



prime for life[®] 



2015

New York State
evaluation report

A Message From the President

Dear Friends:

We are pleased to provide this evaluation report about Prime For Life® (PFL) in New York State. New York held its first New Instructor Training (NIT) in 2010, and now provides PFL statewide. Since that initial training, there have been 44 training events for the state, including 26 other NITs. This is the first evaluation of the program and those efforts in New York. We are grateful to the instructors across the state who collected the data for these analyses.

Prime For Life is a motivational intervention designed to reduce the incidence of alcohol- and drug-related problems. Evaluation findings show that substance abuse treatment agencies and Prime For Life instructors are making a difference in the lives of clients. The results confirm that PFL led to benefits for participants, which translate into improved safety for New York communities. Importantly, participants themselves give a vote of confidence in that they believe the program provides the information and resources they need to make behavioral changes.

We regard the Prime For Life program as a partnership between Prevention Research Institute, the New York State Department of Motor Vehicles (DMV), the New York State Drinking Driver Program (DDP), the instructors who deliver the program, and the contribution made to initial implementation by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). We are grateful for the commitment that all parties make in implementing PFL, but especially the energy, effort, and time instructors dedicate towards learning the program, their own development, and the ultimate goal – client change. For our part, we believe it's essential to provide an excellent curriculum and feedback about program results, as well as ongoing education and support for instructor development. Together, we make a difference in reducing high-risk alcohol and drug use, and the resulting pain and devastation.

It is with pleasure we share this summary of findings. For more information about Prime For Life, visit www.primeforlife.org.

Respectfully,

David Rosengren



President, PRI

Executive Summary

Prime For Life (PFL) is a motivational intervention that provides education and strategies for individuals who have experienced problems due to high-risk alcohol or drug use. This report focuses on individuals with substance-related legal problems who participated in version 8 of PFL in New York in 2014-2015. Past evaluations have consistently found that participants benefit from attending the program, and this continues to be the case in New York. These benefits included immediate reductions in substance use during Prime For Life participation, followed by intentions to continue these lower substance use rates into the future. Motivation to keep drinking at low-risk levels was higher than motivation for abstinence; both were highest for people with indicators related to a severe substance use disorder (SUD). As expected, those with likely severe SUD showed greater problem recognition before participation and further increases during participation. After participation, the majority of attendees reported detailed plans for reducing use, rated PFL as helpful in developing their skills, and felt confident about making changes. Participants also showed increased accuracy in their estimates of how much they could drink before experiencing negative consequences. An unexpected finding was that participants showed reductions, rather than the expected increases, in their belief that high-risk substance use could pose a threat to things they value.

Background

PRI, a nonprofit organization based in Lexington, Kentucky, developed the Prime For Life program for indicated prevention. Prime For Life is an interactive experience designed to motivate and guide individuals toward making low-risk choices and adopting more accurate beliefs about personal risk that will support those low-risk choices. The program provides research-based, low risk guidelines and assists participants in making choices to best protect what they value.

Description of New York's Drinking Driver Program

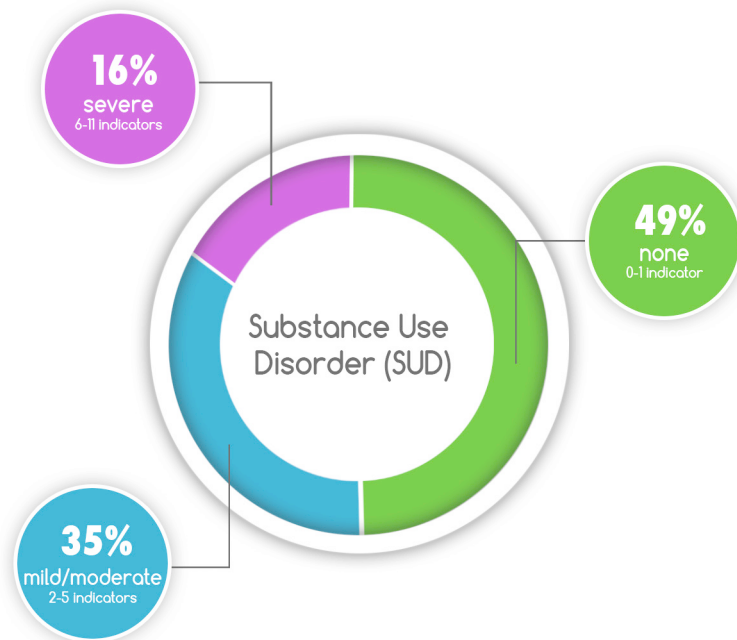
The Drinking Driver Program (DDP) is part of New York State's effort to reduce the risk of re-offense for impaired driving. DDP participants attend seven weekly, 2 to 3 hour classroom sessions (16 hours total). The first two sessions focus on New York State laws. In the remaining five sessions, instructors provide the 12-hour version of Prime For Life. To satisfy legal requirements, sometimes DDP participants are also required to take part in other activities such as a substance use assessment and/or treatment, and victim impact panels.

Description of Participants

A total of 471 people in New York participated in this evaluation. They completed baseline questionnaires before starting Prime For Life, and posttest questionnaires after completion. Nearly all received PFL after a substance-related arrest. Most were arrested for impaired driving (97%). The remaining individuals were arrested for underage drinking (2%), drug possession (<1%), or for some "other" reason (<1%). Nearly a quarter (23%) had at least one previous arrest for a substance-related issue. Many (77%) reported experiencing at least one of 15 alcohol- or drug-related consequences during the 90 days before the program, with 31% reporting four or more.

