Name of Program/Strategy: PRIME For Life

Report Contents

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1. Overview and description

PRIME For Life (PFL) is a motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention. PFL has been used primarily among court-referred impaired driving offenders, as in the two studies reviewed for this summary. It also has been adapted for use with military personnel, college students, middle and high school students, and parents. Different versions of the program, ranging from 4.5 to 20 hours in duration, and optional activities are available to guide use with various populations.

Based on the Lifestyle Risk Reduction Model, the Transtheoretical Model, and persuasion theory, PFL emphasizes changing participants' perceptions of the risks of drug and alcohol use and related attitudes and beliefs. Risk perception is altered through the carefully timed presentation of both logical reasoning and emotional experience. Instructors use empathy and collaboration (methods consistent with motivational interviewing) to increase participants' motivation to change behavior to protect what they value most in life. Participants are guided in self-assessing their level of progression toward or into dependence or addiction. PFL also assists participants in developing a detailed plan for successfully following through with behavior change. Multimedia presentations and extensive guided discussion help motivate participants to reduce their substance use or maintain low-risk choices. Individual and group activities are completed using participant workbooks.

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2. Implementation considerations (if available)

3. Descriptive information

Areas of Interest	Substance abuse prevention
Outcomes	1: Perceived risk for alcoholism or addiction 2: Intention to drink or use drugs 3: Self-assessment of alcohol- or drug-related problems 4: Recidivism
Outcome Categories	Alcohol Crime/delinquency Drugs
Ages	18-25 (Young adult) 26-55 (Adult)
Gender	Male Female
Races/Ethnicities	Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	Other community settings
Geographic Locations	Suburban
Implementation History	PFL was first implemented in 1983. Since then, it has been delivered in approximately 1,500 sites in 48 States to approximately 2 million participants. The program is being implemented by the U.S. Army with American soldiers worldwide and is used in 13 States system-wide for convicted impaired drivers or youth policy violators. The program has been used in Sweden with the Swedish military, in parole and probation programs, and in high schools; it has been used less extensively in Cyprus. About 80 program evaluations have been conducted as of March 2010.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: Yes
Adaptations	Instructor materials and participant workbooks have been adapted for use with adolescents as well as with Cypriot and Swedish cultures. Materials have been translated into Greek, Spanish, and Swedish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.

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IOM Prevention Categories	Universal Selective Indicated

4. Outcomes

Outcome 1: Perceived risk for alcoholism or addiction

Description of Measures	Perceived risk for alcoholism or addiction was assessed using two scales based on items included in a self-administered questionnaire developed for the study. The "tolerance is protective" scale was derived from the mean of two items: "High tolerance protects people from having problems with alcohol" and "People who handle alcohol are less likely to develop alcoholism." The "risk for addiction" scale was derived from the mean of four items: "I could become an alcoholic," "If I drink as much as I have in the past, I could develop alcoholism," "If I use drugs as much as I have in the past, I could become addicted," and "I should drink less." The response categories for these items were 1 (strongly agree), 2 (agree), 3 (uncertain), 4 (disagree), and 5 (strongly disagree).
Key Findings	Participants in the study were individuals who had been referred to a State-mandated alcohol and drug education program following involvement in drug-related offenses such as driving while intoxicated (DWI), underage drinking, or drug possession. The majority were individuals who had received their first DWI conviction and were required to complete a program as a condition of driver's license reinstatement. Participants were assigned to the PFL program or to a comparison group that received a standard intervention about general topic areas and guidelines related to DWI. PFL participants had significantly greater decreases in scores on both scales, indicating greater improvement in the accuracy of their risk estimation (p values < .001). Effect sizes were small for both the "tolerance is protective" scale (eta-squared = 0.036) and the "risk for addiction" scale (eta- squared = 0.040).
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	3.3 (0.0-4.0 scale)

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Outcome 2: Intention to drink or use drugs

Description of Measures	Intention to drink or use drugs was assessed using one item from a self-administered questionnaire developed for the study: "This class helped me decide to drink less or use drugs less." Response categories were 1 (strongly agree), 2 (agree), 3 (uncertain), 4 (disagree), and 5 (strongly disagree).
Key Findings	Participants in the study were individuals who had been referred to a State-mandated alcohol and drug education program following involvement in drug-related offenses such as DWI, underage drinking, or drug possession. The majority were individuals who had received their first DWI conviction and were required to complete a program as a condition of driver's license reinstatement. Participants were assigned to the PFL program or to a comparison group that received a standard intervention about general topic areas and guidelines related to DWI. This study found that compared with participants receiving the standard intervention, significantly more PFL participants indicated an intention to drink less or use drugs less after the intervention ($p = .05$). This result was associated with a small effect size (eta-squared = 0.016).
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	3.3 (0.0-4.0 scale)

