

## Adolescent Judgments of the Personal, Prudential, and Normative Aspects of Drug Usage

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Group-administered questionnaires were used to examine the social judgments of 139 9th- and 12th-grade students regarding drug usage. Subjects were divided into groups on the basis of self-reported drug use. Low-drug-use and high-drug-use subjects of both grades tended to view drug use as a matter of personal discretion or prudence rather than an issue of morality or social convention. High-drug-use subjects were more likely than low-drug-use subjects to view drug use as a personal rather than prudential issue and to view the behavior as less harmful and less wrong. They were also more likely to view themselves as the only authority with regard to drug use and less likely to view parents or the law as authorities. There were no significant age effects.

Over the past several years, a variety of intrapersonal and interpersonal attributes have been identified as correlates of adolescent drug use (Kandel, 1980). For example, recent studies have shown that it is possible to predict drug use from specific personality characteristics that are identifiable at as early as 3 years of age (Block, Block, & Keyes, 1988). Although several of these personality characteristics have been conceptualized as personality traits (e.g., depression, impulsivity, and hostility), other variables are more clearly related to an individual's specific cognitions, that is, to the individual's beliefs and values. For instance, adolescent drug use has been associated with unconventionality, including a low value on achievement and a high tolerance for deviance (Brook, Lukoff, & Whiteman, 1980; Jessor & Jessor, 1978; Labouvie & McGee, 1986). Although these data provide a useful picture of general value orientations associated with patterns of drug use, we know relatively little about how adolescents conceive of the value dimensions of drug use. Thus, we have surprisingly little information about the rational factors that might contribute to adolescent engagement in this behavior. As a corollary, we also know little about the interrelationships between developmental changes in children's social understandings and their involvement in drug use.

At the heart of the evaluative component of drug use is the way in which the potential harm or benefits of such behavior are conceived. There are two aspects to this issue. The first is whether harm is caused and whether the perceived benefits

outweigh the harm caused by drug use. The second is whether the harm caused makes engagement in the behavior wrong. This latter question is itself interwoven with considerations of whether the perceived harm extends to others besides the user. Orford (1985) has proposed a model of drug use in which decisions to engage in the behavior are generated out of the individual's calculations of the perceived costs or benefits to the user.

This notion of a cost-benefits calculus receives support from findings that higher levels of drug use are associated with a diminished belief in the harm caused by that usage (O'Malley, Bachman, & Johnston, 1988). These findings, however, tell us little about how the issue of harm is construed. Society regulates drug use on the grounds that it harms not only the user but also others, including society in general. From this societal perspective, then, substance abuse is a moral and social organizational issue and not simply a matter of personal discretion. Therefore, an unanswered question is to what extent is drug use associated with the view of this behavior as being a "victimless crime" in which matters of harm impinge solely on the user?

The purpose of this study was to examine the relationship between adolescents' substance use and their conceptions of such behavior. The framework was the domain model of social development (Turiel, 1983). Within that model, a distinction is drawn between conceptions of morality, which entail categorical and prescriptive judgments of right and wrong about issues of interpersonal harm and justice, and conceptions of social convention (consensually determined norms that maintain social structure, Nucci & Turiel, 1978; Turiel, 1983). These two developmental systems, which structure concepts of interpersonal and societal regulation, are in turn distinguished from concepts of personal issues or areas of private behavior that impinge primarily on the self (Nucci, 1981). When reasoning about the latter set of issues, children emphasize the personal choice or preferences of the actor and interpret the need for such prerogative in terms of psychological integrity and personal identity (Nucci, 1981; Smetana, 1988).

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More recently, Tisak and Turiel (1984) have expanded the domain analysis of issues of harm and personal decision making by examining children's concepts of actions resulting in potential or actual self-harm. Such prudential issues are similar to matters of morality in that they result in harm to persons. They differ from moral issues, however, in that they do not proscribe features of social relationships. Thus, there is an element of free choice in the case of prudential events because they do not involve others' welfare as do moral events (Tisak & Turiel, 1984, p. 1037). The harm entailed in prudential events, however, provides a nonarbitrary basis for action choices not implied in those actions (e.g., choice of hairstyle or the content of one's diary) that constitute the nonprudential areas of the personal domain. Thus, although prudential actions, like other actions in the personal domain, involve only the self, the inherent features of the acts (harm caused) may form the basis for judgments of acts as unacceptable or wrong rather than simply as nonpreferred.