The majority of participants were male (69%) and Caucasian (83%). In terms of race/ethnicity, others identified as African-American (5%), Asian-American (1%), Latina/o (4%), Native American (2%), or belonging to another race/ethnicity group (1%); another 4% were multiracial. Participants ranged in age from 18-77 years (average age was 37), and many (41%) had never been married. Participants represented a wide range of education levels: 5% had less than high school, 26% a high school degree or GED, 31% some college or tech school attendance, 16% a 2-year or AA degree, and 22% a 4-year degree or higher.

Participants indicated whether they had experienced each of the 11 Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) substance use disorder (SUD) criteria in the past year. Participants were categorized by the number of indicators they reported. Using DSM-5 guidelines, 49% self-reported no SUD (0 or 1 indicator), and 26% reported mild (2 or 3 indicators), 9% moderate (4 or 5 indicators), and 16% severe SUD criterion (6 to 11 indicators). [Note: Due to the relatively small number of those falling in the moderate SUD category, we combined them with those in the mild category for all relevant analyses.]



Substance-Related Behavior and Intentions

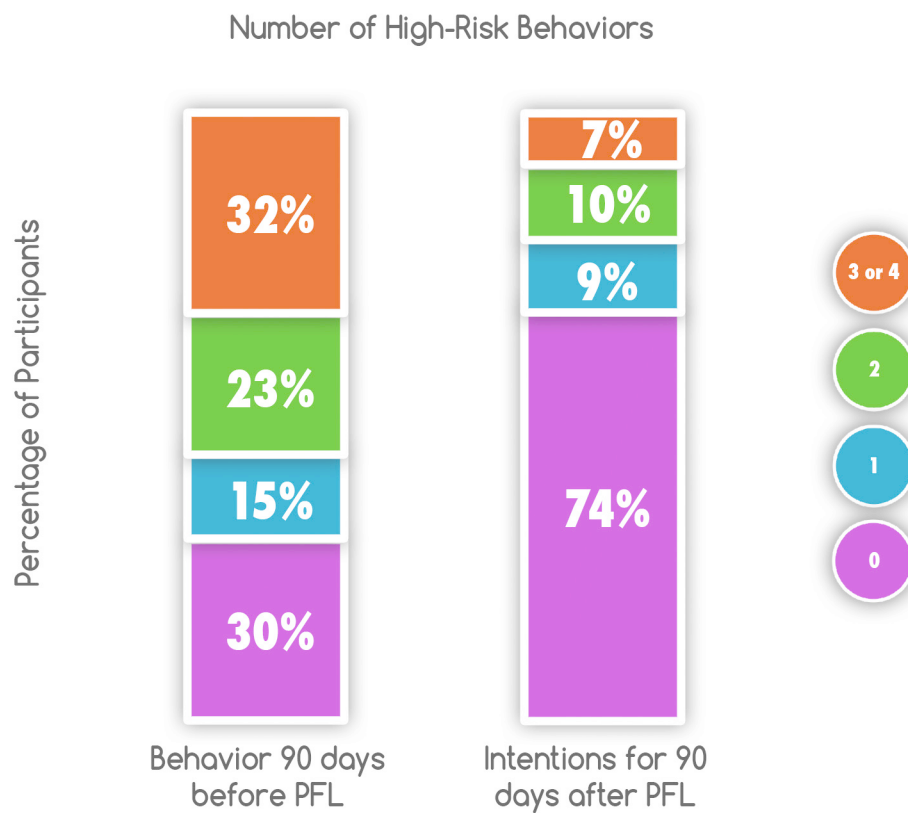
Background: definition of low- and high-risk choices

Prime For Life provides information (known as the 0-1-2-3 guidelines) defining the amount of drinking and drug use that are considered "low-risk". The guidelines for alcohol include no more than one standard drink (½ ounce of pure alcohol) in an hour, two standard drinks daily, or three standard drinks on any day. The maximum low-risk amount per week is 14 standard drinks. Additionally, the guidelines advise abstinence for those who have already developed alcoholism and describe abstinence from drug use as the only low-risk choice (regardless of whether drug addiction has developed).

High-risk choices are defined as any substance use that causes impairment or increases overall risk for health problems or premature death. Examples include using illegal drugs, prescription drugs other than as prescribed, or exceeding the 0-1-2-3 guidelines for alcohol. Additionally, PFL identifies some situations (e.g., while driving, when ill, taking medications, or in the workplace) when any amount of use may be high risk.

Number of high-risk behaviors

Participants showed benefits in that they intended to engage in fewer risky substance use behaviors in the future than they had in the past. High-risk behaviors included using drugs, typically drinking in high-risk amounts, occasionally drinking in high-risk amounts, and driving under the influence of alcohol or drugs. The figure shows that in the 90 days prior to PFL participation, only 30% abstained from all of four risky behaviors, with the remainder engaging in one or more. This shifted considerably such that, at the end of the program, three quarters reported intending to avoid all risky behaviors.



