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Substance use capital: Social resources enhancing youth substance use

Capital drogue: ressources sociales augmentant l'utilisation de drogues chez les jeunes

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Abstract

Background. Social capital is described as a protective factor against youth substance use, but it may also be associated with behaviours that do not enhance health. The present study hypothesized that ‘substance use capital’, i.e. resources favourable to substance use, is a risk factor for substance use and misuse.

Methods. We used baseline data from the ongoing Cohort Study on Substance Use Risk Factors (C-SURF) that included a representative sample of young Swiss men (N = 5,623). Substance use (alcohol, cannabis, 15 illicit drugs, lifetime use, hazardous use and dependence), substance use capital (parental and peer attitudes towards substance use, parental and peer drug use, perceived norms of substance use) and aspects of social capital (relationships with parents and peers) were assessed. Logistic regressions were calculated to examine the relationships between substance-related resources with substance use.

Results. Results showed that substance-related resources was associated with an increased risk of substance use (OR=1.25-4.67), controlling for environmental and social resources. Thus, a drug-friendly environment facilitated substance use and misuse. Moreover, the results showed that peer environments were more drug-friendly than familial environments.

Conclusion. In conclusion, this study highlighted a concept of ‘substance use capital’, which may be useful for advancing both theoretical and applied knowledge of substance use. Indeed, substance use is not only associated with a lack of social resources, but also with specific drug-friendly social resources coming from environment and background.

Key words: Drugs; Family; Health behaviour; Protective factors; Risk factors; Social capital.

Résumé

Position du problème. Le capital social est décrit comme étant un facteur de protection pour la consommation de substances chez les jeunes. Cependant, il peut aussi être associé à des comportements néfastes pour la santé. La présente étude fait l'hypothèse que des ressources sociales favorables à l'utilisation de substances (c'est-à-dire un « capital drogue »), est un risque pour l'utilisation et l'abus de substances.

Méthode. Les données de la première vague d'enquête de l'étude de cohorte C-SURF (Cohort Study on Substance Use Risk Factors) auprès d'un échantillon représentatif de 5,623 jeunes hommes suisses ont été utilisées. La consommation de substances (alcool, cannabis, 15 autres drogues illicites, initiation, consommation hasardeuse, dépendance), le capital drogue (attitude des parents et des pairs à l'égard de la drogue, consommation de drogues de la famille et des pairs, perception des normes de consommation de substances) et des aspects du capital social (relations avec les parents et les pairs) ont été mesurés. Des régressions logistiques ont été utilisées afin de tester les liens du capital drogue avec la consommation de substances.

Résultats. Les résultats montrent que les ressources liées au capital drogue sont associées à un risque accru de consommation de substances (OR=1.25-4.67), en contrôlant pour les ressources environnementales et sociales. Ainsi, un environnement favorable à la consommation de drogues facilite la consommation et l'abus de substances. Par ailleurs, les résultats montrent que l'environnement amical est plus favorable à la consommation de drogues que l'environnement familial.

Conclusion. En conclusion, cette étude propose l'existence d'un concept de « capital drogue », qui peut être utile aussi bien du point de vue théorique qu'appliqué dans le champ de la consommation de substances. En effet, la consommation de drogues n'est pas seulement associée

à un manque de ressources sociales (de capital social), mais aussi à un environnement spécifique favorable à la consommation de substances.

Mots clé: Capital social; Drogues; Facteurs de protection; Facteurs de risque: Famille; Santé.

Substance use capital: Resources enhancing youth substance use

BACKGROUND

Substance use among youth is a serious public health problem, and it is necessary to properly understand its origins and risk factors in order to reduce that use (1). Substance use is a well-studied topic and several risk and protective factors have been highlighted. Generally speaking, it involves interacting environmental, social and individual factors (2-5). A useful framework often used to understand social reasons for youth substance use is the concept of social capital.

However, the studies referring to social capital often focused on its positive consequences, and the fact that social capital may also have noxious or harmful effects is under-investigated (6). To fill in this gap, this study examined both sides of the social capital and showed how different social factors were likely to enhance youth substance use by creating a 'substance use capital'.