As is readily apparent from our earlier discussion, the issue of drug use potentially falls within each of the areas of social understanding identified within the domain model. Studies examining the relationships between social reasoning and action regarding similarly complex social issues, in which the role of personal choice and moral or societal regulation is ambiguous (e.g., abortion; Smetana, 1982), have found that subjects' domain placement of behaviors is significantly related to each individual's behavior. Accordingly, we anticipated finding a significant relationship in this study between subject engagement in drug use and domain placement of the behavior.

The one prior study (Berndt & Park, 1986) that has directly examined children's concepts of drug use from a domain perspective suggests that children see engagement in such behavior as an essentially personal matter. Berndt and Park reported that elementary school children evaluated drug use as something outside the legitimate boundaries of school authorities and as a matter of personal discretion to be evaluated in terms of the perceived risks and benefits to the actor. Although the results of that study are suggestive, issues of drug use were not the sole focus of investigation. Subjects were quite young, and the drug-use issues were of a minor nature. In addition, responses were not analyzed in terms of subjects' degree of engagement in substance use.

In a related study, Tisak and Rogers (1987) focused on the legitimacy of parental authority in regulating children's and adolescents' contact with drug-using friends. Consistent with Berndt and Park (1986), these investigators found that children differentiated between parental authority in matters entailing interpersonal moral issues and matters of drug use. In contrast, however, with the Berndt and Park findings regarding teachers' authority to regulate drug use, the subjects in the Tisak and Rogers study judged parents to have the authority to limit children's access to drug-using friends on the grounds of potential harm to the child. These findings suggest that children's and adolescents' views of issues related to drug use are likely to be heterogeneous and that understanding children's and adolescents' conceptions of this issue will require careful attention to the way in which judgments of harm, prerogative, wrongness, and authority are interrelated.

We addressed these issues in our study through a group-ad-

ministered questionnaire that anonymously assessed 9th- and 12th-grade high school students' self-reported drug use and their conceptions of such behavior. Subjects were asked to indicate how harmful, as well as how wrong, they judged occasional and regular use of several substances. In addition to eliciting simple judgments of wrongness, subjects in the study were presented with questions that allowed us to determine whether they viewed the use of a given substance to be a matter of interpersonal morality, societal convention, personal prerogative, or prudential judgment. Finally, we also examined adolescents' beliefs about who should have authority to regulate one's drug behavior.

In light of previous findings (O'Malley, Bachman, & Johnston, 1988), we anticipated that higher levels of drug use would be related to expectations of lesser harm as well as of a lower likelihood that such behavior would be viewed as wrong. We also expected that high rates of drug use would be associated with conceptions of substance use as a personal or prudentially acceptable matter. In keeping with our expectation that high rates of drug use would be associated with conceptions of such behavior as a matter of personal choice, we hypothesized that high-drug-use subjects would also be more likely to indicate that the self constitutes the only legitimate authority over one's drug use. In addition, on the basis of numerous studies reporting that association with drug-using peers is related to an individual's drug behavior (Burkett & Jensen, 1975; Ellis & Stone, 1979; Jessor & Jessor, 1977; Kandel, 1973), we hypothesized that high-drug-use subjects would be more likely to view friends than parents or other social agents as a legitimate source of authority in this area of activity.

In contrast, we expected the low-drug-use subjects to view drug use as both more harmful and wrong than their high-drug-use counterparts and to be more likely to view the behavior as wrong because of harm caused to the self (prudentially unacceptable) or to others (morally unacceptable). Because we expected low-drug-use subjects to be less likely to view drug use as a purely personal matter, we also hypothesized that they would be less likely to see the self as the only authority in this context and would be more likely to include parents, school, church, and the law as having legitimate authority to regulate one's drug use.

Finally, we anticipated that development would interact with the way in which adolescents conceptualize each of these issues. Systematic age-related shifts in the domain placement of social issues have been observed in cases (such as gender-related activities; Stoddart & Turiel, 1985) in which the action impinges on more than one facet of social reality (e.g., gender conventions and personal identity). As we noted earlier, the issue of drug use may be seen as content for more than one domain. Accordingly, our developmental hypotheses dealt with age-related changes in subjects' domain placement of drug use.

