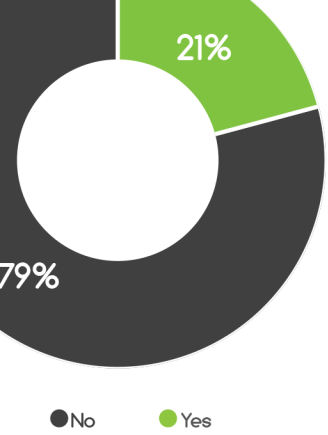
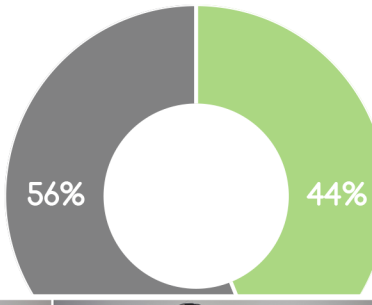
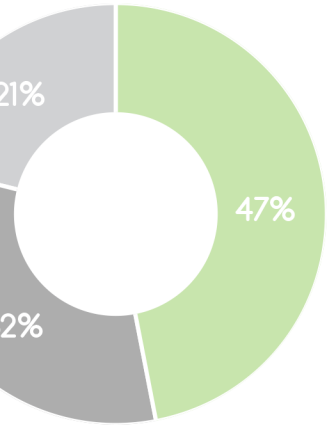


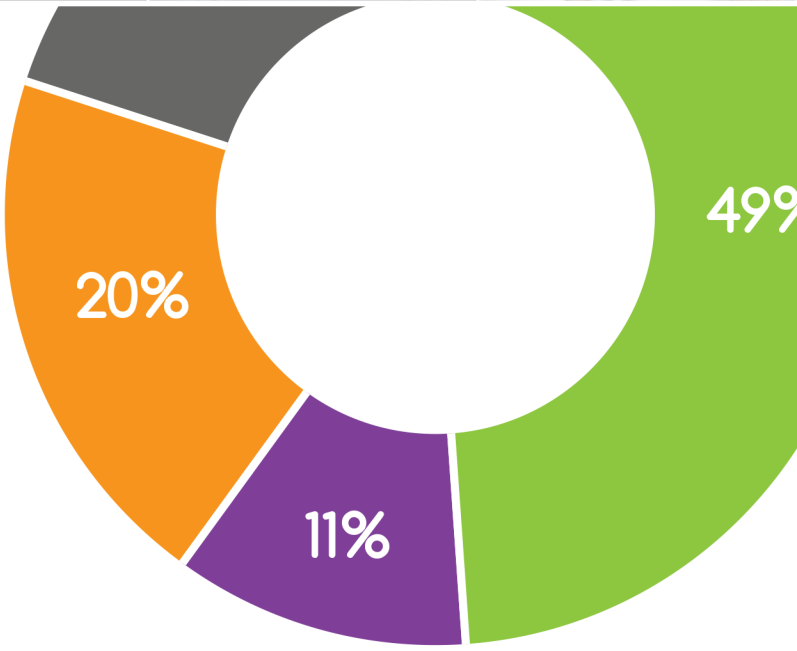


prime for life®

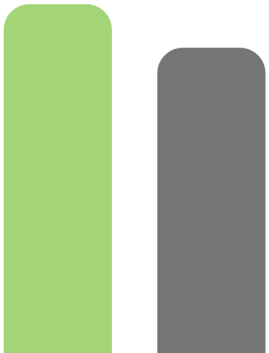
North Carolina program evaluation report



Occasionally Weekly or more



No Mild Moderate Sever



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Prevention Research Institute

Dear Friends:

North Carolina uses Prime For Life® (PFL) with a myriad of groups and individuals including impaired drivers, prevention audiences, college students, and parents. PFL is a motivational intervention designed to reduce the incidence of alcohol- and drug-related problems. This evaluation includes several enhancements beyond those previously completed. This includes combining data across states and using a sampling procedure to ensure the findings accurately represent all participants.

These enhancements allow us to draw firmer conclusions about PFL and to make North Carolina-specific observations. We also used an independent evaluator to conduct the data analyses and draw conclusions. North Carolina instructors once again assisted in the conduct of this evaluation by their high quality use of PFL, and by distributing, collecting, and mailing assessments. For this assessment, we once again made refinements to the questions asked, including the addition of substance use measures consistent with changes in the DSM V.

The findings show PFL instructors — and the programs they work in — are making a difference in the lives of clients and the safety of North Carolina communities. This evaluation confirms that PFL results in intentions to abstain from or reduce consumption, and to avoid impaired driving. Participants also believe the program provided them with the information and resources they need to make these changes, as well as enhanced their knowledge of what matters most in their lives.

Prevention Research Institute (PRI) is pleased to provide instructors the PFL program, ongoing education, and support. We are grateful for the commitment instructors make towards their own development and to client change. The positive results in this evaluation and other reports are a testament to the collaborative partnership between PRI and the state, instructors, and community programs. One of the most gratifying findings about this partnership is more than 80% of these North Carolina participants found this a positive experience; this is despite 95% of participants being mandated to attend. Together, we are truly making a difference towards our joint goal of reducing the problems and devastation caused by high-risk alcohol and drug use.

We are pleased to share this summary of findings. For more information about Prime For Life, visit www.primeforlife.org.

David B. Rosengren, Ph.D.
President

Summary
Prime For Life® is a motivational intervention that provides education and strategies for individuals who have experienced problems due to high-risk alcohol or drug use. A growing body of program evaluations and published research have found two key program benefits. One is participants make positive changes in their risk-related thinking during participation in the program. The other benefit is impaired driving rearrests are lower compared to other programs. In this report, we show findings from data provided by Prime For Life participants in eleven states during 2017 to 2019 with additional information about participants in the state of North Carolina. Participants – in all the states combined – found the program helpful and made meaningful changes. Most rated the program as helpful and many showed improved knowledge and risk beliefs. Additionally, program completers reported they intended to avoid the problematic substance use behaviors they had engaged in before the program. For example, they intended to drink less, avoid drug use, and not drive when under the influence of alcohol/drugs. Importantly, the findings show that Prime For Life positively impacts even those with moderate and severe substance use disorders.

Background
In this analysis, eleven states provided Prime For Life (PFL) to individuals arrested for offenses involving alcohol or drugs. Prevention Research Institute (PRI), a nonprofit organization based in Lexington, Kentucky, developed PFL for indicated prevention. The program is an interactive experience designed to guide participants in adopting accurate beliefs about personal risks and to motivate them toward making lower-risk choices. As part of this, the program provides research-based, low-risk substance use guidelines. More information about the program and research about it are available at https://www.primeforlife.org/ .