The social capital framework

Social capital has been studied through two different schools: American and European (7). For the European school, Bourdieu (8) extended the idea of economic capital to other areas, such as social capital, cultural capital and symbolic capital. All these forms of capital are resources available to the individual and facilitate social mobility. For the American school, social capital is synonym of social connections which facilitate action and have a collective value (9). Social capital includes structural components, i.e. networks and connectedness, shared norms and values, and also associational life (10); and cognitive components, i.e. sociability, such as trust, social support or social cohesion (11). Social capital is also divided in two types: bonding and bridging social capital (9). Bonding social capital results from homogeneous social networks, i.e.

groups of similar people, such as families or gangs, and therefore enhances trust and reciprocity.

Bridging social capital results from heterogeneous social networks, i.e. connections across heterogeneous groups of people, such as hobby clubs or organizations. The socialization with people from different backgrounds increases cooperation and reduces stereotypes.

Most of the time, studies referred to the American school, and described positive effects of social capital (6). Indeed, as Putnam said, “*social capital makes us smarter, healthier, safer, richer, and better able to govern a just and stable democracy*” (9, p. 290). These positive outcomes were especially pointed out among youth, e.g. improve in health, and decrease in delinquency (9, 12). However, some studies also highlighted negative consequences of social capital, i.e. ‘the dark side of social capital’. Indeed, social capital may lead to social intolerance, cleavages, problematic group behaviour and deviant behaviour in youth (6, 9, 12-14). The ‘dark side of social capital’ appeared mostly related to bonding ties (9), because bonding social capital may reinforces social cleavages between groups. The European school can provide a better understanding of these negative effects of social capital. Indeed, the conceptualization of social capital as a resource is more neutral: It can include both positive and negative aspects, according to the relationships people build and the environment where they grew and lived.

Social capital and youth substance use

At the individual level, positive effects of social capital are usually expected for substance use (i.e. to reduce substance use), as it is the case for other outcomes. Therefore, social capital may be protective against substance use. Several studies showed association of social capital with healthy behaviours (15-18). Previous studies often associate increases in drug use with a lack or loss of social capital, e.g. moving home (19), not being raised in a two-parent family (20, 21),

being raised in a disrupted family with a lack of parental attachment (4, 22-24), a lack of bonds with peers (16) or a lack of civic engagement (18). However, substance use is not necessarily associated with low or lack of social capital. Supportive communities of drug users (i.e. bonding social networks), such as acquaintances with deviant peers (15, 25-28) or growing up in a drug-friendly environment may enhance youth substance use (16). These factors are also social resources, which can contribute to behaviours that do not enhance health and positive outcomes.

Resources enhancing youth substance use: a ‘substance use capital’

Indeed, a large body of literature identified familial and social factors susceptible of enhancing substance use. The purpose of this study was not to do a complete review of these factors, but to identify the main ones that act as resources for substance use behaviours.

Regarding familial factors, parental drug use results in an increased substance use on the next generation (29). A history of parental and sibling substance use is a risk factor for adolescent substance use (1, 4, 23, 30), and early onset of substance use is more likely to occur in such contexts (31, 32). Parental attitudes toward drugs and associated permissiveness also influence adolescent drug use (1, 33). For example, favourable attitudes toward cannabis significantly increase adolescent initiation of cannabis use (34). Children learn how to behave in the familial environment (11, 35), so a history of familial substance use and tolerance toward drug use may facilitate children’s drug use.

Regarding peer-related factors, affiliation to deviant peers is a well-known risk factor for adolescent substance use (5, 36-39). First, these deviant peers may exert peer pressure, i.e. the ‘pressure to think or to behave along certain peer-prescribed guidelines’ (40). Peer pressure plays a major role in the development and continuation of substance use during adolescence and early

adulthood (41-49), and peer substance use is described as a necessary condition and a key explanatory variable for adolescent substance misuse (28, 50, 51). Overall, peer network has also been described as a factor of increased substance use behaviours (26).

Perceived norms of substance use also affect substance use among adolescents and young adults. Indeed, the perception of what 'normal' behaviour is influences peoples' behaviour (52), and perceived peer norms are important in early adolescence (27) because adolescents are sensitive to the behaviour of the larger peer group. Studies reported that the perception of heavy substance use among peers was associated with higher substance use (27, 53-56).

All these factors are resources that facilitate youth substance use, and are likely to create a drug friendly environment. However, no study compared these factors related to a 'substance use capital' with other social resources protective against substance use, focusing on both family and peers factors. Thus, no integrative view of the resources for substance use behaviours is available.