A central aspect of adolescent development is the establishment of autonomy and areas of personal authority (Smetana, 1988; Youniss & Smollar, 1985). Because the issue of drug use is at least partially bound by considerations of personal choice and individual autonomy, we anticipated that, irrespective of subjects' own levels of drug use, older adolescents would be more likely than younger ones to treat drug use as a matter of prerogative to be regulated by the self. The expected trend to-

ward autonomy notwithstanding, we also anticipated that the perceived harm caused by drug use would lead adolescents (particularly low-drug-use subjects) to view some forms of the behavior as wrong. In this regard, we recognized that the expanded sociomoral perspective characteristic of adolescent moral development (Kohlberg, 1984) might be associated with an age-related increase in the tendency to view drug use as having a negative impact on others. That is, we might observe a shift with age among subjects who view the behavior as wrong, moving toward a view of drug use as a moral issue and moving away from the tendency to view the behavior as wrong simply for prudential reasons (harm to self). Last, because we anticipated that adolescent judgments about drug use would center primarily on issues of harm and personal discretion, we did not expect developmental changes in the conventional domain to have much impact on subjects' tendencies to consider drug use as a conventional issue.

## Method

### Subjects

Subjects were 139 9th- and 12th-grade students (75 male and 64 female) attending a public high school in a suburban neighborhood of a large midwestern city. The high school student body reflected a racially and ethnically integrated population, ranging in socioeconomic status (SES) from working class to upper-middle class. The community where the high school is located was designated an "all-American city" by the U.S. Chamber of Commerce. Ninth-grade subjects were drawn from four health classes, because this is a required course during freshman year. Twelfth-grade subjects were drawn from four senior English classes representing the spectrum of students in the high school. Subjects were the students in these classes who volunteered to participate and for whom parental permission was received (more than 90% of the students in these classes participated).

### Measures

Two sources of data collection were used: (a) the Self-Report of Drug Use scale and (b) the Social Values Inventory questionnaire. The Self-Report of Drug Use scale consisted of nine items assessing the following behaviors: drinking a few beers, getting drunk on beer, drinking one or two drinks of hard liquor, getting drunk on hard liquor, using marijuana, cocaine, crack, hallucinogens, and heroin. Following the format used in a well-validated measure of delinquency, which includes a substance abuse scale (Blakely, Kushler, Parisian, & Davidson, 1980), subjects were asked to indicate the number of times during the previous year that they had engaged in the behavior. A standard, closed-end format questionnaire was used with six response alternatives ranging from *never* (1) to *use on 18 or more occasions* (6). In more than a decade of research on the prevalence of substance use among high school youth, O'Malley et al. (1988) have used a similar, closed-end questionnaire to assess individuals' substance use over a 1-year period. The alpha coefficient for the nine-item Self-Report of Drug Use scale used in this study was .85. The validity of this self-report measure was further demonstrated by the fact that self-reported use rates of alcohol, marijuana, and cocaine among the 12th-grade subjects were found to be quite similar to those reported in national surveys of similar age cohorts (Johnston, O'Malley, & Bachman, 1987). Moreover, the findings of numerous other studies using self-report data on drug use point to the high validity of this type of measurement (Block et al., 1988; Jessor & Jessor, 1977; Single, Kandle, & Johnston, 1975).

The Social Values Inventory was developed for this study on the basis

of pilot interviews with 22 individual adolescents. (Results of these interviews may be obtained from Larry Nucci, Nancy Guerra, or John Lee.) Though questionnaire methods are not generally used in studies of children's social concepts, we determined that use of an anonymous instrument was ethically necessary if we were to elicit subjects' self-reported drug use. The inventory is divided into four sections that assess various components of subjects' judgments of various social behaviors, including drug use. The inclusion of nondrug items was to control for response set bias.

In Section 1 of the questionnaire, subjects rated the wrongness of various behaviors (27 items), using a 5-point Likert scale ranging from *not wrong* (1) to *extremely wrong* (5). The behaviors rated included occasional and regular use of legal (e.g., cigarettes), quasi-legal (e.g., alcohol), and illegal (e.g., marijuana, hallucinogens, cocaine, heroin, and crack) drugs as well as 16 behaviors that conformed to standard definitions (Nucci, 1981; Smetana, 1982; Tisak & Turiel, 1984) of moral (e.g., hitting or stealing), social conventional (e.g., use of surnames to address teachers), personal (e.g., content of one's diary), and prudential issues (e.g., wearing a motorcycle helmet).

