prime NEWSLETTER

FALL/WINTER 2025-2026

Prevention Research Institute™

DRY JANUARY

This month, we launched a pilot test of **Prime Choices** - a new, voluntary online course! We are excited to explore the opportunity to share the Prime For Life message beyond classroom walls, and before participants are required to take a program due to encountering problems. It's a new prevention effort and we are thankful for the support of all Prime For Life providers. **CLICK HERE** to read more about Prime Choices and its interaction with existing Prime For Life implementation.

IN THIS ISSUE

Looking Backward, Forward, Inward & Outward

This article is built on a plenary session I gave in Scotland this past June. It was inspired by work done by Chris Wagner, PhD, at a Motivational Interviewing (MI) Summit. This is a brief meditation on where we have been, where we are going, who we are, and who we want to be in the world. While this is framed within the PRI and Prime For Life® lens, it is also meant as a meditation for us all.

Looking Backward

A people without knowledge of their past history, origin, and culture is like a tree without roots.
- Marcus Garvey

Prevention Research Institute (PRI) was born from Ray Daugherty's desire to create a program based on what the scientific evidence showed worked, which then required an organization to support, guide, and improve it. The program, which became known as Prime For Life, and PRI have grown and shifted in focus over time. Prime For Life began as a program targeting universal prevention for youth, moved into secondary prevention for young adults, and eventually focused on indicated prevention for adults across the lifespan, with particular concentration on impaired driving. A treatment curriculum – Prime Solutions® – then followed, as did self-led approaches to prevention (Prime Focus and myPrime®).

During this development, PRI staff created a culture that set high ex-

pectations for itself, the programs it creates, and the support it provides for our partners. Indeed, Allan Barger liked to say excellence is a habit that is built, and to quote the late Possie Raiford, "We don't apologize for high expectations." That tradition remains. PRI has been, and continues to be, blessed by remarkable people over the years. Of course, we lost one of those people on August 25, 2025.

Tribute Video

The story of PRI cannot be told without Michelle Stephen Seigel's place in it. The loss was immense and, of course, she is written on our hearts. One of the things we frequently hear from instructors is, "Prime For Life changed me"; Michelle was no exception – PFL changed her.

I invite you to consider a question: **Looking Backward, how did Prime For Life change me as a person?**

Looking Forward

May your choices reflect your hopes and not your fears.

- Nelson Mandela

We live in a time of tumult and change. PRI is no different. Shifts are happening in how we understand, apply, integrate, learn, and research prevention activities to prevent high-risk use. Our knowledge base has grown and yet areas of uncertainty remain. Is virtual training as effective as in-person training? What is the role of felt experience for learners, both in terms of becoming PFL instructors as well as for clients? Can self-directed experiences lead to lasting change? What other settings might benefit from the Lifestyle Risk Reduction Model and/or Prime For Life? These are important questions that we hope to explore in the coming years.

Looking forward also means reimagining what we do and perhaps even envisioning something entirely new. This is both disconcerting and exciting. Over the next year, our branding will change. Ordering materials will still happen online and over-the-phone, however you will be purchasing Access to a program, not a workbook. We will still send workbooks and e-workbooks, but Access to the Prime For Life program is what will grant the full participant experience. We are building a companion app that each participant will receive as part of this Access fee. We will also roll out new initiatives that will add support for clients, instructors, and systems. Version 10 of Prime For Life will require a little more patience because of the loss of Michelle, but it will bring a new look, feel, and ease of presentation to the Prime For Life program, as well as new support elements for new instructors. Still, the things you love about Prime For Life and PRI will remain.

Of course, all this talk of change can feel a little overwhelming, especially when we like things as they are. Here are a couple of questions to consider: **As I Look Forward, what gives me hope about venturing out beyond my safe harbor to try something new? How will my choices reflect my hopes and values, and not my fears?**

Looking Inward

All change is hard at first, messy in the middle and so gorgeous at the end.

- Robin Sharma

PRI built a strong culture under Ray's guidance. We feel great pride when someone asks, "Why is everybody so great to work with at PRI?" As much as we like making people's days, there is something even deeper here. We have spent considerable time thinking about, discussing, and coming to agreement about who PRI is and what we should be doing. Here is what our staff decided about two questions.

Q: What are we deeply passionate about?

A: Increasing thriving and reducing problems associated with high-risk choices by...

- Helping people understand and protect what matters.
- Building relationships that help.
- Focusing on science and quality.

Q: What are we best in the world at?