Therefore, this study investigated social capital's resources in relation with substance use (alcohol use, cannabis use, and other illicit drug use) at the individual level. It aimed to show that social capital is not necessarily associated with healthy behaviours related to substance use.

Thus, we hypothesized that drug-related resources (i.e. a 'substance use capital') would be a risk factor for substance use and misuse. The aim of the study was to give a general overview of the relationship between social capital and substance use. Therefore, the focus was not on the factors themselves, which were already investigated separately in previous studies.

METHODS

Participants and procedures

The present study analysed baseline data collected in the Cohort Study on Substance Use Risk Factors (C-SURF), a study designed to assess substance use patterns and their related consequences on young Swiss men. Participants were enrolled at three of Switzerland's six military recruitment centres; these cover 21 of the country's 26 cantons (including all French-speaking ones) and are located in Lausanne (French-speaking), Windisch and Mels (German-speaking). Army recruitment is obligatory in Switzerland and there is no pre-selection for conscription, so all young men around 20 years old were eligible for study inclusion. We carried out assessment outside the army environment and independently of eligibility for military service. The study focused on baseline data collected between September 2010 and March 2012. Of the 13,245 conscripts informed about the study, 7,563 (57.1%) gave written consent to participate, and 5,990 participants filled in the questionnaire. Missing values were listwise deleted, leaving a sample of 5,623 (94%). Further information on sampling and non-response is available (57, 58). Briefly, nonrespondents were more likely to be substance users and used substances more often. However, differences between respondents and nonrespondents were small. Lausanne University Medical School's Clinical Research Ethics Committee approved the study protocol (Protocol No. 15/07).

Measures

Substance use. Lifetime use of 1) alcohol, 2) cannabis and 3) others illicit drugs (15 drugs, see 59 for details, aggregation in a single score) were assessed. Answers were coded as 0 for 'not used' or 1 for 'used'. Previous 12 months hazardous use of alcohol (coded 1 and defined as '21 or more drinks per week', *versus* coded 0 for 'no hazardous use'), previous 12 months risky single

occasion drinking (RSOD, coded 1 and defined as a ‘weekly ingestion of 6 or more standard drinks on a single occasion’, *versus* coded 0 for ‘no RSOD’) and previous 12 months hazardous use of cannabis (coded 1 and defined as ‘cannabis use at least twice a week’, *versus* coded 0 for ‘no hazardous use’) were assessed (for more detailed information, see 60). Alcohol dependence was defined, as in Knight et al. (61), by an affirmation of 3 out of 7 criteria, and cannabis use disorder was measured using the Cannabis Use Disorder Identification Test with a cut-off at 8 points on scale from 0 to 40 (CUDIT, 62). Both tests were coded 0 for ‘no dependence/no disorder’ and 1 for ‘dependence/disorder’ and assessed for the previous twelve months.

Substance use capital, familial factors. Familial factors included parental values with regards to substance use at age 15 (i.e. alcohol, tobacco and cannabis use, see 63). A dichotomous score was computed to include both the father’s and the mother’s values related to alcohol, tobacco and cannabis in order to give an aggregated vision of parental permissiveness towards substance use (coded 0 for ‘non-permissive parents’ and 1 for ‘permissive parents’). Parental histories of alcohol and drug problems were also assessed (64). Participants were asked whether their father or mother had ever had a significant drinking and drug problem. Two variables were computed; one for alcohol use and one for drug use, and coded 0 if parents had ever had a problem with a substance and 1 if mother or father had ever had a problem with a substance.

Substance use capital, peer-related factors. Peer history of alcohol and drug problems was assessed. Peer use of alcohol and peer drug use were coded 0 if no close friends had had a significant drinking or drug problem and 1 if at least one close friend had had a significant drinking or drug problem (adaptation of 64). Peer pressure was assessed using recently validated French and German versions (65) of the short version of Clasen and Brown’s original peer pressure index or PPI (40, 66). Questions about peer pressure to use substances were asked

