



PRIME For Life[®]

MONTANA

2012 Evaluation Report Executive Summary

A MESSAGE FROM PRI PRESIDENT AND CO-FOUNDER

Dear Friends:

PRIME For Life® (PFL) is a motivational intervention designed to reduce the incidence of alcohol- and drug-related problems. Montana ACT instructors recently assisted us in conducting a program evaluation using an enhanced questionnaire redesigned to provide more information than in previous research on PFL. We added questions regarding social support, readiness for change, and more precise measures of substance use.

The findings show PRIME For Life instructors—and the programs they work in—are making a difference in the lives of clients and the safety of Montana communities. This evaluation confirms that PFL increases intentions to abstain from or reduce consumption, and to avoid driving after drinking or using drugs. Participants also believe the program provides them with the information and resources they need to make these changes.

Prevention Research Institute (PRI) is pleased to provide the PRIME For Life program, as well as ongoing education and support to instructors. We are grateful for the commitment that instructors make towards client change and their own development. The positive results in this evaluation and other reports are a testament to the collaborative partnership between PRI and the state, instructors, and community ACT programs. Together, we are truly making a difference towards our joint goal of reducing problems and devastation caused by high-risk alcohol and drug use.

We are pleased to share this summary of findings.

Respectfully,



Ray Daugherty

EXECUTIVE 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. This report focuses on individuals with substance-related legal problems who participated in PFL in Montana in 2012. Past evaluations have consistently found participants make positive changes in their thinking after attending the program, and this continues to be the case in Montana. Participants completed a redesigned questionnaire, and analyses showed they made meaningful changes. These included improvements in risk perceptions, motivation for reducing risk, readiness to change behavior, and influence of positive supports for change. After participation, most had made detailed plans for reducing use, rated PFL as helpful in developing their skills, and felt confident about making changes.

BACKGROUND

PRI, a nonprofit organization based in Lexington, Kentucky, developed the PRIME For Life program for indicated prevention. PFL 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.

HOW ARE “LOW-RISK” AND “HIGH-RISK” CHOICES DEFINED IN PRIME FOR LIFE?

In PRIME For Life, low-risk choices are defined as abstinence from drug use. The guidelines for alcohol include abstinence for those who have already developed alcoholism; otherwise 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 (known as the 0-1-2-3 guidelines). The peak amount per week is 14 standard drinks.

High-risk choices are defined as any 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., driving, illness, medications, and workplace) when any amount of use may be high risk.

DESCRIPTION OF PARTICIPANTS

A total of 409 people in Montana participated in this evaluation. Nearly all received PFL after a substance-related arrest. Most were arrested for impaired driving (81%). The remaining individuals were arrested for underage drinking (5%), drug possession (6%), or for some “other” reason (6%). A small number (2%) reported that they had not been arrested or sent by a court. The majority (78%) had at least one previous arrest for impaired driving. Many (67%) reported experiencing at least 1 of 15 alcohol- or drug-related consequences during the 90 days before the program, with 19% reporting 4 or more.

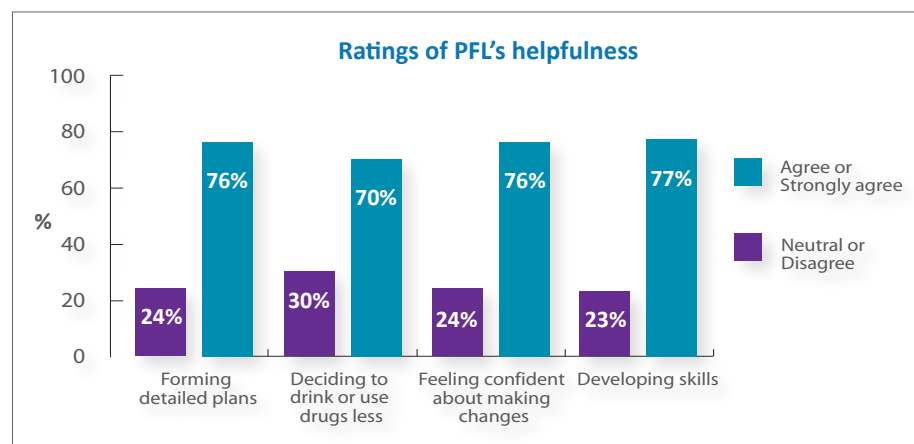
The majority of participants were male (73%) and Caucasian (84%). In terms of race/ethnicity, the remainder were American Indian (6%) or other race/ethnicity group (6%); another 4% were multiracial. Participants ranged in age from 16 to 80 years (average age was 33). Over a third (38%) had never been married, and 90% of participants had at least finished high school or earned a GED.