A: Developing, sharing and supporting research-based, lifestyle risk reduction prevention programs.

This process of Looking Inward led to clarity in what we will and won't do as we move forward. Currently, we are in the messy middle with projects at PRI and we have faith that it will be gorgeous in the end. Here are some questions you might consider in Looking Inward:

- **What do I need to clear out to make space inside of me for something new?**
- **What will be messy in the middle if I make a change?**
- **What will be gorgeous in the end?**

Looking Outward

A human being is a part of the whole, called by us 'Universe,' a part limited in time and space. We experience ourselves, our thoughts and feelings, as something separated from the rest—a kind of opti-

cal delusion of our consciousness.
- Albert Einstein

We tend to think of ourselves as discrete and disconnected people, different from each other in our thoughts, beliefs, and attitudes, and of course limited by the time we have on this earth. Yet research suggests these firm boundaries are artificial.

Indeed, when we work and listen with compassion with another we find not only do they change, but we change. Indeed, we change first. At a physiological level, our heart rates, galvanic skin response, and even our brains move into synchrony, and when those things happen, change happens. There is also a space between people – a relational field – that is separate from what is happening within the two people – or a group of people. Change and growth also emerge in this in-between space, infused by the spirit we bring to this work, bonded by connection and partnership, and clarified by separation. It is the place where cultures meet. What if in this shared place, where we experience connection and separation, we could say to ourselves, "Just like me, this person has known challenge and courage." What might happen?

Then you might ask your-self: **How has my heart expanded through this process of Looking Outward?**

At the Core of It All

At PRI our mission is not to create great programs; it's to help people grow and change. When we know where we have been and where we want to go, who we are and who we want to be for others, then we have an opportunity to bring good into the world. What a gorgeous thing that is and will be.

Endnote

[1] *I modified the language in this quote to reflect all people, but I don't believe that it changes the essential thrust of what Einstein was saying.*

David B. Rosengren, Ph.D.
PRI President

New Faces at PRI

Meet Dr. Erin Shirley Orey & Rudy Marrufo

We are excited to welcome two people to our PRI Team!

Erin Shirley Orey, DrPH, has a doctorate in public health with a concentration in health policy and management and over a decade of experience in healthcare-related program management. A former engineer before her transition to public health, Erin brings a unique problem-solving and data analysis perspective to PRI's research team.

In the six years before she joined the PRI team, Erin directed multiple large projects at the University of Mississippi Medical Center (UMMC) focused primarily on providing medication and other treatments to individuals diagnosed with substance use disorders and developing educational programs and services for clinicians and the community.

As Associate Director of Research, Erin will play a key role in helping us expand our capacity to rigorously evaluate our programs and services.

Erin joined PRI as full-time staff on January 2, 2026.

Rudy Marrufo, is PRI's Marketing Coordinator. As a digital marketing professional with over 20 years of experience and a degree in graphic design and media arts, he brings a wealth of knowledge and expertise to our team, diving into the latest technologies and trends to extend the reach and impact of Prime programs.

Rudy is a proud resident of Redlands, CA, along with his wife and two children.

When not working, Rudy can be found exploring the great outdoors - fishing, hiking, and enjoying the natural beauty of Southern California. His passion for the environment and outdoor activities is often reflected in his design work, which makes him the perfect fit for an organization where ***growth*** happens.

Rudy joined the PRI team on November 3, 2025.

Prime For Life Virtual Delivery

Does it work?

Prime For Life Virtual Delivery

When the COVID-19 pandemic closed in-person operations worldwide, PRI worked quickly to develop resources to facilitate delivery of Prime For Life (PFL) virtually via video-conferencing platforms such as Zoom. Our goal was for virtual participants to have the same life-changing experience that our in-person participants have reported countless times over the years. PRI developed a variety of resources, held Zoom-based Continuing Education Sessions (CES) to build instructor knowledge and skills, and added a special section to our Instructor Dashboard that included videos on how to teach Prime For Life remotely, how to adapt the program to Zoom, a Zoom etiquette infographic, countdown timer videos for virtual breaks, brainstorm pages to replace whiteboard activities, plus other resources. Together, we learned how to deliver PFL virtually and this is apparent: It is an adapted skill set and one that can be learned and coached.

Instructors observed that virtual delivery appeared to be successful and that it might have some benefits. For example, virtual delivery increases access to PFL for individuals who find it difficult to attend in-person classes and might allow for more frequent delivery when groups are gathered from across areas. This is especially important in rural areas where participants need to travel long distances to attend classes, public transportation is not available, and offerings might be infrequent because of small numbers in a specific locale.