Section 2 elicited subjects' judgment of the degree of harm associated with each of the drug items as well as with actions generally regarded as healthy (e.g., exercise) and unhealthy (e.g., being overweight). A 5-point Likert scale was also used with each of the 17 items, with responses ranging from *not harmful at all* (1) to *extremely harmful* (5).

Section 3 was designed to elicit subjects' domain placement (i.e., moral, conventional, personal, and prudential) of each of the items included in Section 1. For each item, subjects were to respond to the following statement: "Imagine that there were no rule, law, or social objection to the behaviors listed. . . . If there were no rule, law, or social objection about \_\_\_\_\_, I believe it would be:" Subjects could respond by selecting one of five boxes, each of which corresponded to a criterion judgment (right or wrong) and justification category found in interview studies to be associated with a particular domain (Davidson, Turiel, & Black, 1983; Nucci, 1981; Tisak & Turiel, 1984). The five possible responses were as follows: *all right because there is no rule* (social convention), *perfectly all right whether there is a rule or not* (personal), *all right, but foolish because it harms yourself* (prudentially acceptable), *wrong because it harms yourself* (prudentially unacceptable), and *wrong because it harms someone else* (moral).

Validity of this questionnaire method of assessing domain placements was determined by comparing subjects' treatment of standard conventional, personal, prudential, and moral items with what would be expected on the basis of published studies that use interview methods (Davidson, et al., 1983; Nucci, 1981; Tisak & Turiel, 1984). There were no age or drug-use effects on subjects' classification of standard items. Because this measure represented a new instrument for assessing domain placement, we included data on standard items from a second cohort who had been administered the Social Values Inventory questionnaire in estimating the validity and internal consistency of this portion of the questionnaire. The mean number of subjects placing standard items within their expected categories exceeded 80% for each category: conventional, 84.3%; personal, 86.5%; prudential (prudentially acceptable and prudentially unacceptable combined), 94.2%; and moral, 92.3%. Chi-square tests examining internal consistency of item placements within categories were nonsignificant.

Section 4 of the inventory was designed to elicit subjects' judgments of which person or institutions (self, friends, peers other than friends, parents, school, church, or law) should have the authority to govern the subject's drug-related behaviors. For each item, subjects were permitted to check each authority that applied.

### Procedure

Subjects were administered the two measures as a single questionnaire, with the Self-Report of Drug Use scale administered last. As-

assessment was conducted in health or English classes during the regular school day. Students were told that they were participating in a study interested in students' attitudes about behaviors common to teenagers. They were informed that their responses would be anonymous and completely confidential. The administrators of the questionnaire (one male and one female graduate student) briefly reviewed the measures and remained available to answer questions of clarification during the session. All students completed the measures in approximately 1 hr. No difficulties in understanding the items in the measure were noted.

## Results

### Overview

An initial set of analyses was performed to determine the effects of gender on concepts of drug use. These analyses revealed no significant main effects for gender. Therefore, in subsequent analyses, gender was not included as a variable.

On the basis of overall scores from the Self-Report of Drug Use scale, subjects were divided into two usage status groups—high drug usage and low drug usage—using median splits within each grade level. Overall scores were used because subjects' relative usage level on the various drugs was highly correlated ( $r = .89$ ). Because an initial analysis of variance (ANOVA) revealed a significant Use  $\times$  Grade interaction,  $F(1, 135) = 5.31$ ,  $p < .05$ , median splits within each grade level were used to establish the two usage groups. Of the 64 subjects in the high-drug-use group, there were 25 ninth-grade subjects and 39 twelfth-grade subjects. Of the 75 subjects in the low-drug-use group, there were 38 ninth-grade subjects and 37 twelfth-grade subjects. There was an unequal distribution of 9th-grade subjects into low- and high-drug-use groups because scores from 14 ninth-grade subjects were at the median, and those subjects were included in the low-drug-use group. These groups differed markedly in their patterns of drug use.<sup>1</sup>

Relatively few subjects in this study reported having engaged in the use of either heroin or hallucinogens. Although subjects' conceptions of these illegal substances essentially paralleled their responses about the other drugs, we restricted our formal analyses reported here to subject responses to the three drug items more directly familiar to our sample—alcohol, marijuana, and cocaine.