KEY FINDINGS

Participants showed positive changes in the beliefs and attitudes underlying high-risk choices, reported being more prepared to make changes, recognized social support they have for making changes, and rated PFL as being helpful to them. The following charts display example findings; tables of all results are available upon request.

Ratings of PRIME For Life’s Helpfulness

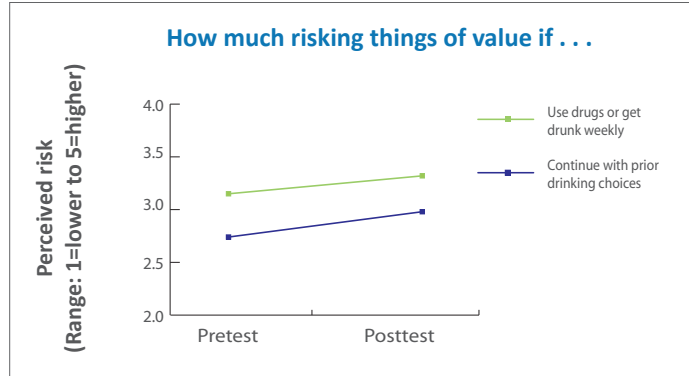
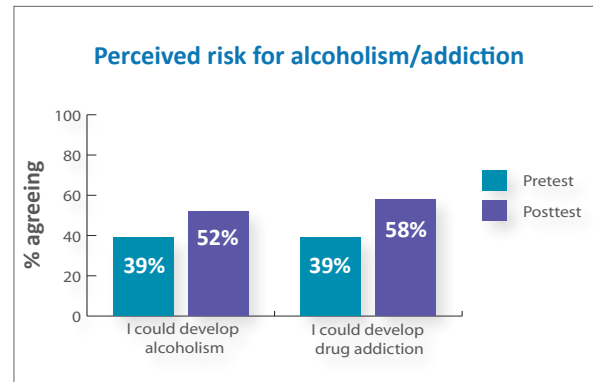
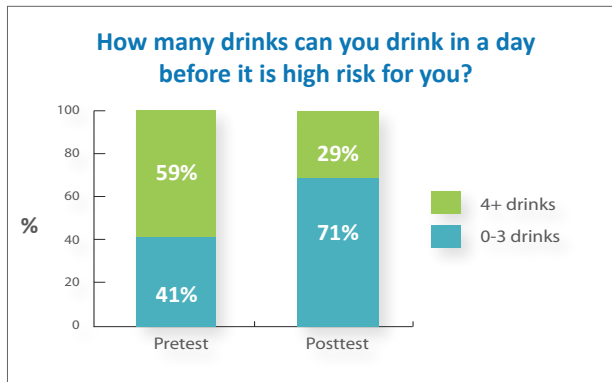
Most participants reported the program helped them. Specifically, the following chart shows how they responded to four questions about whether PFL helped them.



High-Risk Attitudes and Beliefs

Problematic alcohol and drug use is typically rooted in attitudes and beliefs that support high-risk choices and relatively low motivation to reduce use. After attending PRIME For Life, participants indicated greater:

- knowledge about what constitutes low- and high-risk drinking choices
- perception of risk for developing alcoholism and addiction
- belief that their substance use jeopardized things they value