Despite the anecdotal information from instructors and observations by PRI staff, since adapting PFL for online delivery, an important question remained: Do participants who attend virtual Prime For Life programs experience similar benefits as those who attend in-person programs? Data from our 2023-2024 evaluation is beginning to answer that question.

2023-2024 Evaluation Findings

Before focusing on virtual participants, let's zoom out and look at the overall evaluation findings. For this evaluation, we analyzed data from 5,221 non-military participants who were completing Prime For Life to meet legal requirements in 48 different states during 2023 and 2024. As in prior evaluations, participants rated the program as helpful, and many showed improved knowledge and risk perception. Additionally, participants reported they intended to avoid problematic substance use behaviors they had engaged in before the program. For example, they intended to drink less, avoid THC use, and not drive when under the influence of alcohol and/or drugs. Importantly, the findings extended even to those with substance use disorders. As in our prior evaluations of Prime For Life, we also found beneficial effects of Prime For Life for those who met criteria for a probable substance use disorder. **The full evaluation report is available online.**

Impact of Prime For Life for Virtual Participants

Turning our attention to virtual delivery of Prime For Life, the first

prime for life®

Evaluation Report 2025

What's Inside

question we sought to answer was: Does it work?

To answer that question, we analyzed data from 2,548 Prime For Life participants from our 2023-2024 evaluation who reported that they attended Prime For Life virtually.

The short answer is: Yes. Participants significantly improved their knowledge of standard drinks, tolerance, and risk factors for developing substance use problems as well as their perception of the risks associated with drinking outside the low-risk guidelines. Most importantly, although more than 40% of participants reported drinking outside of the low-risk guidelines in the 90 days prior to Prime For Life, less than 10% reported an intention to do so in the 90 days following the program. Intentions to use THC, drive after its use, or drive after drinking decreased relative to pre-program levels of these behaviors. Lastly, participants found PFL done virtually was a worthwhile experience. Specifically, more than 92% of these virtual participants reported that attending Prime For Life had been a good experience and 94% reported that Prime For Life would be useful for people with alcohol or drug problems. In sum, people's knowledge, risk perception, and behavioral intentions changed and they liked the experience. **The full report is available HERE.**

Now we know virtual Prime For Life is beneficial, but it leads to a second question: Is it *as* beneficial as in-person Prime For Life?

Our next step will be to compare virtual participants to a matched sample of in-person participants to see if the benefits are equivalent in both groups of participants. While it seems like that should be an easy question to answer, it requires a more complicated set of data analytic steps than just simple comparison. We should have the answer to that question in time for the next PRIME Newsletter. Stay tuned!

Julie Schumacher, Ph.D.
PRI Director of Research & Evaluation

Michelle Lynn Stephen Seigel

She was a bright and amazing light.
– Lesa

Michelle was everything you wanted to be – intelligent, gorgeous, funny, fun loving, fearless, generous and kind to both humans and her beloved pets.
– Donna

She is the reason I spent years teaching Prime For Life – because of her inspiration and guidance.
– Bill

She exhibited a level of confidence coupled with kindness that was truly inspirational.
– Mark

Michelle was a friend, a mentor, a sister, an inspiration, a role model professionally and in parenting and in friendship.
– Katya

NITO VS. NIT

Effective Virtual and In-Person Training

In addition to providing online learning options for Prime For Life participants, PRI shifted during the pandemic to offering instructor training online.

Prime For Life New Insturctor Training Online (NITO) is now our primary training method, so of course we want to know that it works. As Derek says, the Prime For Life story matters. How we deliver it matters too! So effective instructor training and support that allows our partners to deliver Prime For Life effectively - with confidence, kindness, fidelity, and even a bit of humor - is critical.

We're grateful for new instructors, both in-person and online, who take the time to provide feedback after the training experience. These surveys have allowed us to craft training experiences that result in consistently high Moving ForWarD ratings, as revealed in the "In-Person versus Web-based Training Outcome Means" chart on this page.