(alcohol use, drunkenness, tobacco use and cannabis use, e.g. *‘How strong is the pressure from your friends to smoke marijuana or to drink beer or alcohol?’*) and answered on a 7-point scale with coding from -3 ‘pressure not to use’ to 3 ‘pressure to use’, with 0 ‘no pressure’. These in turn were recoded using a dichotomous score of 0 for ‘no pressure to use’ for scores from -3 to 0 (see recommendations of 65), and 1 for ‘pressure to use’ for scores from 1 to 3. Finally, perceived norms of alcohol, cannabis and other illicit drug use among peers were assessed by asking participants the following questions: *‘What is the percentage of men your age who drink more alcohol than you do? What is the percentage of men your age who use cannabis? What is the percentage of men your age who use drugs other than cannabis?’* Note: we did not ask for alcohol use *per se* as almost everybody at this age drinks alcohol in Switzerland. For each substance, answers were compared to a reference group of young Swiss men, and coded 1 when participants overestimated peers’ drug use *versus* 0 when participants underestimated or had a correct estimation of peers’ drug use (a 10-percentage point interval around the real value was used as a ‘correct estimation’; for more information about this procedure, see 67).

Environmental and social resources. Well-known variables have been selected to compare social capital to substance use capital. Questions included the absence of parental divorce (coded 0 if parents were divorced and 1 otherwise, for divorce as a proxy of social capital, see 68) and relationships with parents before the age of 18 (coded 0 for when participants mentioned an unsatisfactory relationship with at least one parent, and 1 otherwise; questions were derived from the European School Survey Project on Alcohol and other Drugs, (ESPAD; see 69).

Relationships with peers were investigated, using the subscale of ‘involvement with peers’ from the PPI (e.g. *‘How strong is the pressure from your friends to go to parties, be social, do things*

with other people?'), coded 0 for 'no involvement with peers' (scores -3 to 0) and 1 for 'involvement with peers' (score 1 to 3).

Additional variables. Social and demographic variables that may influence young adults' substance use and social capital were controlled for: these included age and language (French- or German-speaking). As low economic status is associated with higher substance use in early adulthood (30), perceived family income ('below-average income', 'average income', 'above-average income'), level of education (lower secondary, upper secondary, tertiary) and parents' level of education (lower secondary, upper secondary, tertiary) were also controlled for. Previous studies showed that urban areas have higher rates of drug use than rural areas (70, 71), so urbanity (urban area, more than 10,000 inhabitants; rural area, less than 10,000 inhabitants) was controlled for too.

Statistical analyses

We used multivariate analyses to investigate the associations between substance-related resources and substance use. Seven logistic regressions were calculated, one for each substance use-related variable considered to be an outcome variable (lifetime cannabis use, lifetime use of illicit drugs other than cannabis, hazardous alcohol use, RSOD, hazardous cannabis use, alcohol dependence, cannabis use disorder). Lifetime alcohol use was not investigated as nearly all participants used alcohol. All models were run with substance use capital as independent variables, controlling for environmental and social resources (parental divorce, relationships with parents before the age of 18, and relationships with peers) and additional variables (age, language, level of education, parents' level of education, perceived family income and urbanity).

As all independent variables were dichotomous, it was possible to make direct comparisons between odds ratios for the strength of effects.

All analyses were performed using SPSS software, version 21.

RESULTS

Preliminary results

Table 1 presents descriptive statistics for substance use, substance-related resources and environmental and social resources. Most of the participants were lifetime alcohol users (94.4%) and almost half of them had used cannabis at least once (48.0%), whereas other lifetime illicit drug use was less prevalent (17.5%). Hazardous drug use was quite rare (6.3% for alcohol and 9.5% for cannabis), but weekly RSOD was more prevalent (22.5%). Around 10% of the participants had alcohol and cannabis dependence (10.1% and 9.7%, respectively).

With regard to substance-related resources, on average, familial factors displayed a non-drug-friendly environment. Histories of substance misuse were quite low (6.3% for alcohol, 1.3% for drugs) and parents had a tendency not to allow their children to abuse substances (although 29.9% were permissive about drug use). Peer-related factors were more drug-friendly. Around 30% of participants reported having peers with a history of alcohol or drug use. A total of 57.9% of participants felt pressure from their peers to use substances. Moreover, half of the participants overestimated alcohol and cannabis use among their peers (46.3% for alcohol, 52.2% for cannabis), but fewer overestimated the use of other illicit drugs (23.9%).

The three variables related to participants' environmental and social resources were quite high, with more than 74% declaring a good relationship with their parents before the age of 18, an absence of parental divorce and a positive peer involvement in their lives.