### Ratings of Wrongfulness and Harmfulness of Drug Use

Ratings of the wrongfulness and harmfulness of drug use for each of the three drugs and the two usage levels were averaged to generate each subject's aggregate score for wrongfulness and harmfulness, respectively. These data were analyzed within separate 2 (grade)  $\times$  2 (use) ANOVAs. As expected, subjects' ratings of the wrongfulness of drug use were related to their degree of involvement in the behavior. There was a significant main effect for use,  $F(1, 135) = 20.60$ ,  $p < .0001$ , with low-drug-use subjects rating drug use to be more wrong ( $M = 3.86$ ) than was rated by high-drug-use subjects ( $M = 3.23$ ). There was, however, no main effect for grade, nor was there a significant Grade  $\times$  Use interaction.

In parallel with these findings, subjects' ratings of the harmfulness of drugs were also related to their self-reported level of drug use. Low-drug-use subjects rated drug use to be more

harmful ( $M = 4.05$ ) than did high-drug-use subjects ( $M = 3.45$ ),  $F(1, 135) = 19.37$ ,  $p < .0001$ . As with the wrongfulness ratings, there was no significant effect for subject grade and no significant Grade  $\times$  Use interaction in subjects' ratings of the harmfulness of drug use.

### Domain Placement of Drug Use

The frequencies (in proportions) of the drug-use items that subjects placed within each domain are presented in Table 1. Because these data, as a whole, are ipsitive, they were analyzed in two passes. First a 2 (grade)  $\times$  2 (use)  $\times$  3 (domain) ANOVA with domain as a repeated measure was conducted on transformed (square-root arcsine) proportions of subjects' placement of drug-use items in the moral, conventional, or personal domains. This analysis revealed a significant main effect for domain,  $F(2, 256) = 7.37$ ,  $p < .001$ . Post hoc analyses using Tukey's honestly significant difference (HSD) revealed that overall, subjects were more likely to view drug use as a personal ( $M = 0.12$ ), rather than a moral ( $M = 0.08$ ) or conventional ( $M = 0.06$ ), behavior. No significant differences were found in subjects' tendency to place drug use in the moral or conventional domains. There was a significant Use  $\times$  Domain interaction,  $F(2, 256) = 5.44$ ,  $p < .005$ . Inspection of the means and subsequent 2 (grade)  $\times$  2 (use) ANOVAs contrasting group means within domains indicated that this interaction resulted from the greater tendency of high-drug-use subjects ( $M = 0.176$ ) in relation to low-drug-use subjects ( $M = 0.07$ ) to classify drug use as a personal issue,  $F(1, 128) = 12.62$ ,  $p < .001$ . These analyses revealed no significant grade or use effects for either the moral or conventional domains.

In the second analysis, we conducted a 2 (grade)  $\times$  2 (use)  $\times$  3 (domain) ANOVA with domain as a repeated measure on the transformed proportions of subjects' placement of drug items in either the personal, prudentially acceptable, or prudentially unacceptable categories. Again, there was a significant main effect for domain,  $F(2, 256) = 43.71$ ,  $p < .0001$ . Post hoc analyses revealed significant differences in subjects' placement of

<sup>1</sup> The self-reported drug-use behaviors of these four groups included the following: For the 9th-grade low-drug-use group, no subject reported having gotten drunk more than once. Ninety-seven percent reported never having smoked marijuana, and 100% reported never having used cocaine or other hard drugs. For the 12th-grade low-drug-use group, 67% reported never having gotten drunk more than 5 times, 70% reported never having used marijuana, and 76% reported never having used cocaine. None reported having used either of these drugs more than 5 times. In contrast, 88% of the 9th-grade high-drug-use subjects and 98% of the 12th-grade high-drug-use subjects reported having gotten drunk more than 5 times; 33% of these 9th graders and 77% of these 12th graders reported having gotten drunk in excess of 18 times. Seventy-two percent of the 9th-grade high-drug-use subjects and 98% of the 12th-grade high-drug-use subjects reported having used marijuana; 28% of these 9th graders and 56% of these 12th graders reported using marijuana 6 or more times. Finally, 33% of the 9th-grade high-drug-use subjects and 87% of the 12th-grade high-drug-use subjects reported having used cocaine; 30% of these 9th graders and 40% of these 12th graders used cocaine more than 6 times, with 13% of the 9th graders and 23% of the 12th graders having used cocaine in excess of 18 times.