Outcome 3: Self-assessment of alcohol- or drug-related problems

Description of Measures	The percentage of participants self-assessing with alcohol- or drug-related problems was measured at pretest and posttest using two items from a self-administered questionnaire developed for the study: "Have you ever had an alcohol or drug-related problem?" and "I have alcoholism or drug addiction." Response categories were "yes," "no," and "unsure."
Key Findings	Participants in the study were individuals who had been referred to a State-mandated alcohol and drug education program following involvement in drug-related offenses such as DWI, underage drinking, or drug possession. The majority were individuals who had received their first DWI conviction and were required to complete a program as a condition of driver's license reinstatement.

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	Participants were assigned to the PFL program or to a comparison group that received a standard intervention about general topic areas and guidelines related to DWI. This study found that self-identification of drug or alcohol problems increased more among PFL participants than among participants receiving the standard intervention. For the retrospective item, 10% of both groups responded at pretest that they had ever had an alcohol- or drug-related problem. In comparison, at posttest, 14% of the PFL group and 7% of the comparison group indicated they had ever had an alcohol- or drug-related problem (p = .007). For the item asking about current alcoholism or drug addiction, 2% of the PFL group and 4% of the comparison group responded "yes" at pretest (p = .21), compared with 4% of the PFL group and 0% of the comparison group at posttest (p = .05).
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	3.3 (0.0-4.0 scale)

Outcome 4: Recidivism

Description of Measures	Recidivism was assessed by examining 1-year re-arrest rates. The analyses included any arrest, misdemeanor, felony, or incarceration indicated in court records during the year after discharge from the program or completion of probation.
Key Findings	In a statewide evaluation study, data on individuals who had participated in PFL following an impaired driving conviction were compared with data on probationers who participated in a court-designated alcohol or drug program other than PFL following a substance use-related offense. This study found that PFL participants had a significantly lower 1-year re-arrest rate relative to the comparison group (p< .05). Eighty-one percent of the PFL group was not rearrested within 1 year after the discharge date, while 71% of the comparison group was not rearrested within 1 year following completion of probation.
Studies Measuring Outcome	Study 2
Study Designs	Quasi-experimental
Quality of Research Rating	3.2 (0.0-4.0 scale)

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5. Cost effectiveness report (Washington State Institute of Public Policy – if available)

6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

7. Who is using this program/strategy

Washington Counties	Oregon Counties

8. Study populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult)	62% Male 38% Female	86% White 7% Race/ethnicity unspecified 5% Black or African American 2% Hispanic or Latino
Study 2	18-25 (Young adult) 26-55 (Adult)	80% Male 20% Female	82% White 18% Race/ethnicity unspecified

9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Beadnell, B., Nason, M., & Rosengren, D. B. (2009). Comparative impact of PRIME For Life in North Carolina: 2007-2009. Manuscript in preparation.

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Study 2

Lowenkamp, C. T., Latessa, E., & Bechtel, K. (2007). A statewide, multisite, outcome evaluation of Indiana's Alcohol and Drug Programs. University of Cincinnati, Division of Criminal Justice, Center for Criminal Justice Research. Submitted to the Indiana State Judicial Center, Indianapolis, Indiana.

Supplementary Materials

Engen, H., Richards, C., & Patterson, A. M. (1995). An evaluation of the State of Iowa's Drunk Driver Education Curriculum: Final report. Submitted to the Iowa Department of Education by the Iowa Consortium for Substance Abuse Research and Evaluation, Des Moines, Iowa.

Kallina-Knighton, W. (2002). Effectiveness of an intervention program for DUI (driving under the influence) offenders (Doctoral dissertation, Auburn University, 2002). Dissertation Abstracts International, 63(6-A), 2151.

Prevention Research Institute. (2008). Researching the impact of PRIME For Life in your community. Lexington, KY: Author. Supplementary Documentation for Study 1 and Study 2

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Perceived risk for alcoholism or addiction	4.0	3.5	3.0	3.0	3.0	3.5	3.3
2: Intention to drink or use drugs	4.0	3.5	3.0	3.0	3.0	3.5	3.3
3: Self-assessment of alcohol- or drug-related problems	4.0	3.5	3.0	3.0	3.0	3.5	3.3
4: Recidivism	3.5	3.0	3.0	3.0	3.0	3.5	3.2

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Study Strengths

Measures of reliability and validity were good, based on face validation and confirmation by factor analyses. Intervention fidelity was supported by the use of a manual, the structured nature of the program, and provision of training. Missing data were minimal in both studies and where present were adequately addressed with statistical measures. Data analyses used were appropriate for the outcomes set by the studies.