Regarding the covariates, a higher education was significantly associated with a lower probability of substance use (hazardous alcohol use, RSOD, hazardous cannabis use, and cannabis use disorder), a higher parents' level of education was also significantly associated with a lower probability of substance use (lifetime cannabis use, lifetime use of illicit drugs other than cannabis, RSOD, hazardous cannabis use, cannabis use disorder), and a older participants had a lower probability of substance use (lifetime cannabis use, lifetime use of illicit drugs other than cannabis, RSOD). Urbanicity was only significantly associated with RSOD (higher probability of RSOD in cities), and perceived family income was not significantly related to substance use. Regarding language, the probability of alcohol dependence was significantly higher for German-speaking participants, and the probability of lifetime cannabis use was significantly higher among French -speaking participants.

Insert Table 1 about here

Associations of substance use and misuse with substance use capital

Associations between substance-related resources and substance use are presented in Table 2 for alcohol use and in Table 3 for illicit drug use. All substance use variables were positively related to substance-related resources, controlling for environmental and social resources and covariates. The only exception was for parental histories of alcohol and drug problems, which were non-significant for three out of seven outcomes (RSOD, alcohol dependence, and lifetime cannabis use). However, the odds ratios were all positive. Overall, a drug-friendly environmental was associated with an increased risk of substance use and misuse (odds ratios between 1.25 and

4.67). Odds ratios were often higher for peer-related factors rather than familial factors, especially for illicit drug use.

Insert Tables 2 & 3 about here

DISCUSSION

This study aimed to investigate the specific social resources and connections that might actually promote youth substance use, i.e. the existence of ‘substance use capital’.

Firstly, descriptive results highlighted that peer-related environments were more drug-friendly than familial environment. Indeed, histories of substance use were more common among peers than in families, and positive attitudes toward substance use were more common among peers (peer pressure to use substances) than in families (negative parental attitudes toward substance use). This result was in line with previous recent studies (28).

Relationships between substance-related resources and substance use showed that all of the familial and peer-related factors investigated were significantly related to increase in substance use. These results were not only related to increased initiation, i.e. lifetime use, but also to heavy uses such as hazardous use and dependence in the previous twelve months. Thus, a drug-friendly environment facilitated substance use and misuse, for both licit and illicit substance use. This conclusion was in accordance with our hypothesis. Moreover, peer-related factors were more often associated with a higher risk of substance use and misuse than familial factors (28). These results may be due to the drug-friendly environment existing among peers, with peers being a factor of increased substance use behaviours (26) and also to the fact that parents are less important than peers in young adulthood (63, 72). However, substance-related familial factors

were nevertheless important and were still expressed by significant substance use, as mentioned in previous studies (73-75), especially parental values. The history of parental alcohol and drug problems was the only factor that displayed non-significant associations. This may be due to a lack of power. When considering both parents and sibling substance use (i.e., familial alcohol and drug problems), all the associations were significant (results not shown). Generally speaking, despite the quality of bonds within a social network previously described as associated with youth well-being and healthy behaviours (16-18), some social resources and connections actually promote substance use and unhealthy behaviours (15).

The present study had some limitations. Firstly, this investigation had a cross-sectional design. A longitudinal design would be required in order to better validate the hypothesis that substance use capital was a risk factor for substance use and misuse, by investigating childhood and adolescent familial and peer networks before initiation to substances. Additionally, even relationships between social capital and substance use were not assessed. For example, difficult relationships between parents and adolescents may be due to adolescents substance use, with a reverse causal pathway than expected by social capital theory. Similarly, young substance users could have engaged relationships with deviant peers after starting using substances. Thus, this study only underlined associations, without drawing hypotheses on causal relationships between social capital and substance use. Secondly, no women were included. The study is largely representative of men, but studies including women would be needed in order to establish whether these findings are consistent for both genders. Participants only included Swiss young men, and therefore data related to foreign young people are needed. However, the findings regarding separate familial and peer related factors were in line with those of previous studies,

and thus the results of the current study appeared trustworthy despite these limitations. Thirdly, some factors were assessed using a retrospective view, meaning that there was a potential response bias. Additionally, regarding response bias, it was probable that substance users overestimated family and peers' substance use. Therefore, it should have inflated the positive relationship highlighted in the results. Finally, regarding the assessment of social capital, variables such as number of friends, civic involvement, and social resources of the family should be used. Further studies should investigate these variables to see whether the findings of this study are replicated.