The PRI Team is always looking for ways to enhance our training and programs. If you ever have feedback to share, please reach out to a team member directly or use our contact form.

prime for life®

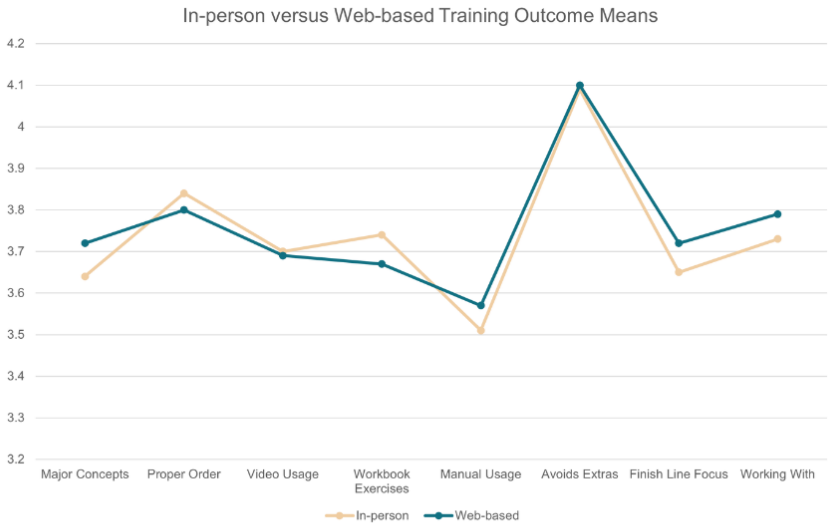
NEW INSTRUCTOR TRAINING

ONLINE (NITO)	IN-PERSON (NIT)
ONLINE DELIVERY • 4 Online Course Modules • 3 Live Zoom Sessions with PRI Trainers • Exam • Coaching Session	**IN-PERSON DELIVERY** • 2 days (9-5) of Training • Exam • Coaching Session
HIGHLIGHTS • Accessibility • Customizable Schedule • Practice in Virtual Delivery • Lower Cost	**HIGHLIGHTS** • Condensed Schedule • Face-to-Face Connection/Networking • Exposure to In-Person Delivery

Prime For Life is delivered in-person and virtually. We offer effective training both ways too!

Research literature and our own studies show comparable learning outcomes for virtual vs. in-person training participants.

A summary of our findings, with data gathered during coaching sessions post-New Instructor Training online and in-person, and using the Moving ForWarD Rating Scale, is below. Please contact support@primeforlife.org with questions!



Outcomes scored 1-5, using the Moving ForWarD Rating Scale.
Score of "3" is proficient, with higher scores indicating greater proficiency.

Beyond Alcohol

The Rise of Drug-Impaired Driving

The last time you taught Prime For Life, how many participants were there for driving under the influence of alcohol alone? And how many were there for THC, opioids, stimulants, or other drugs?

If you've noticed more of the latter in recent years, you're not alone. The data show we're in the midst of a significant shift in the landscape of impaired driving. Alcohol remains a persistent problem—that hasn't changed. But alongside it, drug-impaired driving from substances other than alcohol is now a critical road safety issue, and it's getting worse.

If we walked into any major trauma center and asked the staff what they're finding in toxicology reports for seriously or fatally injured drivers, the answer might be surprising: More than half test positive for one or more psychoactive drugs, and nearly a quarter of those don't test positive for alcohol at all.

In a National Highway Traffic Safety Administration (NHTSA) study of 7,279 seriously or fatally injured road users from 2022, 55.8% tested positive for at least one drug and/or alcohol. The most prevalent category was cannabinoids (active THC) at 25.1%, followed by alcohol (23.1%), stimulants (10.8%), and opioids (9.3%). In a 2025 study, this one of 8,328 injured drivers in Canadian trauma centers, 54.9% tested positive for at least one impairing substance, with depressants (as a category) detected in 28.4% of drivers, THC in 16.3%, alcohol in 16.1%, stimulants in 12.7%, and opioids in 10.9%.

This is not a small problem. And it's not going away.

A Dramatic Increase in THC Positivity Rates

Let's start with THC products because the data here are particularly striking.

To start, THC-impaired driving is now as common—or more common—than alcohol in some samples and studies. In 2000, about 9% of drivers killed in motor vehicle crashes tested positive for cannabis. By 2018, this had climbed to around 21.5%. More recently, a smaller dataset from an Ohio county raised concern when it found that THC positivity rates among deceased drivers was 42% over a 6-year period. While this might not be representative of the country as a whole, it appears clear that the prevalence of THC-impaired driving is increasing at a steady rate.