Evaluation Specialists (ES), an independent program evaluation firm, conducted these data analyses, drew conclusions based on these findings, and created this report. PRI was responsible for data collection. This included selecting the agencies who participated and distributing questionnaires to them, as well as entering the data. PRI also provided content review of this report, though the conclusions remain those of Evaluation Specialists.

How are "low-risk" and "high-risk" choices defined in PFL?
PFL teaches people that the choices they make can protect the things they value most in life or put them at risk for negative consequences. The program defines these respectively as "low-risk" or "high-risk" choices. Low-risk choices are unlikely to cause injuries or problems in health, relationships, work, or other important life areas. High-risk choices make such negative consequences possible or even likely. In terms of alcohol, PFL's low-risk guidelines (called the "0-1-2-3 guidelines") recommend either abstaining from alcohol or drinking in specified amounts that are unlikely to cause injuries or other problems. These guidelines are based on current research findings. For some people, abstinence from alcohol (0 drinks) is the recommended low-risk choice. This recommendation is for individuals who have already developed alcoholism or are in recovery. For others, the guidelines may vary depending on other factors (e.g., age, illness, other biological risks); regardless, any amount more than three drinks in a single day is considered high risk. Additionally, PFL reminds participants that abstinence is the only low-risk guideline for drugs and that there are some situations where any amount of drinking is considered high risk .

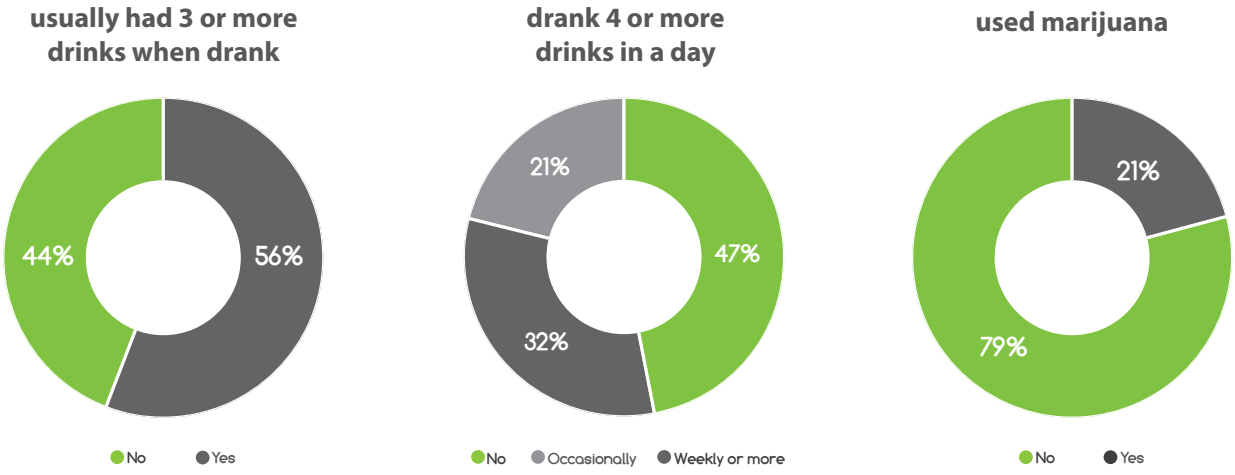
Who participated in this evaluation?
A total of 1,174 people provided the data reported here. These individuals participated in PFL in 79 agencies in eleven states. These states were Georgia, Iowa, Kentucky, Indiana, Montana, New Hampshire, North Carolina, North Dakota, South Carolina, Tennessee, and Utah. Participants were more often from urban (72%) compared to rural (28%) areas. More participants identified themselves as male (71%), with the others as female (28%), transgender/gender nonbinary (1%), or unsure (1%). The majority were Caucasian (70%), with the remaining identifying themselves as African American (17%), Asian American (1%), Hispanic (4%), Native American (2%), mixed (4%), or another race/ethnicity group (2%). Most identified as heterosexual (90%), with the remainder bisexual (4%), lesbian/gay (4%), or questioning (2%). Participants' average age was 35, with representation from across age groups: 1% were less than 18, 25% were 18 to 24, 50% were 25 to 44, and 24% were 45 and older. Many (46%) had never been married. A smaller number (12%) had not finished high school or earned a GED. The remainder had a high school or GED diploma (33%), attended some college or had a two-year degree (40%), or had a four-year degree or higher (15%).

Court systems required most of the respondents (92%) to participate in PFL. Of those, the majority had been arrested for impaired driving (81%). The remaining individuals were arrested for drug possession (7%), underage drinking (4%), underage drinking and driving (2%), or for some other reason (7%).

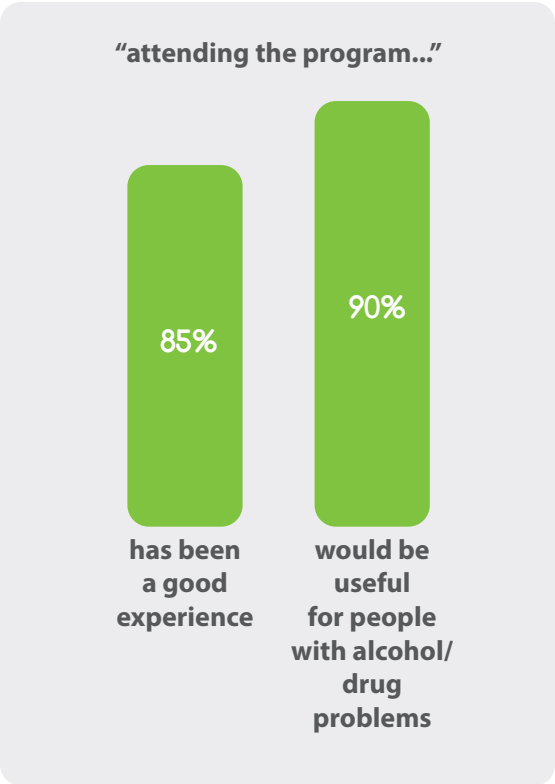
Five things the data show about PFL participants