In conclusion, this study pointed out noxious associations of social capital with youth substance use and misuse, opposed to the idealised view of social capital that promotes healthy behaviours and wellbeing. Substance use is not only associated with a lack of resources related to social capital, but also with specific drug-friendly social resources which are the result of the overall social environment and background and should be labelled as a real 'substance use capital'. This concept may be useful for advancing both theoretical and applied knowledge of substance use, and should also be taken into consideration for preventive purposes.

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Table 1. Descriptive statistics for substance use, substance use capital and environmental and social resources

Substance use	% (n)	Substance use capital	% (n)	Social capital	% (n)
Lifetime use		Familial factors		Good relations with parents before 18	74.0 (4,159)
Alcohol	94.4 (5,306)	History of alcohol problems	6.3 (355)	Absence of parental divorce	74.4 (4,185)
Cannabis	48.0 (2,698)	History of drug problems	1.3 (74)	Presence of positive peer involvement	77.4 (4,354)
Other illicit drugs	17.5 (683)	Parental values			
Hazardous use (12 months use)		Peer-related factors			
Alcohol	6.3 (352)	History of alcohol problems	30.7 (1,726)		
RSOD	22.5 (1,267)	History of drug problems	29.9 (1,683)		
Cannabis	9.5 (535)	Peer pressure for substance use	57.9 (3,255)		
Dependence/disorder (12 months use)		Perceived norm of alcohol use			
Alcohol	10.1 (568)	Underestimation/accurate	53.7 (3,018)		
Cannabis	9.7 (543)	Overestimation	46.3 (2,605)		
		Perceived norm of cannabis use			
		Underestimation/accurate	47.8 (2,689)		
		Overestimation	52.2 (2,934)		
		Perceived norm of other illicit drug use			
		Underestimation/accurate	76.1 (4,280)		
		Overestimation	23.9 (1,343)		

Table 2. Multiple logistic regressions for alcohol use according to substance use capital

	RSOD		Hazardous alcohol use		Alcohol dependence	
	OR	95% CI	OR	95% CI	OR	95% CI
Familial factors						
History of alcohol problems	1.26 [#]	0.96-1.63	1.62 [*]	1.08-2.36	1.25	0.89-1.73
Parental values	1.44 ^{***}	1.25-1.67	1.56 ^{***}	1.23-1.99	1.53 ^{***}	1.26-1.85
Peer-related factors						
History of alcohol problems	1.34 ^{***}	1.16-1.54	1.49 ^{***}	1.18-1.89	1.64 ^{***}	1.36-1.97
Peer pressure	2.34 ^{***}	1.98-2.76	1.44 [*]	1.09-1.90	2.47 ^{***}	1.95-3.14
Perceived norm of alcohol use	2.44 ^{***}	2.14-2.79	4.67 ^{***}	3.60-6.13	1.33 ^{**}	1.11-1.59

Results presented are adjusted for relations with parents before 18, absence of parental divorce, peer involvement, age, language, education, parents' level of education, perceived family income and urbanity.

RSOD: risky single occasion drinking.

[#] p < .10; * p < .05; ** p < .01; *** p < .001.

Table 3. Multiple logistic regressions for illicit drug use according to substance use capital

	Lifetime cannabis use		Hazardous cannabis use		Cannabis use disorder		Lifetime illicit drug use	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Familial factors								
History of drug problems	1.30	0.76-2.32	2.09**	1.21-3.52	1.90*	1.10-3.24	2.48***	1.50-4.10
Parental values	1.26***	1.10-1.44	1.62***	1.33-1.98	1.39***	1.14-1.70	1.48***	1.27-1.74
Peer-related factors								
History of drug problems	2.82***	2.49-3.21	3.75***	3.08-4.57	4.10***	3.37-5.00	2.62***	2.26-3.04
Peer pressure	2.21***	1.94-2.52	2.20***	1.73-2.83	2.37***	1.85-3.05	1.88***	1.58-2.27
Perceived norm of cannabis use	1.51***	1.35-1.70	2.27***	1.85-2.81	1.97***	1.61-2.42	-	-
Perceived norm of other illicit drug use	-	-	-	-	-	-	1.30**	1.09-1.53

Results presented are adjusted for relations with parents before 18, absence of parental divorce, peer involvement, age, language, education, parents' level of education, perceived family income and urbanity.

** $p < .01$; *** $p < .001$.