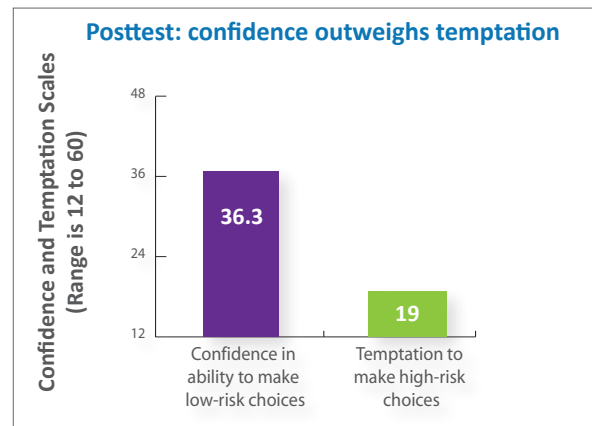
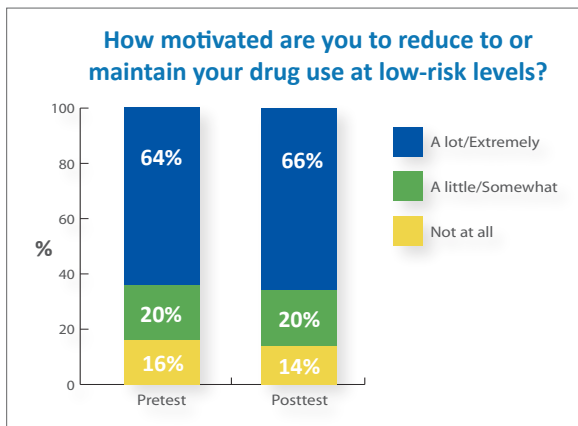
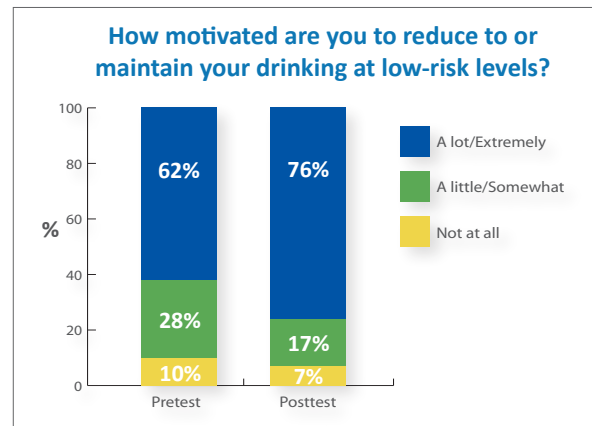
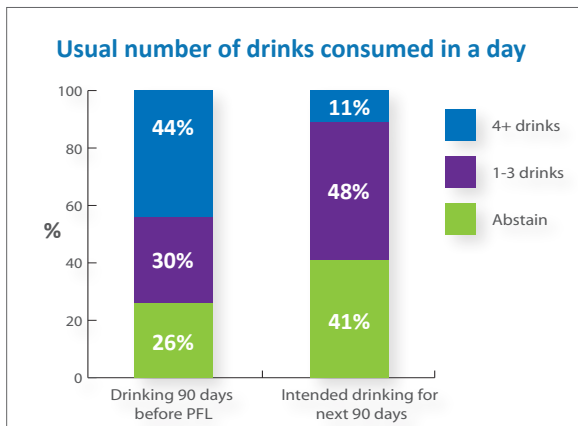
Positive Social Support for Change

Participants typically perceived a much greater number of people in their lives who would support them in making changes compared to the number who would not. Additionally, after completing PFL, participants rated the influence of these supporters higher than they had previously.

Readiness for Change

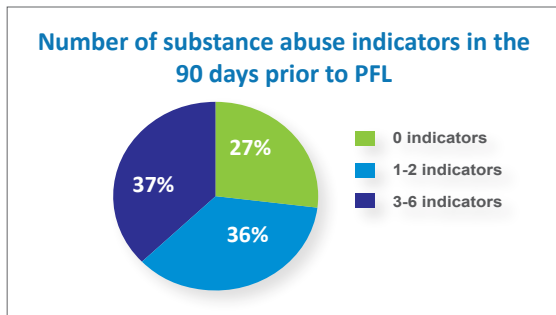
Participants also moved toward being prepared to implement changes as indicated by:

- greater motivation to avoid high-risk alcohol and drug use
- intent to abstain from drugs or alcohol, or to reduce their drinking compared to previous levels
- confidence (for eliminating high-risk substance use) that outweighs temptation (to use)—a balance that research suggests is associated with better outcomes



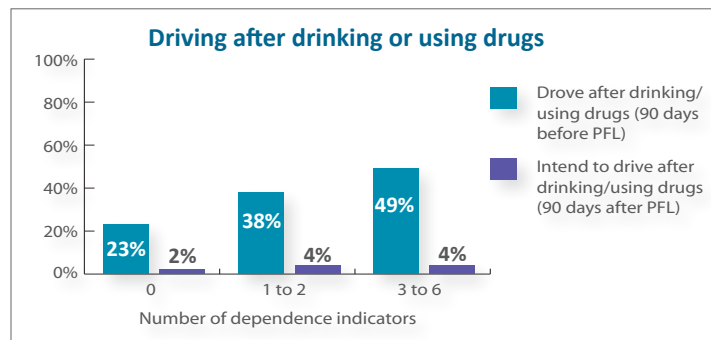
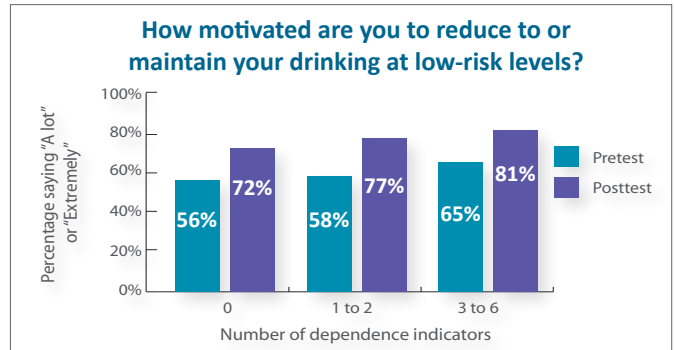
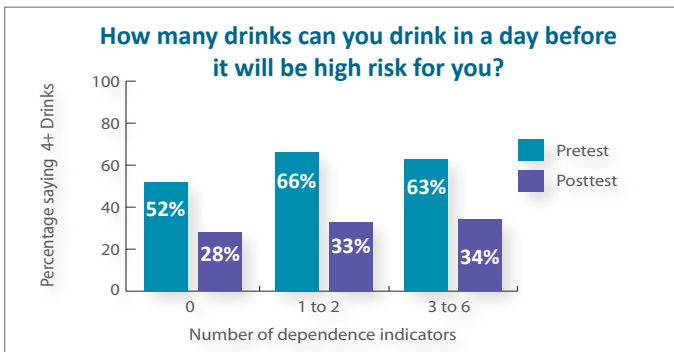
PEOPLE WITH ALCOHOL OR DRUG DEPENDENCE

An important question is whether people with greater substance dependence—who might be the most difficult to influence—benefit from PFL. Statistically examining this more complex question required a large number of participants; hence we combined the data with that collected from other states. Participants were categorized based on questions about six indicators of dependence.



In some cases, people with 3 to 6 dependence indicators had more negative beliefs and attitudes before PFL compared to people with fewer indicators. However, those with more indicators made similar or greater changes than their counterparts on key questions concerning:

- the number of drinks that represents high-risk use and driving impairment
- motivation to make low-risk choices
- intent to not drive after drinking in high-risk amounts or using drugs



Additionally, participants with 3-6 indicators of dependence rated PRIME For Life's helpfulness as high or higher than the overall sample.

EVALUATION METHODS

Evaluations were conducted in accordance with federal regulations regarding the confidentiality of client records. Data were gathered 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 questionnaires were placed in envelopes which were sealed by participants before being mailed 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 ($p < .05$).

Crisafulli, M., Stafford P., Beadnell, B., Rosengren, D. B., Carter-Lunceford, C., & Huynh, H. (2013, January). *PRIME For Life® 2012 Evaluation Report: Montana*. 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@askpri.org or call Prevention Research Institute at 800.922.9489. Other evaluation information can be found at www.primeforlife.org.

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