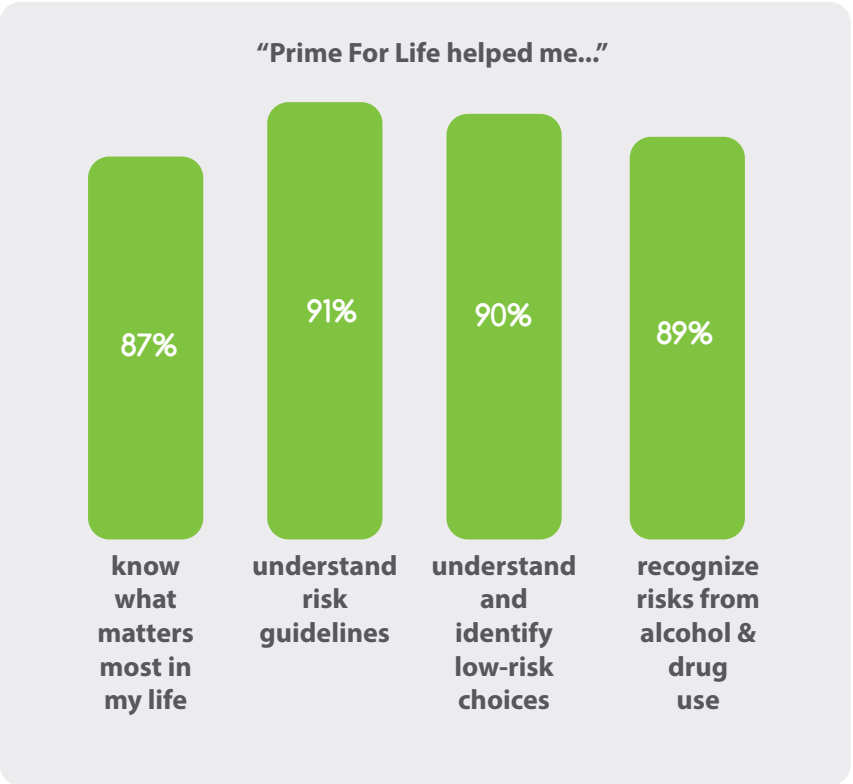
1. Participants' risk before the program most often came from alcohol and -- for some -- marijuana too.
It is common for people to reduce their substance use soon after an impaired driving arrest. Even so, some participants were using substances outside of the low risk guidelines. As shown in the figures, over half of the participants were drinking heavily in the 90 days before participating in PFL. A fifth reported using marijuana. Use of other drugs was uncommon: just 7% reported using prescription drugs for nonmedical purposes and 6% any other drug.

Substance use outside the low-risk guidelines

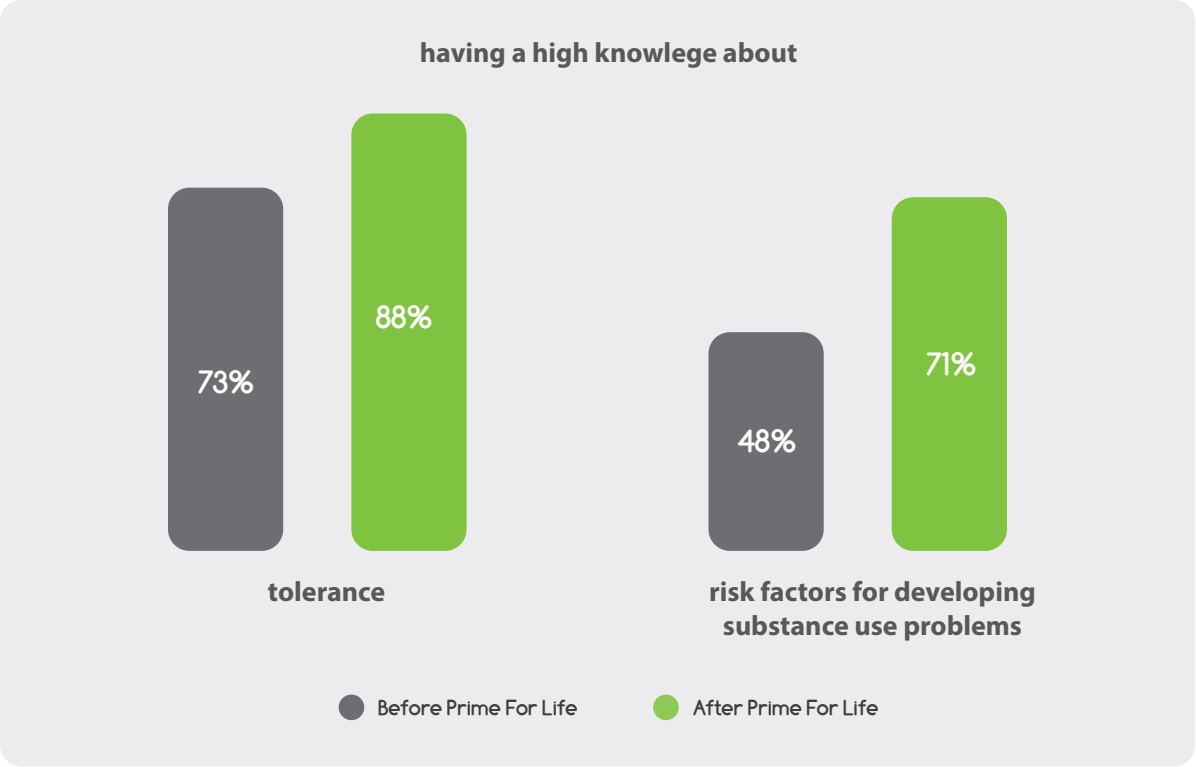


2. Participants found PFL to be helpful.
After finishing the program, the vast majority of people said that it was a good experience for them and would be for others. Most agreed that PFL helped them in several ways.