Note: only 1% reported all four behaviors before PFL, and none intended all four after PFL

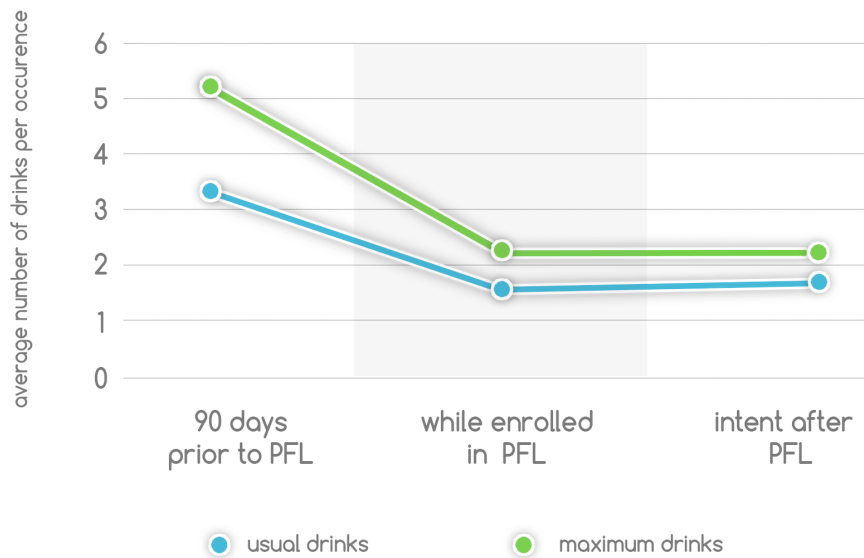
The figure shows a summary across high-risk behaviors, comparing previous with intended future behaviors. The following sections provide more information about specific behaviors and show when behavior changes appeared. Typically, participants reported immediate reductions in risky behaviors while in the program, followed by intentions to maintain these reductions in the future.

Past and intended substance use

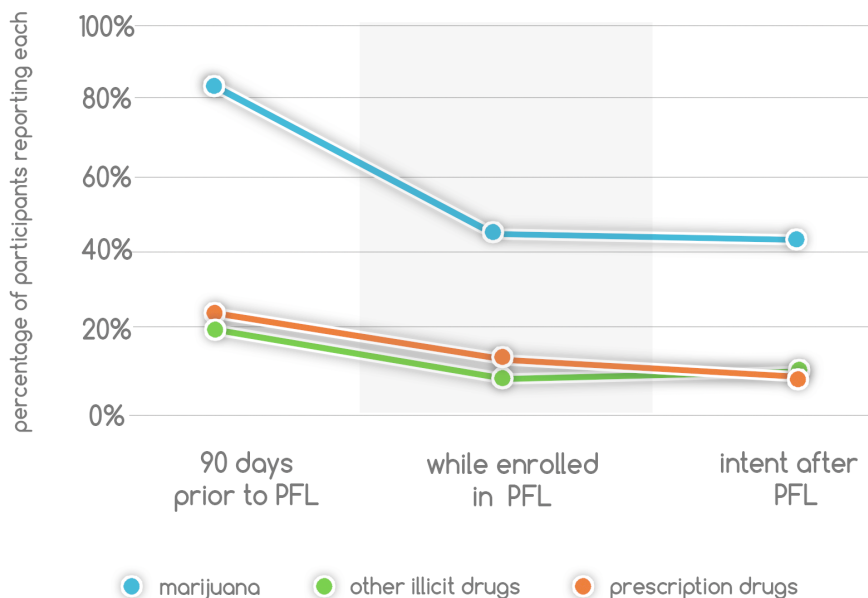
Many Prime For Life participants reported reducing both their actual and intended drinking, bringing their alcohol use within the low-risk guidelines. A similar reduction occurred in actual and intended drug use.

The figures show the common pattern across all substances: alcohol (both usual and maximum number of drinks), marijuana, other illicit drugs, and prescription medications used for non-medical purposes. Specifically, participants reported much less substance use during PFL compared to what they had been using before. Additionally, they reported that they intended to maintain these low-risk patterns of use after finishing PFL. Of concern is that, while many people who had used drugs stopped marijuana use, a noticeable percent did not.

Changes In Drinking

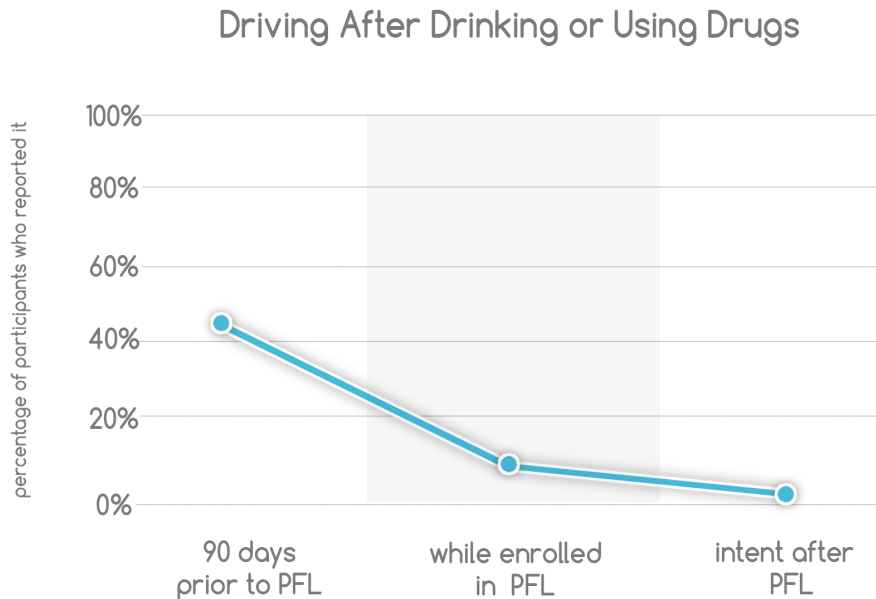


Changes In Drug Use (among those reporting any prior use)



Past and intended impaired driving

Nearly all (97%) participants in New York attended Prime For Life as a result of an impaired driving offense. Although close to half had driven impaired in the 90 days before attending the program, 99% reported they had no intent to drive after drinking or using drugs during the 90 days following their completion of Prime For Life.