> **Drug-impaired driving from substances other than alcohol is now a critical road safety issue, and it's getting worse.**

This trend is particularly concerning because a large body of work now shows "unanimous agreement" that THC impairs driving-related skills. It reduces performance on critical tracking and divided-attention tasks, slows reaction time, increases lane weaving and speed variability, and more. A 2023 clinical review also summarized this evidence, emphasizing that both occasional and chronic users show psychomotor and cognitive impairment relevant to driving up to four hours after use.

Prime For Life 420

Prime For Life.
Addressing THC use.

Prime For Life instructors have access to a THC-focused version of the program: Prime For Life 420. **Check it out online!**

And look out for Teach & Talk CE Sessions on the topic, located on the **Training Events** page when available!

When it comes to mitigating risk, THC-impaired driving poses significant challenges. The amount of THC in a person's blood doesn't reliably predict how impaired they are, and THC continues to affect the body after it is no longer in the blood. THC users also have a challenging time gauging their own level of impairment and ability to drive. A recent randomized-controlled trial found that 68% of participants reported they felt ready to drive 90 minutes after smoking THC, despite their level of performance impairment not having improved at all from initial levels after smoking.

Stimulants: When Alertness Raises Risk, Rather than Reducing It

Impairment from stimulants— substances like amphetamines, methamphetamine, and cocaine— is somewhat counterintuitive. Even though someone feels more alert, the quality and safety of their driving has actually gone down.

This is because the impact of stimulants on the central nervous system follows a pattern that looks like an upside-down parabola. At low to moderate doses stimulants can temporarily improve functioning, but at higher doses (which are generally what is taken recreationally) they impair cognitive flexibility, increase risk-taking, and degrade complex driving tasks.

Studies have shown that drivers under the influence of stimulants:

- Tend to drive faster and more aggressively
- Disregard traffic signals more often.
- Show poorer hazard perception than both non–drug users and some opioid users.

Increased risk of an accident while driving under the influence of stimulants has been found for cocaine, methamphetamine, and recreational prescription stimulant use. Given that the population use rate of methamphetamine in the United States has nearly doubled in the past 10 years, we can likely expect to see rates of meth-impaired driving to increase proportionally.

Opioids and Sedation

Opioids represent a different kind of impairment. These drugs suppress central nervous system activity, producing drowsiness, reduced alertness, and slowed cognitive processing—all of which are core to driving safely.

A comprehensive review from 2021 in the Journal of Medical Toxicology concluded that illicit opioid use, the initiation phase of opioid therapy, and opioid use in combination with other psychoactive drugs are particularly associated with impaired driving and increased crash risk. Opioids can cause dizziness, sedation, narrowed attention, and slowed reactions—all of which increase risk of an accident while driving. Notably, individuals who have been prescribed opioids at a particular dose for an extended period of time do not exhibit these same risks; this is likely due to the body becoming accustomed to the dose, meaning dose-related sedation is diminished.

Polysubstance use multiplies risk.

Epidemiologically, the prevalence of prescription opioids among fatally injured drivers in U.S. crash databases rose from about 1% in the mid-1990s to 7.5% by the mid-2010s. As mentioned earlier, in the large Canadian study, 10.9% of injured drivers tested positive for opioids.

While medical professionals and patients have become more aware of opioid risks like addiction and overdose, the driving impairment risks remain under-recognized. Even patients taking prescribed opioids at therapeutic doses face elevated crash risk, particularly during treatment initiation or when combining opioids with other sedating substances.

Benzodiazepines and Other Anti-Anxiety Medications

Benzodiazepines (e.g., diazepam, alprazolam, lorazepam) and other sedative medications that are widely prescribed for anxiety and sleep are also clearly linked to increased driving risk. For example, a recent systematic review found that benzodiazepine use is associated with an approximately 60–80% increase in traffic accident risk. As a reference point for comparison, another study concluded the increased risk of a crash under the influence of benzodiazepines was about equivalent to driving with a blood alcohol concentration between 0.05 and 0.08. Additionally, combining alcohol with benzodiazepines is particularly dangerous as the two substances interact to produce a 7.8x increase in crash risk versus driving sober.

However, risk due to prescription benzodiazepines is similar to opioids in that the risk of having an accident is highest in the first two weeks after beginning a new prescription or increasing a dose. There has also been an association found that long-acting benzodiazepines (such as diazepam,

brand name Valium) carry higher risk than fast-acting benzodiazepines that wear off more quickly (such as alprazolam, brand-name Xanax).