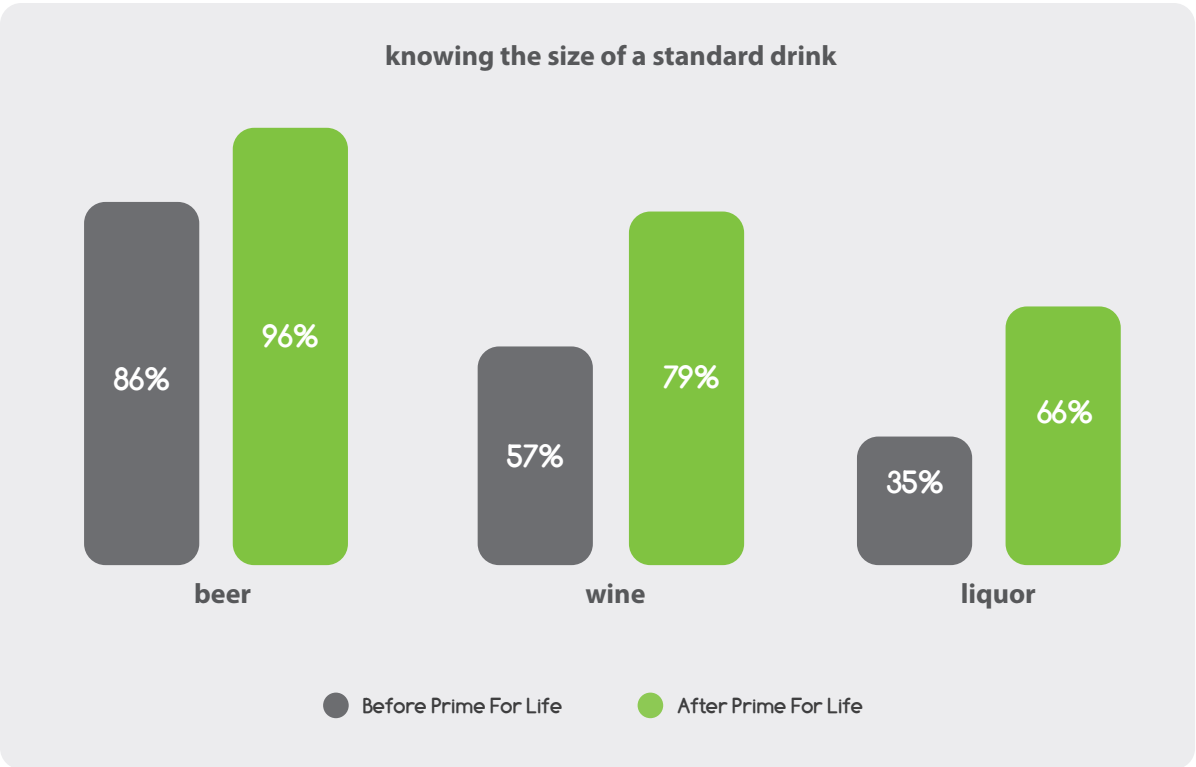




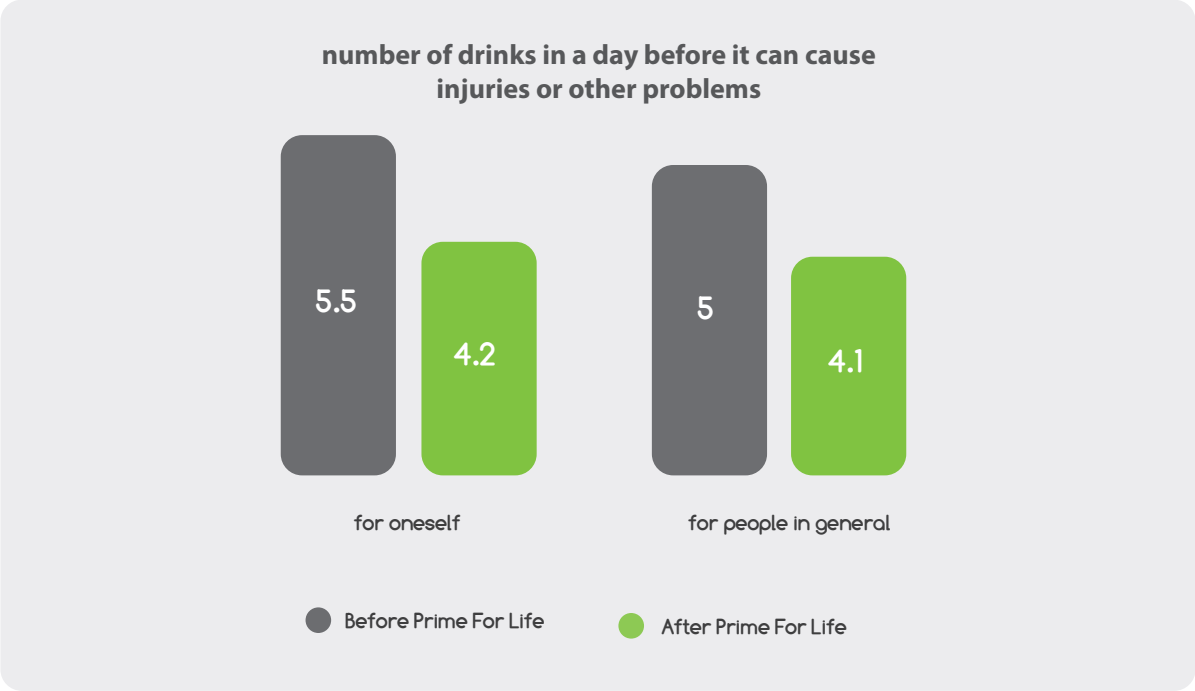
3. Participants showed positive changes in their knowledge and risk beliefs.
Accurate understanding is a starting point for avoiding high-risk behaviors. Many participants knew a lot about tolerance and risk factors for developing substance use problems before receiving PFL, but even more did after participating.



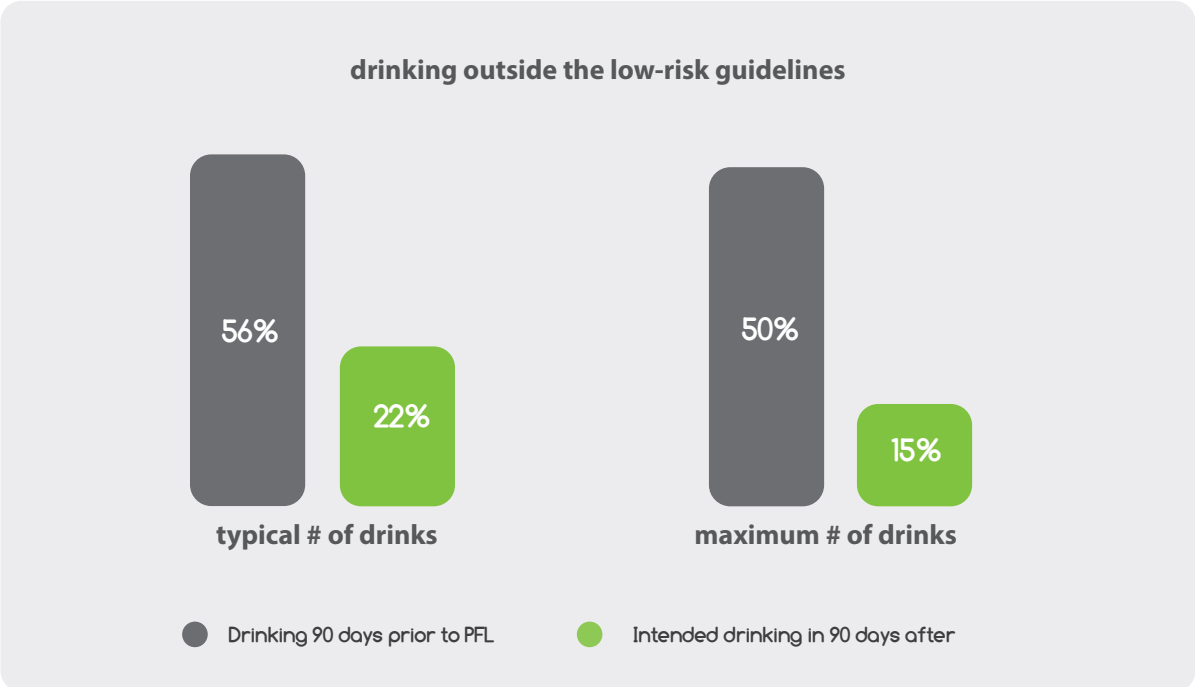
Participants also improved their knowledge about what a standard drink is. Although many participants already knew before the program how many ounces of beer made a standard drink, even more had this knowledge after participation. After the program, many more also knew how many ounces of wine and liquor constituted standard drink amounts. Nevertheless, one third of participants still did not know the correct amount of liquor that comprised a standard drink.