Study Weaknesses

No evidence was presented for either study that instructors were observed on a scheduled basis, which is a concern for intervention fidelity. The attrition level of 21% at posttest in one study is a concern. The effects of some confounding variables were not adequately addressed (e.g., between-group differences at baseline, variability of DWI-related charges for the recidivism outcome).

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

PRIME For Life instructor workbook (version 8.0). Lexington, KY: Prevention Research Institute. Daugherty, R., & O'Bryan, T. (2004).

PRIME For Life participant workbook (version 8.0). Lexington, KY: Prevention Research Institute. Daugherty, R., & O'Bryan, T. (2004).

PRIME For Life video resources (version 8.0). Lexington, KY: Prevention Research Institute. Daugherty, R., & O'Bryan, T. (n.d.).

PRIME For Life instructor manual (version 8.0). Lexington, KY: Prevention Research Institute. Prevention Research Institute. (2006). Content quick view. Lexington, KY.

Prevention Research Institute. (2006). PRIME For Life moving forward manual. Lexington, KY.

Prevention Research Institute. (2006). PRIME For Life pre/post tests and pre/post test instructor keys. Lexington, KY: Author. Prevention Research Institute. (2008). My development plan. Lexington, KY.

Prevention Research Institute. (2008). PRIME For Life domain quick view (version 1). Lexington, KY: Author. Prevention Research Institute. (2008).

PRIME For Life new instructor training week handbook. Lexington, KY: Author. Prevention Research Institute. (2008). Researching the impact of PRIME For Life in your community. Lexington, KY.

Prevention Research Institute. (2009). PRIME For Life 2009 schedule: Georgia Risk Reduction Program continuing education. Lexington, KY.

Prevention Research Institute. (2009). PRIME For Life 2009 schedule: New instructor training and continuing education. Lexington, KY.

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PRIME For Life 2009 trainer manual. Lexington, KY. Prevention Research Institute. (n.d.).

PRIME For Life continuing education handbook. Lexington, KY. Prevention Research Institute. (n.d.).

PRIME For Life instructor training DVD. Lexington, KY.

PRIME For Life: Moving Forward in 2008! (PowerPoint presentation) PRIME For Life Participant Evaluation

PRIME For Life Sessions at a Glance

PRIME For Life Web site, http://www.primeforlife.org

Support Provided to PRIME For Life Instructors

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.5	4.0	4.0	3.8

Dissemination Strengths

A comprehensive array of print, media, and electronic materials are easily accessible from the program Web site. Manuals are attractive, thorough, and well organized and clearly differentiate content intended for adult participants from that intended for adolescents. After an initial, intensive 4-day training, trainees can select from a variety of ongoing training opportunities and conferences. Information about training is readily available in print materials and on the Web site. The Web site provides a password-protected section for instructors that include useful tools and resources for implementation. Ongoing technical assistance and follow-up support is offered. The developer has established clear standards for program delivery and offers a wide variety of options for assessing and ensuring that these standards are met.

Dissemination Weaknesses

Although direct consultation is available for system-wide implementation, the materials do not specifically provide guidance for administrators or others responsible for program planning and development on how to integrate this intervention into the organization.

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11. Costs (if available)

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Participant workbooks	$7.50-$30 each	Yes
4-day, off-site training; can be provided on site for 15 or more trainees	Varies depending on location of training	Yes
1- to 2-day Annual Continuing Education Conference	Free	No
Ongoing support and technical assistance via toll-free phone, email, or online	Free	No
Feedback to instructors on skills	Free	No
Moving ForWarD Instrument for adherence measurement	Free	No

Additional Information

PFL is primarily delivered within State systems that have adopted the program as the sole or main curriculum for convicted impaired drivers or other court-referred clients. In these States, in most cases, the only fee to implement the program is the cost of participant workbooks; one copy is required for each participant. Workbook fees are negotiated between the developer and the State system, taking into account additional services provided and system size.

12. Contacts for more information

For information on implementation:

Ejna Mitchell
(800) 922-9489 ext 332
ejna@askpri.org

For information on research:

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Learn More by Visiting: http://www.primeforlife.org

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