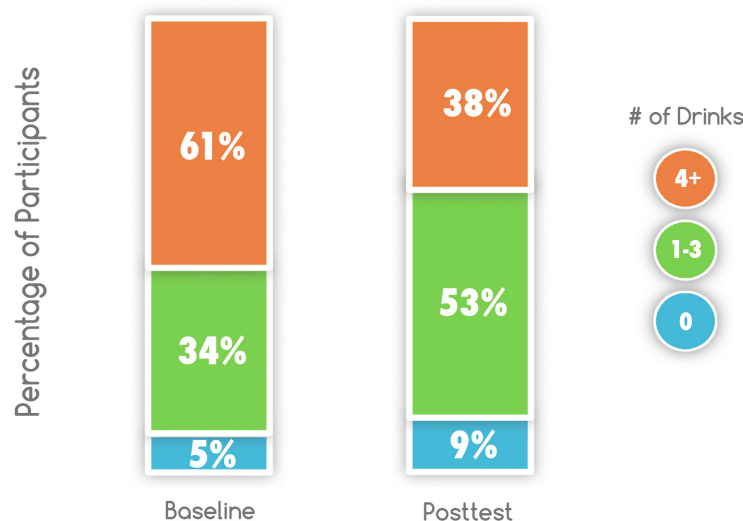


Beliefs about Risk Associated with Substance Use

Beliefs about the number of drinks constituting low- and high-risk

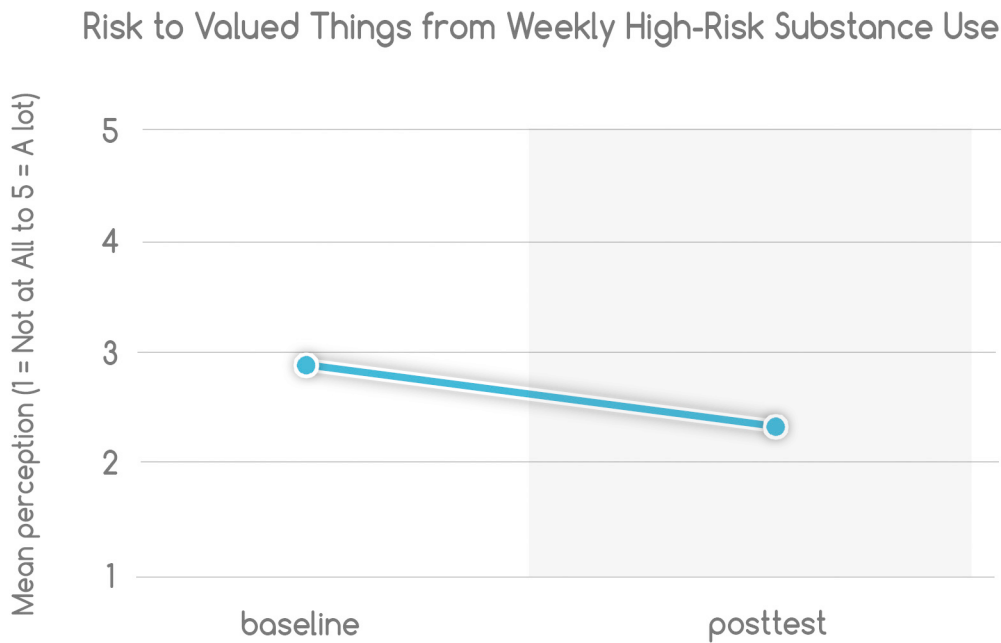
Participants demonstrated increased awareness of risks for different drinking levels. Specifically, many shifted their assessment of what constituted high-risk drinking in a manner consistent with the low risk guidelines. They also reduced their estimation of how many drinks they could have before they would be too impaired to drive.

How many drinks in a day before it's high-risk for you?



