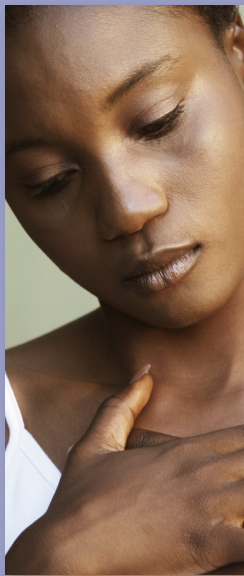


MAINE

2010 Evaluation Report Executive Summary



PRIME For Life[®]

A MESSAGE FROM PRI PRESIDENT & CO-FOUNDER

Dear Friends:

Evaluation shows that Maine courts and PRIME For Life instructors are making a difference in the lives of clients and the safety of Maine communities. The latest evaluative findings based on surveys collected by instructors in 2008 are highlighted in this report. Notably, these most recent findings confirm that PRIME For Life increases intentions to abstain, reduce consumption, and not drive after drinking.

PRIME For Life instructors are not only committed to client change but also to their own development. Ongoing education and skill development undoubtedly play a role in other positive PRIME For Life results. Other research also points to numerous positive outcomes and behavioral intentions after experiencing PRIME For Life (see www.primeforlife.org for more information).

We are pleased to share this executive summary. The findings are a testament to the hard work and commitment of Maine PRIME For Life instructors to reducing the problems and devastation caused by high-risk alcohol and drug use. Together, we truly are making a difference.

Respectfully,
Ray Daugherty

EXECUTIVE SUMMARY

PRIME For Life (PFL) provides education and strategies for individuals who have problems with alcohol or drug use. This report is based on information obtained from Maine offenders who participated in PRIME For Life in 2008. Participants reported positive changes in key substance use attitudes and beliefs, risk perceptions, motivation for reducing risk, and intent to change behavior. After their participation, many reported having made detailed plans for reducing use and found PRIME For Life to be helpful.

BACKGROUND

PRIME For Life is an approved program for substance abuse education for impaired drivers in Maine. The program was developed by Prevention Research Institute, a nonprofit organization based in Lexington, Kentucky. PRIME For Life is an interactive experience designed to guide individuals toward making low-risk choices and adopting more accurate beliefs about personal risk that will support those low-risk choices.

“If I drink as much as in the past, I could develop alcoholism.”



DEMOGRAPHICS

A total of 993 offenders in Maine participated in this evaluation. The majority of participants (95%) were Caucasian, and the remaining reported various other races/ethnicities. Participants ranged in age from 17 to 70 years (average age 34). About half (49%) were single or never married, and 88% of participants had at least finished high school or earned a GED.

Most (88%) were arrested for impaired driving, and the rest for underage drinking and driving (9%) or some other reason (3%). In terms of DSM-IV indicators of alcohol dependence, 36% had 0, 42% had 1 or 2, and 22% had 3-6 indicators.

KEY FINDINGS

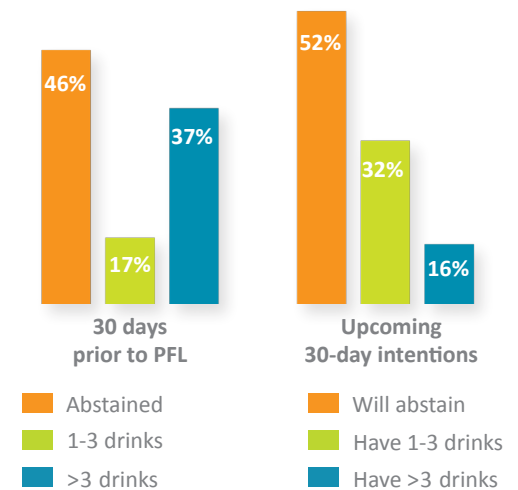
Behavioral Intentions and Detailed Planning

At posttest, participants reported their substance use 30 days prior to attending PRIME For Life and their intentions for use in the upcoming 30 days. As shown in these charts, many more people intended to make low-risk choices in the future compared to choices in the past.

Findings were noteworthy for driving after making high-risk choices. A few (1%) intended to drive after making high-risk choices, compared to the 13% who were doing so 30 days prior to PRIME For Life.

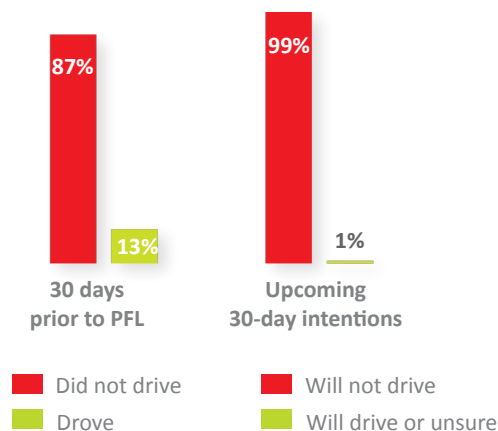
A large proportion (84%) of all participants said they made detailed plans for what they would do instead of making high-risk choices.

Maximum number of drinks in a day*

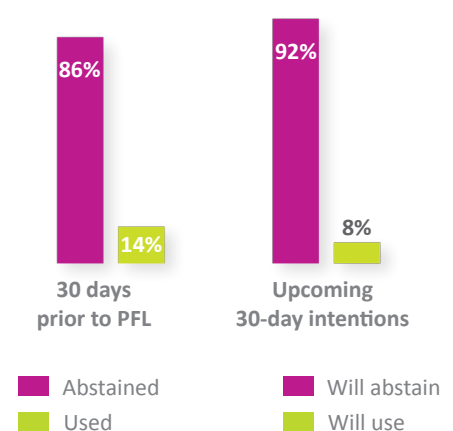


*On average people intended to drink a maximum of 1.8 drinks on any day in the upcoming 30 days compared to the 3.7 they had reported for the 30 days prior to PRIME For Life.

Drive after making high-risk choices



Marijuana and other drug use



KEY FINDINGS (CONT.)

Changes in Perceptions of Risks, Beliefs, Attitudes, and Motivation to Reduce Use

People who make high-risk drinking and drug choices often share common risk perceptions, beliefs, attitudes, and relatively low motivation to reduce use. After attending PRIME For Life, participants indicated greater:

- perception of risk associated with high-risk drinking, marijuana use, and other drug use
- perception of personal risk for developing alcoholism and drug addiction
- perception that their substance use risked things they value
- recognition of existing substance use problems
- agreement with attitudes and beliefs that are supportive of making low-risk choices
- motivation to reduce their use

These changes occurred for the full group of participants, but especially for those with the largest number of DSM-IV indicators of possible alcohol dependence. This group began with riskier beliefs, attitudes, risk perceptions, and motivations—which would be expected—but showed the greatest improvements. This is a positive finding showing that Prime For Life has beneficial effects even for those with the most indicators of possible dependence.

Response to PRIME For Life

At the conclusion of PRIME For Life, over 75% of participants agreed the program helped them:

- decide to drink or use drugs less (77%)
- feel confident about being able to drink less or use drugs less (81%)
- develop skills to be able to drink less or to use drugs less (81%)



Beadnell, B., Nason, M., Carter-Lunceford, C., & Huynh, H. (2010, April). *PRIME For Life 2010 Evaluation Report Executive Summary: Maine*. Lexington, KY: Prevention Research Institute. Available at www.primeforlife.org.

For additional information or extra copies of this evaluation report, please contact Blair Beadnell, Clinical Research Specialist, at blair@askpri.org or call 800.922.9489. Other evaluation information can be found at www.primeforlife.org.

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