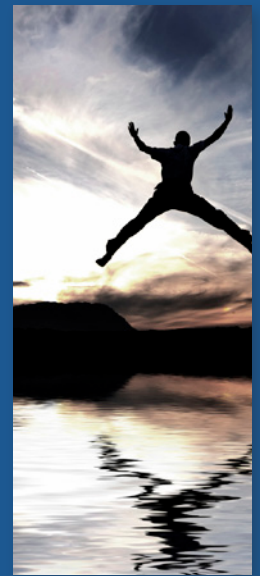


NEW HAMPSHIRE

2011 Evaluation Report Executive Summary



PRIME For Life®

A MESSAGE FROM PRI PRESIDENT & CO-FOUNDER

Dear Friends:

PRIME For Life is one of the approved programs for DWI offenders in New Hampshire (NH). With the assistance of trained PRIME For Life instructors, we recently measured program impact with NH participants. Programs using PRIME For Life are making a difference in the lives of clients and the safety of New Hampshire communities. The first evaluative findings based on surveys collected by instructors in 2009-2010 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 New Hampshire 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 New Hampshire offenders who participated in PRIME For Life in 2009-2010. 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 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 362 offenders in New Hampshire participated in this evaluation. In terms of race/ethnicity, most (96%) were Caucasian, while 2% were African American, 1% were Asian American, and 1% were Hispanic. Participants ranged in age from 18 to over 73 years (average age 33). Almost half (48%) were single and never married, and 86% of participants had at least finished high school or earned a GED.

The majority were arrested for impaired driving as an adult (88%) or underage (10%), and the rest for some other reason (2%). Less than one in six (16%) had at least one previous arrest for impaired driving. In terms of DSM-IV indicators of alcohol dependence, 31% had 0, 49% had 1 or 2, and 20% had 3-6 indicators.

KEY FINDINGS

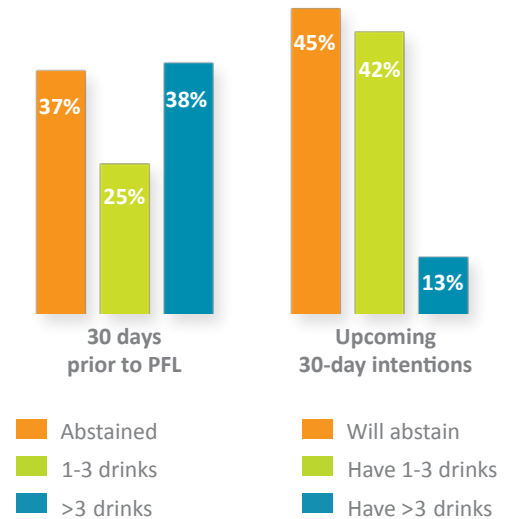
Behavioral Intentions and Detailed Planning

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. Almost no one (1%) intended to drive after making high-risk choices, compared to the 19% who were doing so 30 days prior to PRIME For Life.

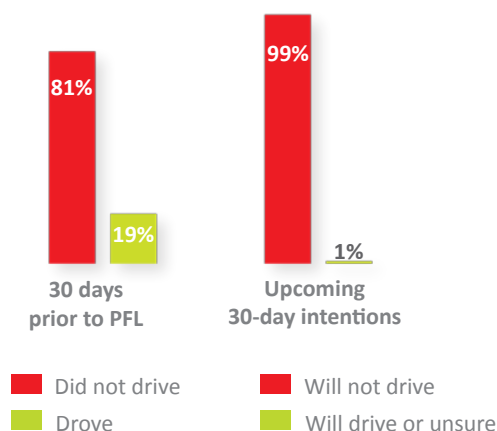
Over three quarters (77%) of all participants said they made detailed plans for what they would do instead of making high-risk choices.

Maximum number of drinks in a day*

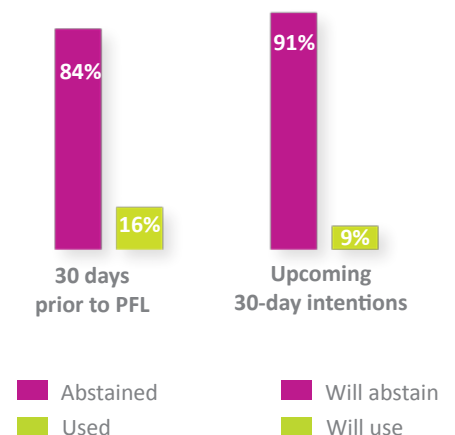


*On average people intended to drink a maximum of 3.5 drinks on any day in the upcoming 30 days compared to the 6.1 they had reported for the 30 days prior to PRIME For Life.

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, including those with the largest number of DSM-IV indicators of possible alcohol dependence. This group often began with riskier beliefs, attitudes, risk perceptions, and motivations—which would be expected—but showed significant 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, a large majority of participants agreed the program helped them:

- decide to abstain, drink less or use drugs less (85%)
- feel confident about being able to abstain, drink less or use drugs less (86%)
- develop skills to be able to abstain, drink less or to use drugs less (90%)



Evaluation methods 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. All data entry and analyses were conducted by research staff at PRI.

Beadnell, B., Nason, M., Carter-Lunceford, C., Huynh, H., & Stoner, S. (2011, March). *PRIME For Life 2011 Evaluation Report Executive Summary: New Hampshire*. 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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Prevention Research Institute, Inc. | 841 Corporate Drive, Suite 300 | Lexington, KY 40503 | phone: 800.922.9489 | fax: 859.223.5320 | www.primeforlife.org