Risk to valued things

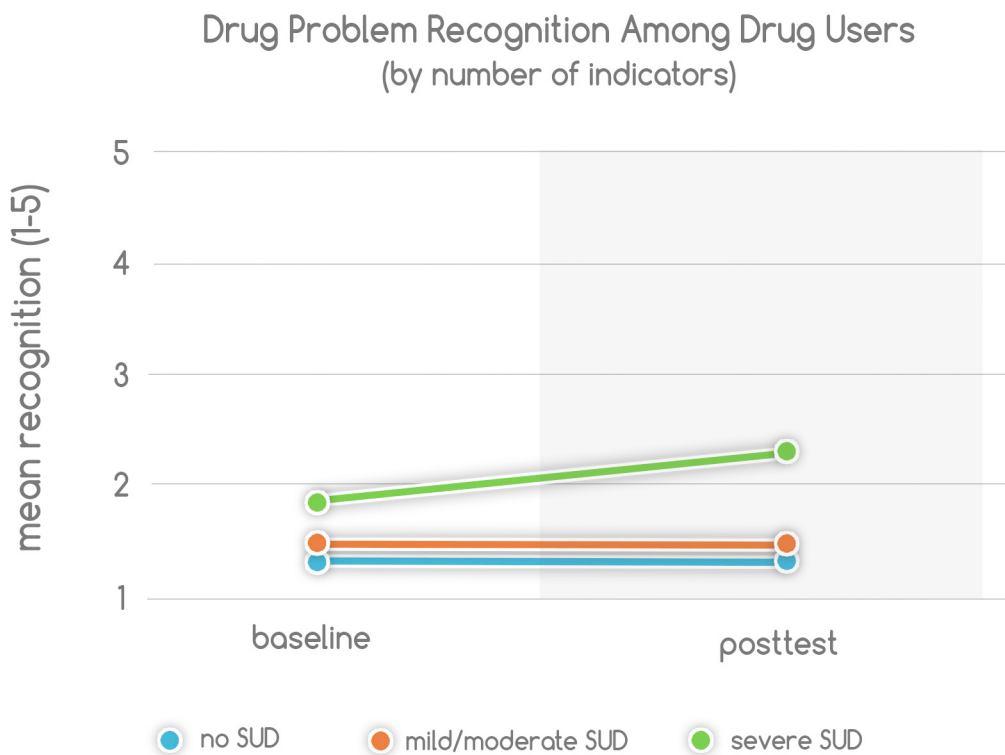
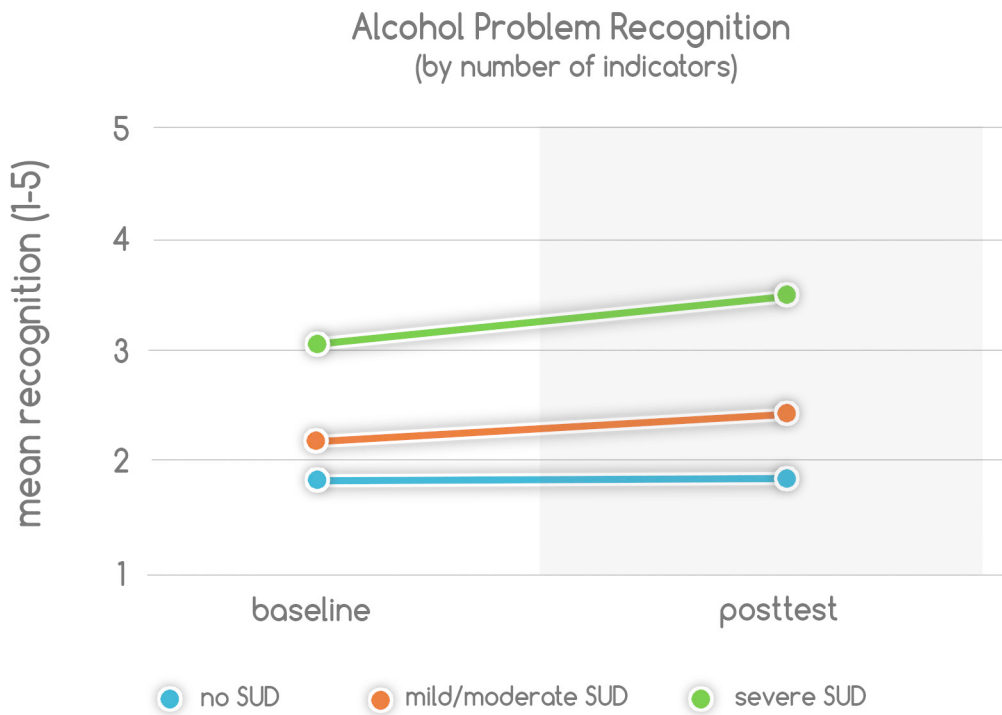
Participants rated how much they believed weekly high-risk substance use would jeopardize the things they value. A response of 1 indicated “no risk” and 5 indicated “a lot of risk”. Surprisingly, they perceived high-risk substance use posing less risk to things they value after PFL than they had at baseline. This is not a typical finding in PFL evaluations; generally the opposite is found (i.e., PFL increases perceptions of risk associated with high-risk use). Moreover, it seems inconsistent with the findings above (where participants showed clear understanding of high-risk choices).



As mentioned, participants varied how many DSM-5 SUD criteria they endorsed. In several important respects participants endorsing more criteria differed from those endorsing fewer. Specifically, those with more SUD indicators reported higher motivation to change and greater problem recognition both before and after the program compared to those who reported fewer indicators.