Bringing it Home to Prime For Life

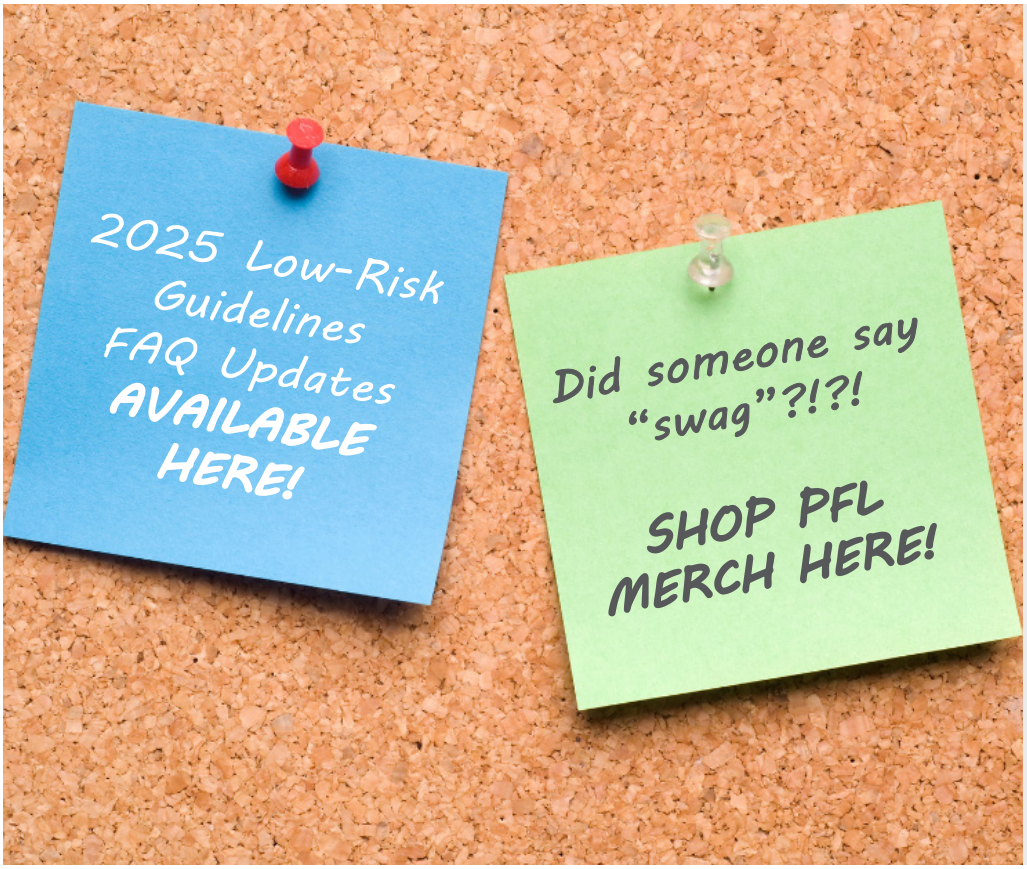
This brings us to perhaps the most important question: What can we tell our participants about all this?

Here are three takeaways we can consider weaving into our dialogues:

- **Impairment goes beyond alcohol.**
  Impairment behind the wheel can result from a wide variety of substances and combinations, not just alcohol. All psychoactive drugs—including cannabis, stimulants, opioids, and prescription medications—can compromise driving safety in significant, and sometimes subtle, ways.
- **Perceptions of safety do not equal actual safety.**
  As with alcohol, feeling competent or alert after using a substance does not mean that driving abilities are unimpaired. Many drugs, especially cannabis and stimulants, create an active mismatch between perceived and actual readiness to drive.
- **Polysubstance use multiplies risk.**
  Using more than one substance—whether mixing drugs or combining drugs with alcohol—dramatically increases crash risk in ways that people often underestimate. The combined effects are often more severe than any single substance alone.

The landscape of impaired driving has never been more complex, but the core risk-reduction principles of Prime For Life are as applicable as ever. Thank you for the dedication you bring to our important work, and I'll look forward to working together with you to navigate the road ahead. If you have any questions, please feel free to drop me a line via email at aaron.weiner@primeforlife.org.

Aaron Weiner, Ph.D.
PRI Executive Vice President



Connect with other Prime For Life Instructors!

Have you ever used the "Find Another Instructor" feature on the Instructor Dashboard? This tool allows instructors to connect with each other, refer participants when needed, and be easily referenced when the PRI team receives inquiries.

To add or update your information in the optional "Find Another Instructor" database, visit the **Instructor Dashboard** and select "My Contact Information."