Table 1  
*Domain Placement of Drug Items*

Group	Judgment				
	Moral	Conventional	Personal	Prudentially acceptable	Prudentially unacceptable
9th grade					
Low use					
<i>M</i>	.12	.02	.05	.20	.62
<i>SD</i>	.28	.06	.10	.24	.30
High use					
<i>M</i>	.06	.06	.19	.26	.42
<i>SD</i>	.19	.11	.25	.30	.34
12th grade					
Low use					
<i>M</i>	.08	.04	.09	.28	.51
<i>SD</i>	.19	.09	.10	.30	.34
High use					
<i>M</i>	.05	.10	.16	.25	.44
<i>SD</i>	.17	.22	.20	.24	.32

*Note.* Numbers are frequencies in proportion of drug items. Moral = wrong because harmful to others; Conventional = all right if no rules against it; Personal = all right, rules or not; Prudentially acceptable = all right but foolish; Prudentially unacceptable = wrong because harmful to self.

drug items. Subjects were most likely to classify drug items as prudentially unacceptable ( $M = 0.51$ ), next most likely to classify drug items as prudentially acceptable ( $M = 0.25$ ), and least likely to classify drug items as purely personal ( $M = 0.12$ ). There was also a significant Use  $\times$  Domain interaction,  $F(2, 256) = 4.73, p < .01$ . This interaction was due to the greater tendency of high-drug-use subjects to treat drug use as a purely personal matter relative to low-drug-use subjects, although they were less likely ( $M = 0.43$ ) than low-drug-use subjects ( $M = 0.57$ ) to view drug use as prudentially unacceptable,  $F(1, 128) = 3.85, p < .05$ . A two-way ANOVA revealed no significant effects for use or grade for subject placement of drug items in the prudentially acceptable category.<sup>2</sup>

Contrary to our expectations, we did not observe significant overall age effects on subjects' domain placement of drug items. In neither of the three-way analyses did we observe a significant Grade  $\times$  Domain or Grade  $\times$  Use  $\times$  Domain interaction. Because our original hypotheses regarding grade effects were framed in terms of shifts within specific domains (i.e., moral or personal), we examined the means for these behavioral categories individually. There appeared to be a tendency for low-drug-using 9th graders to be less likely to treat drug use as a personal behavior than low-drug-using 12th graders, who in turn placed drug use within this category at a rate similar to that of high-drug-use subjects (see Table 1). This trend, however, reached only marginal significance (Grade  $\times$  Use,  $p < .09$ ). No significant effects were observed for subjects' placement of items in the moral domain.

*Judgments of Authority With Respect to Drug Use*

Table 2 presents the percentages of subjects who indicated that a given person or institution had legitimate authority to

regulate one's drug use. Because subjects were free to check all categories, the resulting data were considered to be a set of binomial decisions. Because parametric ANOVAs have also been justified with binomial data under conditions with sufficient sample size (D'Agostino, 1971; Lunney, 1970), a 2 (grade)  $\times$  2 (use) ANOVA was performed on the data from authority judgments on each of the following authority categories: self, friends, parents, and law. Inferential statistical analyses were not conducted for data pertaining to peers, school, or church and religion because less than 10% of the subjects indicated that these persons or institutions had legitimate authority in the area of drug use.

*Self as the only authority.* One of our main hypotheses was that drug use would be associated with a view of the behavior as a purely personal matter. Accordingly, for the purposes of our analysis, a subject was considered to have viewed himself or herself as the only authority with respect to this behavior if the subject checked "self" and no other authority category. In this regard, the 2 (grade)  $\times$  2 (use) ANOVA revealed a significant main effect for use,  $F(1, 134) = 7.98, p < .005$ . As was expected, high-drug-use subjects were nearly twice as likely as low-drug-

<sup>2</sup> Subjects' placement of a given type or level of drug use as personal, prudentially acceptable, or prudentially unacceptable represented a second, independent level of evaluation beyond the determination of the harmfulness of substance use. The independence of these two judgments is illustrated by findings regarding occasional alcohol use. Although there were no differences between high- and low-drug-use subjects' judgments of the harmfulness of occasional alcohol use (all subjects tended to view this behavior as relatively benign), low-drug-use subjects were five times as likely as high-drug-use subjects to view occasional alcohol use as a prudentially unacceptable issue and as more wrong than were high-drug-use subjects.