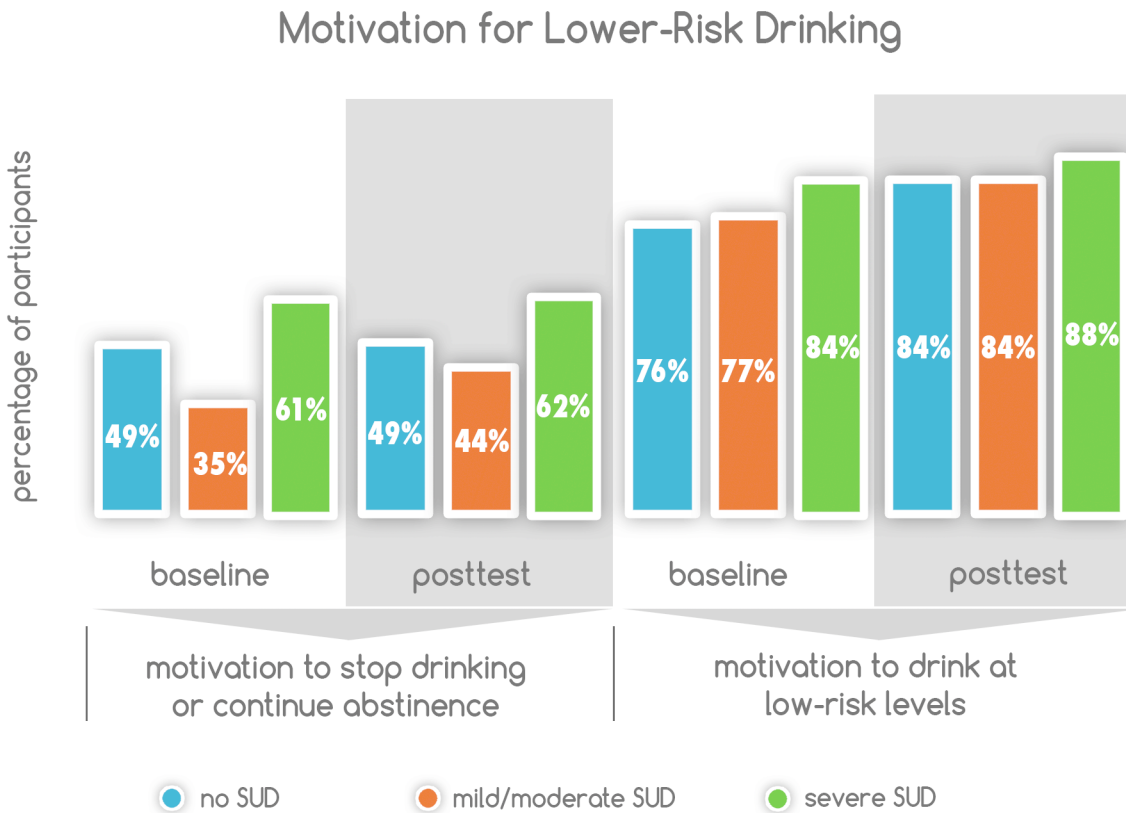
Problem recognition

Participants reporting indicators consistent with a severe SUD showed recognition that they had alcohol problems at the start of PFL. This recognition increased even further by the program’s end. In contrast, people reporting fewer indicators showed negligible change in recognition.

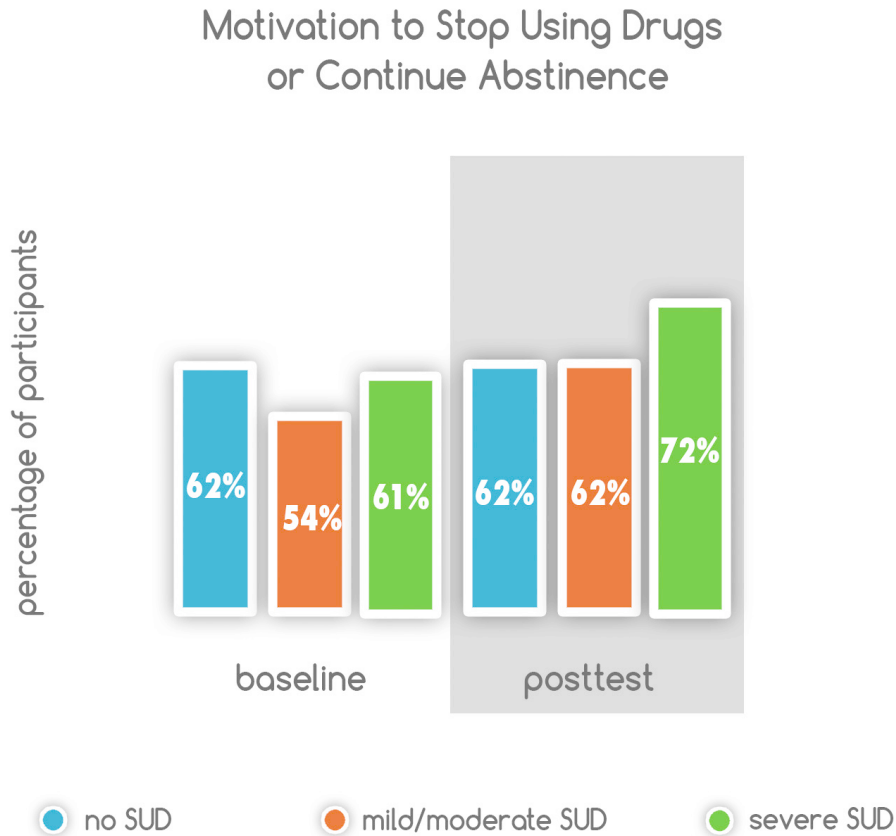


Motivation

Participants reported their motivation for lower-risk drinking in two ways: to drink at low-risk levels and to abstain completely. Although motivation to abstain was also commonly reported, more participants were motivated to drink within the low risk guidelines. Indeed, at the start of the program a majority of participants already showed high levels of motivation (reported “A lot” or “Extremely”) to drink at low-risk levels; this increased even further by program’s end. While less common, a notable proportion of participants (about half) reported high motivation for abstinence both before and after the program. Motivation for abstinence and for low risk drinking was particularly high among those with severe SUD.



Over half of participants already had high motivation to stop using drugs or to maintain abstinence before attending Prime For Life. Only those with indicators of likely severe SUD showed subsequent increases, with about three quarters reporting high motivation by the end of PFL.