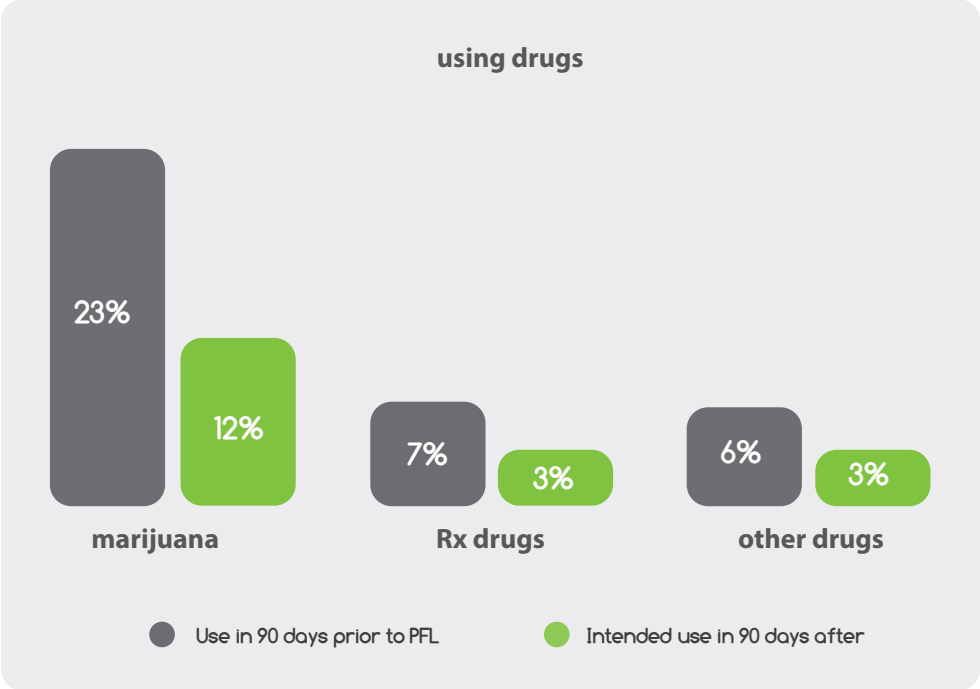


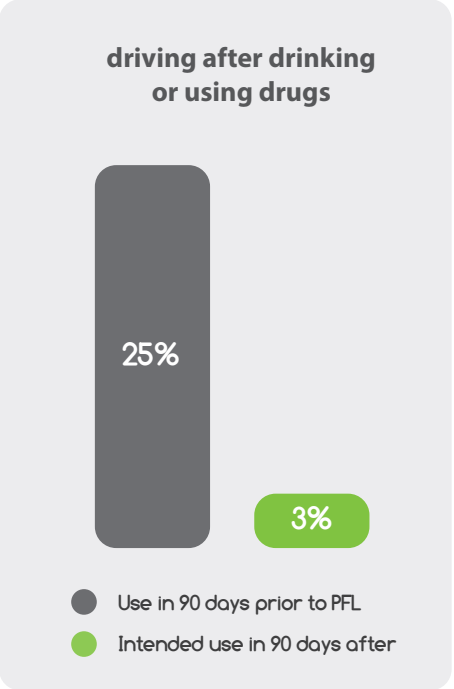
Underestimating the problems alcohol and drug use often cause can contribute to overuse. PFL's low-risk guidelines provide concrete information so participants can know the amount of substance use that elevates the potential for problems. Before receiving PFL, many participants -- perhaps as a result of their arrest -- already had heightened awareness that alcohol and drug use could cause problems in their relationships, jobs, and health. Nevertheless, participants showed improvements in their estimates of how much drinking could occur before it caused problems -- both for people in general and for themselves.



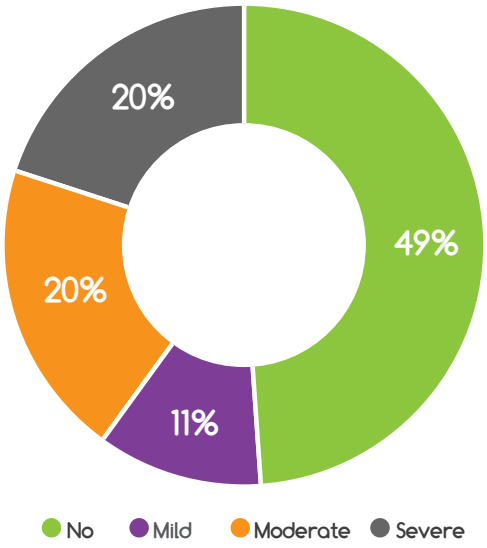
4. Participants intended to decrease their alcohol use, drug use, and impaired driving.
The ultimate goal of the knowledge and behavior changes described in this report are to reduce participants' high-risk substance use and impaired driving. To assess this goal, the questionnaires asked people to report on substance use and driving in the 90 days before attending the program. The questionnaires also asked them how much they intended to do those things in the following 90 days. As shown in the figures, many participants reported that they intended to drink less --within the low-risk guidelines -- in the future than they had in the past. Additionally, the percentage of people who intended to use marijuana in the future was about half of those who had used it in the past. The same was true for prescription and other drugs. As would be hoped, very few people intended to drive under the influence in the future, a big drop from the past.







