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The influence of conformity and group identity on drink walking intentions: Comparing intentions to drink walk across risky pedestrian crossing scenarios

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ABSTRACT

Despite the dangers associated with drink walking, limited research is currently available regarding the factors which influence individuals to engage in this risky behaviour. This study examined the influence of psychosocial factors upon individuals' intentions to drink walk across four experimental scenarios (and a control condition). Specifically, a 2×2 repeated measures design was utilised in which all of the scenarios incorporated a risky pedestrian crossing situation (i.e., a pedestrian crossing against a red man signal) but differed according to the level of group identity (i.e., low/strangers and high/friends) and conformity (low and high). Individuals were assessed for their intentions to drink walk within each of these different scenarios. Undergraduate students (N=151), aged 17-30 years, completed a questionnaire. Overall, most of the study's hypotheses were supported with individuals reporting the highest intentions to drink walk when in the presence of friends (i.e., high group identity) and their friends were said to be also crossing against the red man signal (i.e., high conformity). The findings may have significant implications for the design of countermeasures to reduce drink walking. For instance, the current findings would suggest that potentially effective strategies may be to promote resilience to peer influence as well as highlight the negative consequences associated with following the behaviour of other intoxicated pedestrians who are crossing against a red signal.

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1. Introduction

Pedestrian crashes represent a significant proportion, approximately 13–14%, of all road related fatalities and serious injuries in Australia (Bureau of Infrastructure, Transport and Regional Economics, 2010; King et al., 2009). In Australia, approximately 45% of these pedestrian fatalities involve pedestrians who are intoxicated or "drink walking", which amounts to around 140 deaths each year (Lang et al., 2003). In Australia, evidence suggests that young persons, aged 17–30 years are an over-represented age group in these alcohol related pedestrian crashes (ATSB, 2001; Lang et al., 2003).

Presently, there is no standard, universally accepted definition of drink walking, which may be attributed to the fact that there is no legal blood alcohol limit for pedestrians. That said, however, researchers such as, Oxley et al. (2006) found noticeable cognitive and physical impairments in road crossing decisions in

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individuals with blood alcohol concentrations (BAC) over 0.05%. Despite the risks associated with drink walking, crash statistics indicate that most fatally and seriously injured pedestrians have a BAC greater than 0.05%, with 80% having a BAC over 0.15 mg/ml (ATSB, 2001; Lang et al., 2003). Analogous to the legal definition of drink driving, however, drink walking is defined herein, as it has been elsewhere (e.g., Lang et al., 2003) as walking in public with a BAC above 0.05 mg/ml. Thus, from the outset it is to be noted that, while it has been long acknowledged that increasing BAC is associated with increased risk taking (Cohen et al., 1958; Lubit and Russett, 1984) and, also, that drink walking with high BAC levels (e.g., ≥0.15 mg/ml) heightens one's risk of being fatally injured in a crash, arguably, to the extent that the risk of (any) injury increases when one is intoxicated even at lower BAC levels (King et al., 2009; Lang et al., 2003; Lenne et al., 2007), the current definition, with the objectivity it offers, is warranted.

Crash statistics indicate that drink walking encompasses a large range of behaviours, including standing, running or sleeping on a road or footpath (Austroads, 2004). According to Austroads (2004), the majority of drink walking fatalities occur when a pedestrian who is intoxicated is walking or lying on the road. Furthermore, in instances where a pedestrian who is intoxicated is walking on the road, the majority of collisions occur when the person who

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