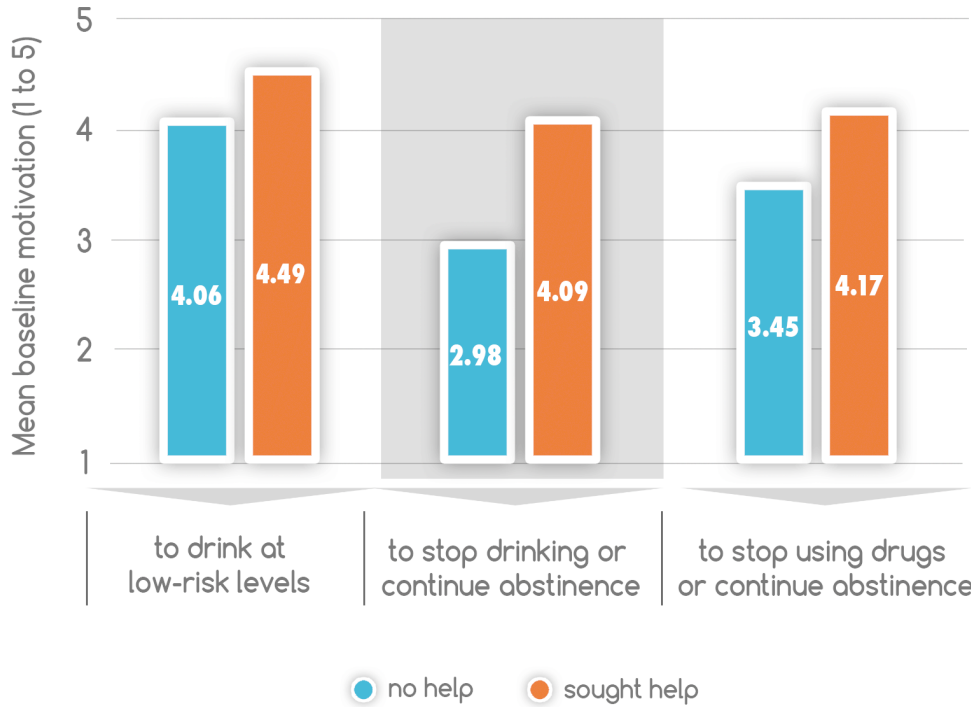


The Role of Receiving Help Before Prime For Life Attendance

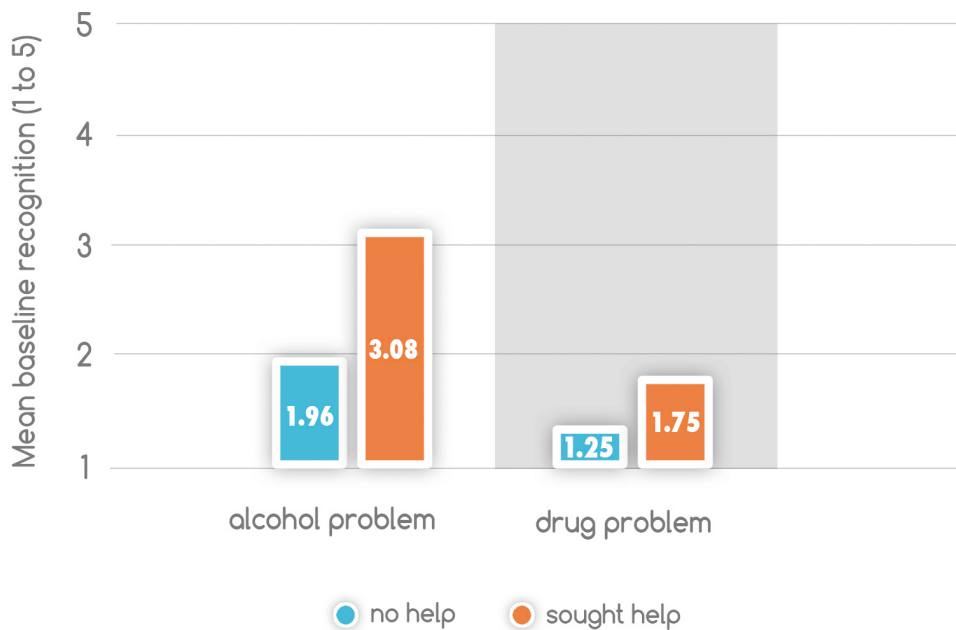
Participants were asked to report whether they had received outside help for substance use (e.g., AA, counseling, treatment) in the 30 days prior to PFL. Twenty-one percent reported they had, with a third (33%) of these being individuals reporting indicators consistent with a likely severe SUD.

Importantly, receiving outside help appears to have had a positive effect on problem recognition and motivation, such that those who had received outside help reported higher levels of these outcomes at baseline. As seen on the following page, these participants tended to report higher initial levels of motivation to make reductions to their substance use and/or maintain their abstinence. In addition, they showed greater initial recognition of having a substance related problem, including whether they had alcoholism. It is possible that receiving help may have prepared them for the program. Alternatively, those who chose to seek outside help prior to PFL may represent a more motivated group to begin with.