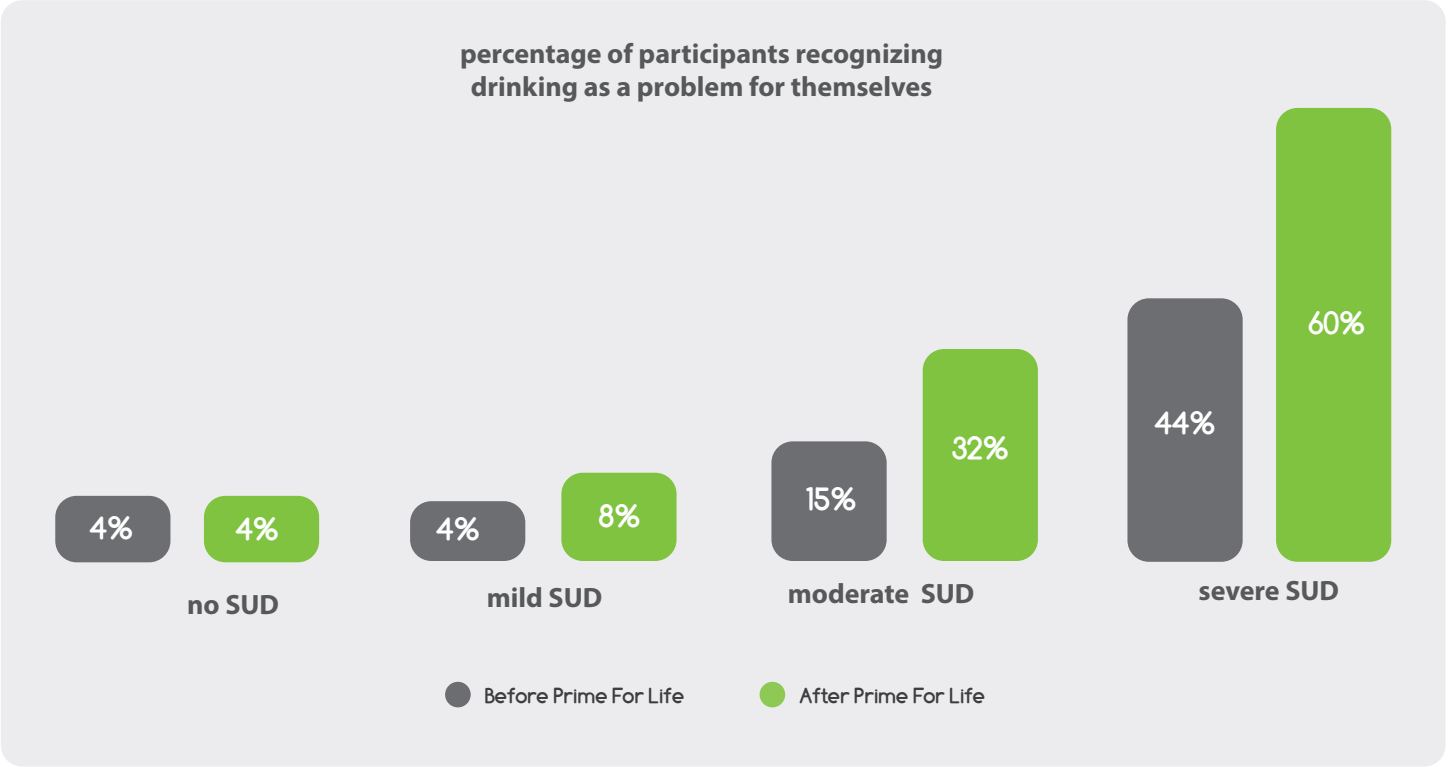
5. People with a substance use disorder benefitted as much as everyone else.
An important question is whether or not people with greater substance involvement — who might be the most difficult to influence — benefit from PFL. Participants answered twelve questions about symptoms of a substance use disorder (SUD) as defined by the Diagnostic and Statistical Manual of Mental Disorder (DSM-5). As shown in the figure, about half of participants met the criteria for mild, moderate, or severe SUD.

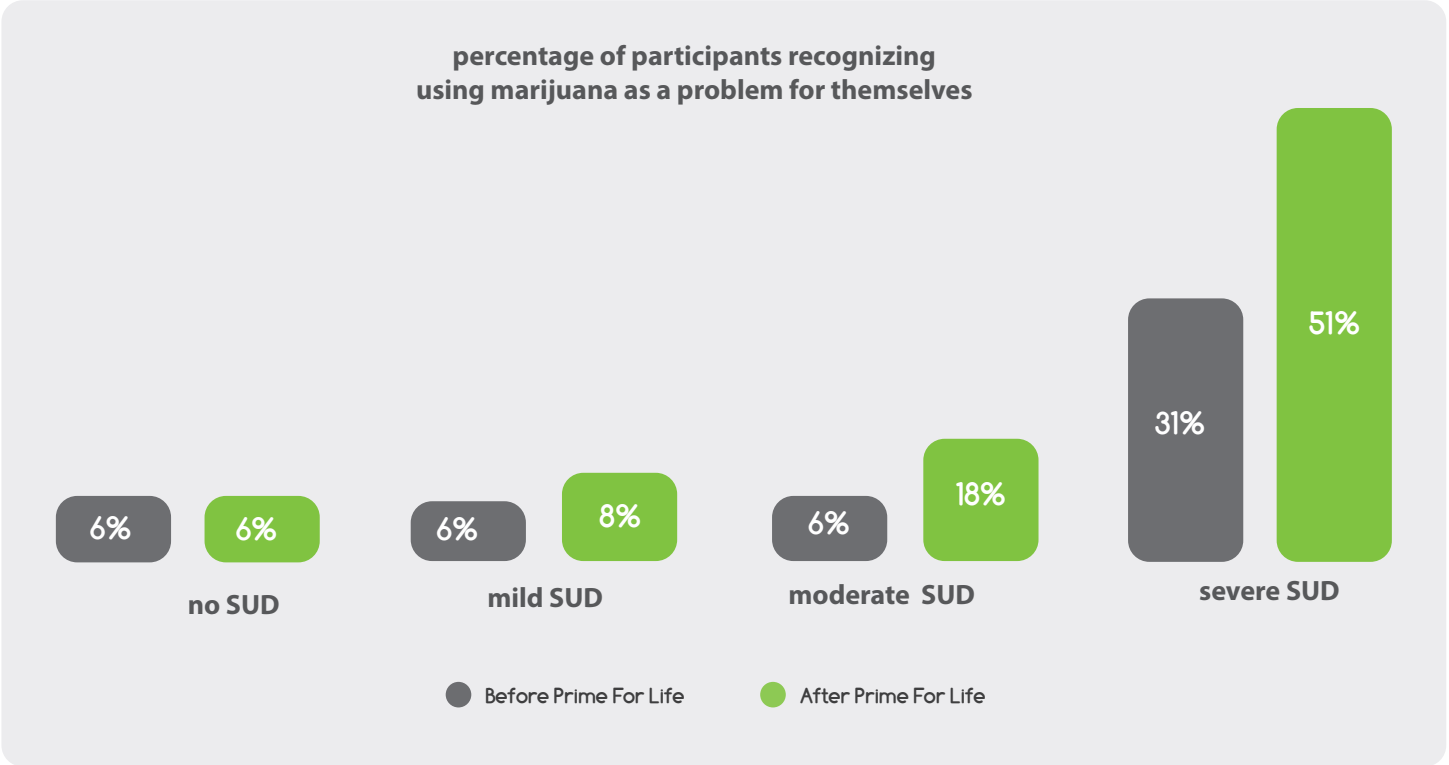


People with mild, moderate, or severe SUD symptoms benefitted as much from PFL as people with no symptoms. Specifically, those with SUD symptoms made similar or even greater changes. After PFL, they had similar or even more positive improvements on such items as:

- **Belief that PFL was helpful**
- **Knowledge about tolerance and risk factors for developing substance use problems**
- **Knowledge about what constitutes a standard drink**
- **How many drinks they can have before they are too impaired to drive and before it causes problems**
- **Intentions for future drinking, drug use, and impaired driving**

A relevant question is whether or not those with more severe SUD attributed problems they experienced to their drinking, expressed a desire for change, and perceived that harm would continue if they did not change. Findings showed that this improvement in problem recognition did occur. The figures on the next page show that some people with more severe SUD came to PFL recognizing their problems, and that the percentage of such people increased noticeably during the program. That this change was also evident for cannabis use disorder is even more noteworthy, given the general perception that marijuana use is not particularly risky.


percentage of participants recognizing
drinking as a problem for themselves
4%
4%
no SUD
4%
8%
mild SUD
15%
32%
moderate SUD
44%
60%
severe SUD
Before Prime For Life
After Prime For Life

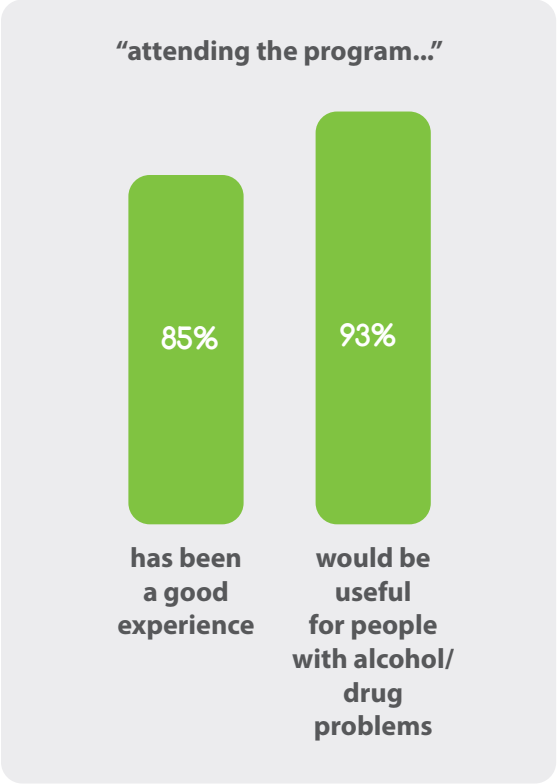

percentage of participants recognizing
using marijuana as a problem for themselves
6%
6%
no SUD
6%
8%
mild SUD
6%
18%
moderate SUD
31%
51%
severe SUD
Before Prime For Life
After Prime For Life

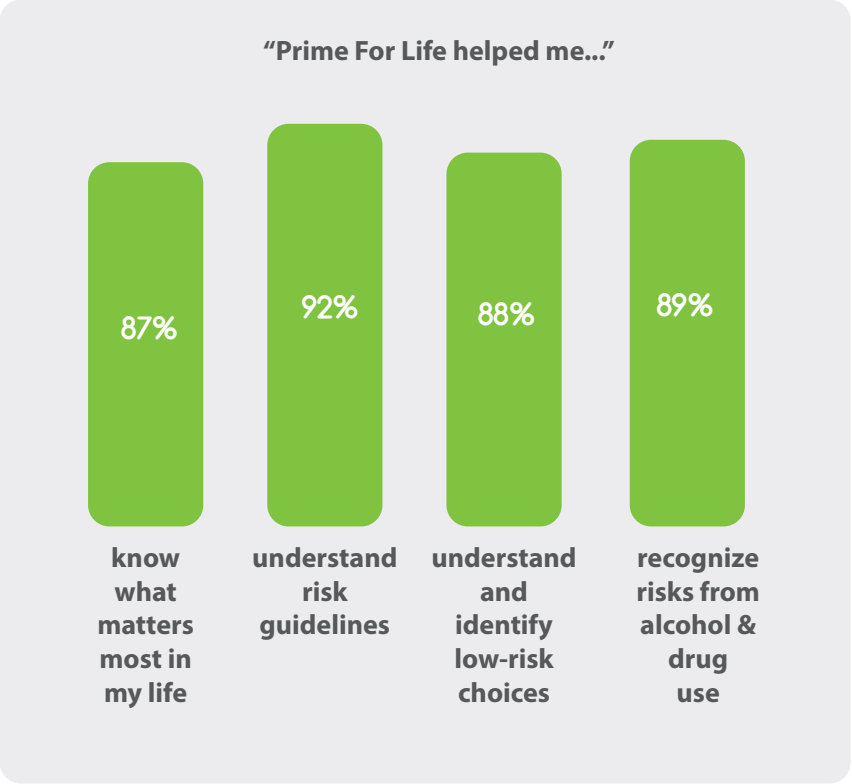
What does the data show about PFL Participants in North Carolina?

In North Carolina, 187 people provided data that could be used for these analyses. Based on their zip codes, more lived in urban (88%) than rural areas (12%). Participants identified their gender as male (67%), female (32%), or unsure/questioning/other (1%). Over half (61%) described themselves as Caucasian, with others being African American (17%), Asian American (5%), Hispanic (9%), Native American (2%), mixed (2%), and other (4%). Most (94%) identified themselves as heterosexual, with the rest bisexual (3%), lesbian/gay (1%), or questioning/unsure (2%). Participants' average age was 33. Many (53%) had never been married. Some (10%) had not finished high school or earned a GED. The remainder had a high school or GED diploma (24%), attended some college or had a two-year degree (37%), or had a four-year degree or higher (29%).