Table 2  
*Subjects' Judgments of Authorities Who Should Be Able to Regulate Drug Use*

Group	Authority						
	Self*	Friends	Peers	Parents	School	Church	Law
9th grade							
Low use							
<i>M</i>	.28	.16	.11	.45	.14	.13	.54
<i>SD</i>	.34	.32	.28	.39	.27	.30	.36
High use							
<i>M</i>	.45	.11	.10	.17	.06	.03	.38
<i>SD</i>	.39	.22	.15	.27	.21	.17	.39
12th grade							
Low use							
<i>M</i>	.21	.16	.08	.29	.10	.07	.59
<i>SD</i>	.27	.29	.21	.35	.22	.21	.32
High use							
<i>M</i>	.36	.23	.14	.17	.08	.07	.41
<i>SD</i>	.33	.32	.24	.26	.21	.20	.35

*Note.* Numbers are proportions of subjects in each group who checked authority categories. Rows sum to more than 100 because subjects could choose all authorities that applied.

\* Percentage of subjects who checked "self" and no other category.

use subjects to view themselves as the only authority with regard to one's drug use. There was, however, no significant main effect for grade, nor was there a significant Grade  $\times$  Use interaction.

*Friends.* As can be seen in Table 2, there was a modest tendency for subjects to view friends as having a legitimate voice with regard to one's drug use. Subjects from each group were equally likely to check this category; there were no significant main effects or significant interactions revealed in subjects' endorsement of friends as authorities (overall  $M = 0.17$ ).

*Authority of parents.* The 2 (grade)  $\times$  2 (use) ANOVA analyzing subjects' judgments of parents as authorities with respect to drug use revealed a main effect for use,  $F(1, 134) = 12.84$ ,  $p < .001$ . As we expected, low-drug-use subjects were almost three times as likely as high-drug-use subjects to view parents as authority figures. Interestingly, the frequency with which high-drug-use subjects endorsed parents as authorities ( $M = 0.17$ ) was the same as the frequency with which they endorsed friends. There was no significant main effect for grade and no significant Grade  $\times$  Use interaction.

*Law.* Overall, the law was sighted as a legitimate authority by about half of the subjects in this study. Similar to our findings for parental authority, a significant main effect for use was revealed,  $F(1, 134) = 7.50$ ,  $p < .01$ . The low-drug-use subjects were more likely than high-drug-use subjects to cite law as a legitimate authority in regulating drug use. As with the parent category, there was no significant main effect for grade and no significant Grade  $\times$  Use interaction.

## Discussion

The findings of this study confirm the general proposition that adolescents view drug use to be primarily an intrapersonal matter of individual discretion rather than an area of activity

where propriety is determined by social norms or by moral concerns for the welfare of others. Consistent with previous reports (Berndt & Park, 1986), relatively few subjects in this study classified use of alcohol or illegal drugs as a matter of either convention or morality. Most subjects, including non-users, indicated that drug use is a matter of personal prerogative or prudence. This result lends support to the distinction drawn by Tisak and Turiel (1984) between conceptions of intrapersonal (prudential) and interpersonal (moral) forms of harm.

Contrary to our expectations, there were no significant age-related changes observed in subject views of drug use as a personal, prudential, or sociomoral issue. Coupled with Berndt and Park's (1986) findings with elementary school-aged children, the domain placement results cannot be simply attributed to the restricted age range in this study. The results of both studies indicate that the most salient features of this behavior, from the individual's perspective, do not systematically shift with age and do remain centered on personal choice and individual consequences.

In keeping with previous speculation regarding adolescent concepts of drug use (Orford, 1985), subjects' judgments of the acceptability of such behavior were closely related to judgments of the harm caused by occasional or regular ingestion of various substances. High-drug-use subjects, as in previous studies (O'Malley et al., 1988), tended to discount the harm caused by drugs. High-drug-use subjects were also far more likely than low-drug-use subjects to treat drug use as a purely personal issue without prudential ramifications. Conversely, low-drug-use subjects were more likely than high-drug-use subjects to classify drug use as wrong because of harm caused to the self. It is worth noting in this context that, although judgments of harmfulness and acceptability were closely associated, the findings of this study mitigate against a simple cost-benefits explanation for adolescent drug use (Orford, 1985). Subjects in this

study went beyond simple evaluations of the harm caused by a given type or level of drug use when generating judgments of the acceptability of the behavior. That is, subjects' placement of a given type or level of drug use as personal, prudentially acceptable, or prudentially unacceptable represented a second, independent level of evaluation beyond the determination of the harmfulness of drug use. (See Footnote 2.)