Baseline Levels of Motivation by Previous Help

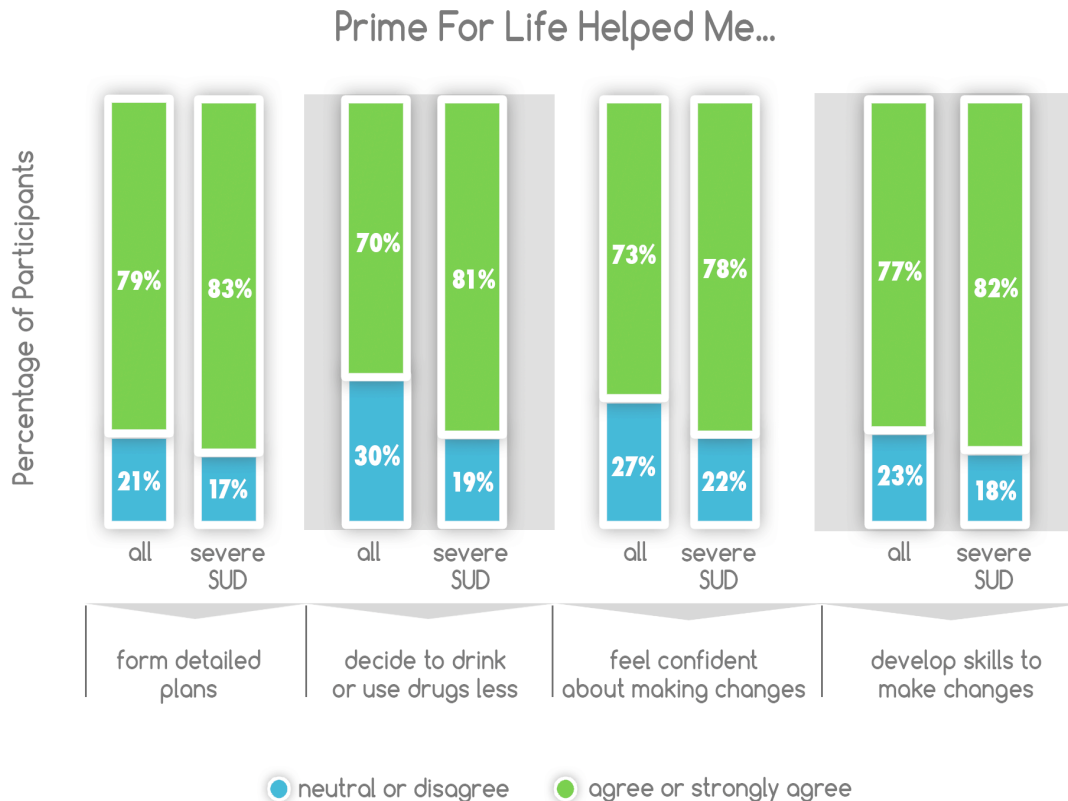


Baseline Problem Recognition by Previous Help



Prime For Life’s Helpfulness

The majority of participants reported the program helped them. Specifically, the following chart shows levels of agreement that PFL had been helpful in each of four specific ways. While the majority of participants agreed with each item, an even larger percentage of those with indicators of a likely severe SUD showed positive reactions.



Summary and Discussion

Participants across the state of New York, including those with indicators consistent with a likely severe SUD, rated Prime For Life as helpful. This and other findings suggest that PFL provides benefits to participants in New York. As has been typical in program evaluations conducted elsewhere, PFL participants showed a consistent pattern of positive response, with one surprising exception.

Participants showed improvements during their PFL participation in:

- Number of high-risk behaviors
- Number of usual and maximum drinks
- Use of marijuana, other illicit drugs, and prescription medication for non-medical purposes
- Driving under the influence of alcohol or drugs
- Recognition of the number of drinks constituting high risk

Participants also maintained--or even enhanced--characteristics positively associated with change. This occurred for:

- Motivation for reducing or maintaining drinking at low-risk levels
- Problem recognition among those reporting indicators consistent with a likely severe SUD

The surprising finding was that participants reported decreased belief that weekly high-risk substance use placed valued things at risk. This finding is curious, as it seems inconsistent with other findings: participant endorsements of what constitutes high-risk alcohol use, reported changes in high-risk behaviors, and intentions to maintain these changes. While it is unclear as to why this occurred, it may suggest a need for specific attention in the delivery of PFL content related to participant values.

There were other findings of interest. Motivation to avoid drug use was relatively high for those reporting indicators consistent with a likely severe SUD. However, a proportion (38%) of those reporting indicators consistent with either no or a mild/moderate SUD did not report high motivation, even after PFL. This appears related to marijuana intentions, as a noticeable percentage reported at posttest that they intended to use marijuana in the subsequent 90 days. While the overall result is positive, this is an area that bears watching. Of interest, the more recent version of PFL (Version 9) has significantly enhanced the marijuana-related elements of the program in an effort to account for the increased acceptability and visibility of marijuana use.

Another finding of interest was that motivation for drinking at low-risk levels was higher than for abstaining. This suggests that participants favored drinking, but within the low risk guidelines, rather than abstaining. It is interesting to note that more of those with severe versus less severe SUD indicators were motivated to abstain; this may indicate those reporting more SUD indicators agree with the element of the low-risk guideline stating that abstinence is the only low-risk choice for those who have passed their trigger point for alcoholism or addiction.

Finally, people reporting indicators consistent with a more severe SUD were more likely to seek help prior to Prime For Life, and this was associated with increased risk perception and motivation for change at baseline. It is unclear whether this participation "primed the pump" for PFL or whether PFL enhanced a process already underway for participants. Regardless of causality, it appears clear that PFL is beneficial for people with more severe alcohol and drug problems.

Description of Evaluation Methods

We conducted this evaluation in accordance with federal regulations regarding the confidentiality of client records. Instructors administered the questionnaires before and after program participation. Questionnaires used randomly assigned participant numbers and did not request names or any other type of identifying information. Instructors were unable to determine individuals' responses because participants placed questionnaires in envelopes which they sealed before returning them to instructors for mailing to PRI. PRI research staff conducted analyses of change using Generalized Estimating Equations (specifying outcomes as continuous, ordinal, or binary, as appropriate). All findings reported here were statistically significant following generally recognized research standards ($p < .05$).



Stafford, P., Beadnell, B., & Crisafulli, M.A. (2015, September). Prime For Life® 2015 Evaluation Report: New York. Lexington, KY: Prevention Research Institute. Available at www.primeforlife.org.

For additional information, detailed scientific tables of results, or extra copies of this evaluation report, please contact Blair Beadnell, Director of Research and Evaluation Services, at blair.beadnell@primeforlife.org or call Prevention Research Institute at 800.922.9489. Other evaluation information can be found at www.primeforlife.org.

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