substance. Identification of risk factors that appear during the 6-month period prior to initiation could point to tailored intervention strategies [15].

Among the relatively small number of studies that have attempted to examine pre-initiation transitions, one weakness is a narrow focus on only 1 drug or an overly broad focus on “drugs” in general [15]. Another problem is the premature application of stage theory models to the pre-initiation experience of adolescents. The Trans-Theoretical Stages of Change Model, for example, was designed to explain how individuals change existing problem behavior, not how the behavior came to be acquired by the individual [16]. As some research has suggested, the changes in disposition toward drug use during adolescence and young adulthood may occur rapidly and not follow expected sequences or be readily characterized as “stage” transitions at all [17–19]. Thus, it is not clear that the initial use of a substance in adolescence is necessarily preceded by a series of distinct motivational stages. However, salient high-risk intentions most likely are formed prior to initiation and little is known about the conditions under which this specific transition occurs. The present study addresses this knowledge gap by assessing pre-initiation intentions for cigarettes, alcohol, and marijuana, the most commonly used substances among adolescents [20].

This study examines the possibility that normative beliefs play a role in catalyzing high-risk intentions to initiate use of a substance. During adolescence, changes in intent may be instigated by shifts in normative beliefs about a drug. The Theories of Reasoned Action [21] and Planned Behavior [22–29] have used constructs representing “subjective norms” to explain intentions to use alcohol and tobacco. However, work on these closely aligned theories has so far not led to the description and measurement of carefully specified normative beliefs [30].

In contrast, an emerging framework identified as Social Norms Theory [31,32], focuses specifically on the role of normative belief as a determinant of risk behavior. Social Norms Theory maintains that individuals align many of their health and social behaviors with their beliefs about the prevalence and acceptability of the same behaviors in their environment. Indeed, a number of studies have found that normative beliefs are highly correlated with substance use and abuse in adolescents [33,34] and college students [35–38]. Thus, evidence-based, primary prevention programs, such as Life Skills Training [39], All-Stars [40], and Project Alert [41] have employed normative education strategies to instill conservative norms and to inhibit the initiation of substance use. Yet, normative beliefs have not been tested

for their ability to explain initiation intentions in non-using adolescents.

We hypothesized that among adolescents with no prior substance use, higher levels of perceived acceptability and perceived prevalence of a particular substance would be associated with holding high-risk intentions. Based on previous research [33–35,37,38], we also expected to find that the most robust predictors of initiation intentions would be normative beliefs pertaining to close friends and siblings.

## Methods

### *Participants and procedures*

An institutional review board provided human subjects approval for the study. Data were collected from 9 public school districts located in northeast Ohio over a 3-year period. Six school districts were located in urban/suburban communities with above-average to high socio-economic status. One district was small and rural, with relatively high levels of high poverty. Another district was located in a small city also with high poverty and the final district was in an urban, middle-class area.

All students in grades 8, 10 and 12 in the participating schools were invited to participate in the study. The data were collected by teachers that had been trained to follow a standardized set of administration procedures. From a script, teachers read information about the purpose of the study and the risks of participation. Students were informed that their participation was voluntary, that they could not be linked to their responses, and that they could decline to participate without penalty. Teachers were instructed to remain at the head of the classroom, to not examine student answer sheets, and to prevent students from talking to one another so that they worked independently. To ensure privacy, students placed their optical scan answer sheets in a large envelope upon completion.

In the total sample ( $N = 6,524$ ), 50.1% were girls. The mean age was 15.2 years. A majority (89.6%) identified themselves as white, followed by African-American (3.2%), multi-racial (2.2%), and other minorities (5.0%). Most of the respondents (78.3%) lived with 2 parents. The largest proportion of respondents (43.8%) identified themselves as “B” students, followed by “A” (37.0%), “C” (17.3%), and “D” (1.8%). Participation in extracurricular activities was reported by 76.3% of the respondents. A majority (57.0%) indicated that they worked 1–10 hours a week at a job. Only 18.4% reported that they held no job.

### *Assessment of normative beliefs*

Two types of normative beliefs were assessed in the study. Measures of *injunctive* norms assessed the extent to which students believe various reference groups would approve of them starting to use cigarettes, alcohol, and marijuana. Using 5-point Likert scales ranging from “strongly

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