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## Scope of the Problem: Misperceptions of Alcohol and Drugs

### *Prevention Through Correcting Misperceptions of Alcohol and Other Drug Norms: Notes on the State of the Field*

By H. Wesley Perkins  
Professor of Sociology, Hobart and William Smith Colleges

A growing body of research suggests that misperception of peer norms may increase tolerance for alcohol and other drug (AOD) problems in higher education. Put simply, students typically overestimate drug use and overestimate the permissiveness of their peers. Peers in reality are more moderate in both use and attitudes, and more peers are nonusers than most students think (Perkins, 1991). While alcohol and other drugs can create pervasive and devastating problems on most campuses, misperceptions exceed the prevalence and severity of actual AOD use. These misperceptions fuel the problem behavior: students end up following an illusion or distorted image of their peers and adopt behavior beyond what personal attitudes would otherwise lead them to do. As a result, the perception of heavier AOD consumption becomes a partially self-fulfilling prophecy: problem use actually does become more widespread as some students drink or use at higher levels because they incorrectly perceive that such behavior conforms to that of their peers.

When the concept of misperceptions was first introduced as a prevention issue almost ten years ago (Perkins and Berkowitz, 1986), the phenomenon was largely untested beyond my own campus. The picture has changed substantially since then as very similar patterns have been reported in large and small colleges and universities nationwide. Generalizing from subsequent work in this field, five basic points emerge as applicable on most campuses:

1. The gap between actual and perceived norms exists regardless of the type of drug.
2. Misperceptions persist across historical cohorts. Left unattended, these misperceptions are passed on from one class to the next.
3. Similar misperceptions of peers exist in junior high and high school. Students come to college with a misperception of the campus norm that grows worse after arrival.
4. Misperceptions extend across gender, extracurricular, and housing subpopulations. Regardless of constituency and personal AOD use, students are likely to be "carriers" of the misperception, passing it on in conversation and reinforcing it in the culture.
5. These misperceptions have a potentially significant effect on most students' personal AOD use in addition to and independent of the influences of personal attitudes and actual norms on a campus. Misperceptions help activate and reinforce the already permissive attitudes of some students. They simultaneously place pressure on other students with more moderate attitudes leading to heavier consumption and adverse consequences regardless of whether the campus' actual AOD norms are moderate or relatively permissive.

Unfortunately, the development of programs to address these misperceptions is still in its adolescence. A variety of reliable survey techniques are emerging now to collect data on norms and misperceptions. Mass marketing strategies such as newspaper articles, advertisements, poster campaigns, and media events that publicize true norms and help reduce misperceptions have been

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introduced on several campuses with notable success. Focused workshops and orientation programs that allow students to reveal their true attitudes and to contrast actual norms in a group with misperceptions have also been developed. We need more techniques, however, and more studies about effectiveness.

Other important work on misperceptions is in its infancy. Due to budget and personnel constraints, we may not be able to spread the word effectively to every student. We may therefore need to decide who are the most important targets for changing misperceptions. Identifying students who are most vulnerable to going along with the perceived norm, whose perceptions are most distorted, and who respond best to attempts to correct their misperceptions are important issues for future study. We also need to see how program intervention on misperceptions can be integrated with other intervention strategies, such as curriculum infusion.

Finally, we need to resolve the potential conflicts with programming that attempts to raise perceptions of AOD use risks. Because students who perceive greater risks may be less likely to use drugs, some programs have attempted to raise students' consciousness about risks. Unfortunately, such a strategy may inadvertently exacerbate the misperception that one's campus is highly permissive as more attention is focused on risky behaviors of students. So we need to be cautious about the side effects of other well-intentioned programming efforts in heightening misperceptions (see sidebar article on page 3).

For additional information, including examples of techniques that have been tried on various campuses, write the author at Hobart and William Smith Colleges, Geneva, NY 14456, phone: (315) 781-3437, fax: (315) 781-3422, or e-mail: PERKINS@HWS.EDU.

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## Viewing the Glass More Empty than Full

By H. Wesley Perkins

Professor of Sociology, Hobart and William Smith Colleges

Students tend to think most of their peers practice and support more alcohol use than is actually the case, and this belief in a false norm has its own negative impact on the community as a partially self-fulfilling prophecy (see "Prevention Through Correcting Misperceptions of Alcohol and Other Drug Norms" in this issue). Thus we need to be careful about how we actually discuss these problems so that our public discussion does not feed the misperception.

Let's take concern about frequent binge drinking as an example. Typically, one might report a finding that 25 percent of students on a campus are frequent binge drinkers. Given the tremendous risks of this behavior to oneself and others, one might understandably be alarmed by the thought that about 500 students in a small college (enrolling, say, 2,000), or as many as 10,000 students in a large university (enrolling, say, 40,000), are frequently drinking large quantities in one sitting. Yet simply announcing this finding to a student body also contributes to an overall sense that alcohol abuse and student life go hand in hand and indirectly helps reinforce the false notion that most students view frequent intoxication as acceptable.

What if we would report, instead, that 75 percent—1,500 students at the small college or 30,000 students at the large university—are not potentially high-risk binge drinkers. It is the old question of viewing the glass half full or half empty, but, in this case, the question is really whether the glass is one-quarter full or three-quarters empty.

If we focus on the incidence of abuse, then the majority patterns or true norms—what most students do and what they prefer—tend to get lost in students' consciousness about their peers. Negative advertising about pervasive drinking problems on campus and the risks associated with it may end up being counterproductive as students' highly excessive misperceptions of the student norm become even more inflated. Thus it might be more helpful to report data a bit differently by focusing on the majority and creating a more positive mindset about acceptable social norms. Of course the actual data remain the same, whether presented negatively as incidence rates or positively as the lack thereof, and concern about those who are heavy alcohol consumers should not be neglected. We must consider the impact of the message on those who receive it, however. If the point is to establish the need for programming or to raise the concern of administrators, then the incidence of problems should be reported. However, when given the problem percentages, most students are not likely to go the extra step in their thinking to invert the calculation and think about who the dominant group of peers really is. Making students aware that the majority do not want and are not a part of the alcohol abuse on their campuses should be the first priority in presentations to students.