The observed differences between low- and high-drug-use subjects in their views of the acceptability of drug use and the differential tendencies to place drug use in the personal domain were paralleled by findings regarding who has legitimate authority to regulate behavior in this area. In concert with the general tendency to consider drug use as a matter of individual discretion, a number of subjects in each group indicated that the self was the only legitimate authority over one's drug use. In line with other studies (Tisak & Rogers, 1987; Tisak, Tisak, & Rogers, 1989), we also found that subjects in all groups included only intimates (parents and friends, but not peers) among individuals other than the self as having a legitimate role in regulating one's drug usage. This too is consistent with the general proposition that drug use is seen as an individual rather than interpersonal activity. As such, only those persons with intimate relations to the actor would have a legitimate basis for comment or intervention regarding such behavior. Finally, and again in line with previous studies (Berndt & Park, 1986), we found that very few subjects (users and nonusers alike) considered institutional authorities other than the law (i.e., school or church) to have legitimacy with respect to drug use. The findings regarding school and church are consistent with the fact that subjects in this study did not classify drug use as an issue of general social convention. The inclusion of the law as an authority, however, implies that adolescents regard it as legitimate for society to regulate behavior that may cause harm to its members. Our findings with regard to the law should be interpreted with some caution, however, because in our pilot interviews, subjects both acknowledged the power of society to make laws regulating substance abuse and simultaneously maintained that it might be legitimate to ignore those laws on the grounds that one has the ultimate authority to risk harm to one's self.

Within these general trends, there were substantial differences in high- and low-drug-use subjects' views of authority. High-drug-use subjects were far more likely than low-drug-use subjects to regard the self as the only legitimate authority in the area of personal substance use. Correspondingly, high-drug-use subjects were less than half as likely to view adult (i.e., parents) or institutional authorities (i.e., the law) as having legitimacy in this area. Indeed, high-drug-use subjects were as likely to rate friends as they were to rate parents as authorities regarding the regulation of one's drug use. These findings are at variance with earlier reports indicating that adolescents acknowledge the legitimacy of parental authority in the area of drug use (Tisak & Rogers, 1987). In their study, however, Tisak and Rogers did not examine their data in terms of subjects' levels of drug use. The findings of this study do indicate that high-drug-use subjects are both more likely to view the behavior in personal terms and, correspondingly, to discount parental authority. A question not answerable in this study, because of our focus on adolescence, is whether these same drug-use-related patterns in views of parental authority would hold for younger children.

The relationship found in this study between subjects' domain placement of drug use and their own behavior is consistent with explanations of the link between judgment and action that view domain placement of complex social issues, such as drug use or abortion (Smetana, 1982), as integral to decisions regarding social actions (Turiel & Smetana, 1984). In this case, subjects' behavior was a function of whether drug use was seen in personal or prudential (acceptable or unacceptable) terms. This finding lends support to the distinction Tisak and Turiel (1984) have drawn between conceptions of personal and prudential issues. The findings of this study, however, are not in themselves evidence that these two forms of intrapersonal decision making constitute discrete conceptual and developmental systems. These data are equally consistent with interpretations of prudential judgments as a subset of the personal (Berndt & Park, 1986), entailing the coordination of personal reasoning with considerations of the potential self-harm entailed in a given behavior. Judgments in which harm considerations predominate would probably lead to different behavioral outcomes but would not necessarily follow a different developmental trajectory from other forms of personal reasoning. Such a view would be in accord with findings (Killen, Leviton, & Cahill, 1989) that adolescents view decisions of whether to engage in self-harm in terms of personal rights. Although developmental analyses have been conducted of subjects' conceptions of personal issues (Nucci, 1977), no structural-developmental analyses have been conducted of subjects' conceptions of self-harm. The results of this study point to the importance of such future research, both in terms of needed clarification within the domain model as well as in contributing to our understanding of the relationship between conceptual development and children's and adolescents' engagement in acts of self-harm.

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