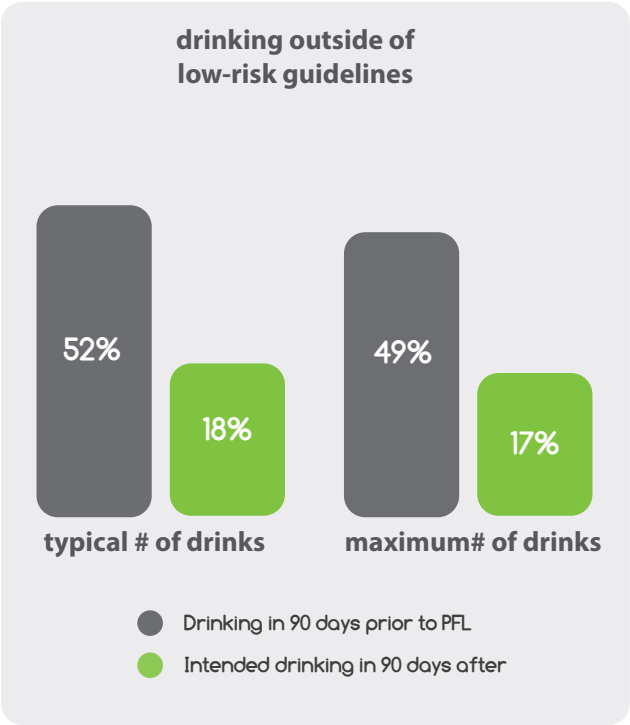
Most of the participants (90%) were required to participate in PFL due to legal infractions. Of those, the majority had been arrested for impaired driving either as the only offense (83%) or combined with underage drinking (2%) or some other offense (6%). The remaining individuals were arrested for drug possession (5%), underage drinking (3%), or some other reason (1%). Alcohol was most often the substance leading to the arrest (87%), but for other participants it was marijuana (7%), prescription drugs (3%), other drugs (1%), or a combination of substances (2%).

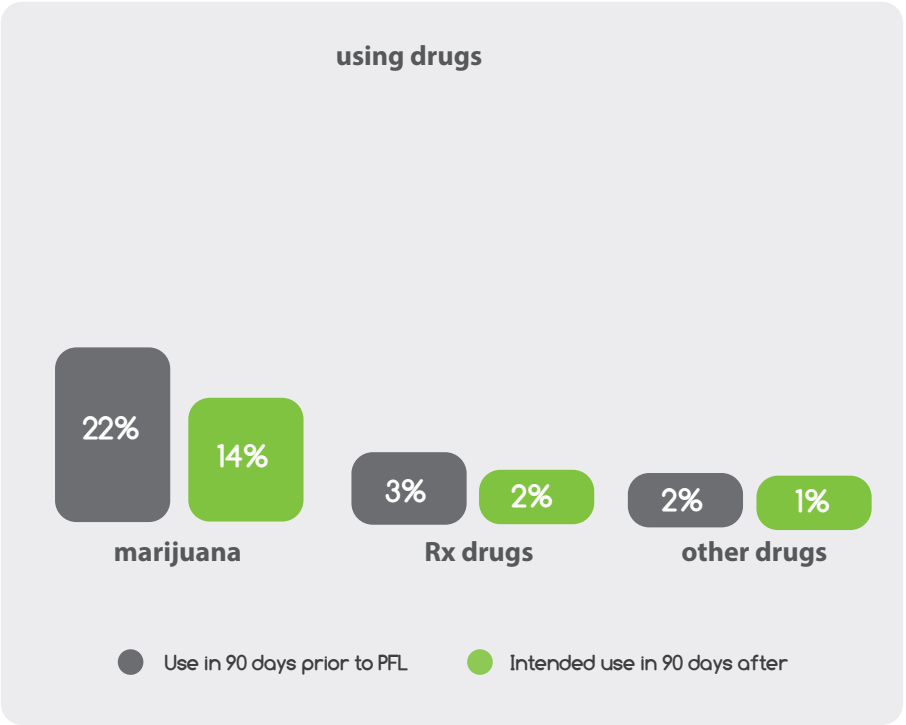
North Carolina participants benefited similarly to people in all other states combined. For example, these charts show that most participants reported the program helped them in various ways.

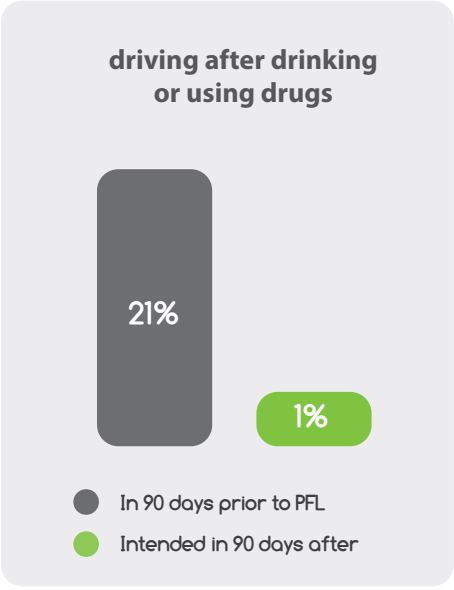




Like participants in the overall findings, North Carolina participants also reported that they intended to engage in less drinking and marijuana use in the future than they had in the months preceding attending PFL. The number using other drugs and prescription drugs for nonmedical purposes before PFL was already small. Only a tiny percentage intended to drive after using substances.







What Conclusions Can Be Drawn?

The findings support PFL's use with individuals arrested for impaired driving and similar infractions. For example, the program showed success in improving knowledge and risk beliefs. The results also show that participants intended to drink and use marijuana less in the future than in the recent past. Similarly, and importantly, fewer intended to drive under the influence of alcohol or drugs compared to the number who had before the program. These findings held true for participants in North Carolina. They also held as true for people with more severe SUD symptoms. These findings are consistent with past program evaluations and published research on PFL's benefits.

Evaluation Methods

Evaluation Specialists (ES, www.evaluationspecialists.com) is a private program evaluation company with offices in California, Colorado, and Washington states. PRI collected the data used here and ES analyzed it and prepared this report.

To gather the data, PRI selected participating agencies with the goal of maximizing the representativeness of the sample. In each state, PRI randomly selected agencies with enough client flow to generate the number needed for data analysis (i.e., having at least 50 participants in a three-month period). In states with fewer agencies than needed to meet target enrollment, PRI included those with close to but less than the 50-client criteria.

To collect the data, agency staff distributed the questionnaires before and after program participation. Participation was anonymous: each questionnaire pretest and posttest packet had a randomly assigned participant number that allowed them to be matched. PFL instructors were unable to determine individuals' responses because questionnaires were placed in envelopes which were sealed by participants before being mailed to PRI. PRI research staff entered the questionnaire information into an electronic database.

ES staff conducted analyses of change using dependent-samples t-tests. In the event statistically significant change occurred, outcomes were categorized for reader-friendly visual graphics. All findings reported here were statistically significant following generally recognized research standards ($p < .05$).

To cite this report:
Beadnell, B., Stafford, P., Schumacher, J.A., Dykstra, R.E., & Allen, M. (2020, May). Prime For Life® 2019 Evaluation Report: Utah. Lexington, KY: Prevention Research Institute. Available at www.primeforlife.org.

For additional information, please contact Rita Dykstra at PRI: rita.dykstra@primeforlife.org. Additional evaluation and research findings about Prime For Life can be found at www.primeforlife.org.

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