

Responses to PRIME For Life[®] Among Hispanics*

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Abstract

Previous evaluation of PRIME For Life[®] (PFL), an evidence-based indicated prevention program, showed the same kind of positive changes in beliefs and intentions for Hispanic as White participants. This report describes analyses that replicate and extend these findings. Data from five state program evaluations (Georgia, Indiana, Iowa, South Carolina, and Utah) conducted in 2011 indicate that PFL produces positive changes for Hispanic participants on key outcomes, including motivation, behavioral intentions, risk perception, and problem recognition. These changes did not differ from those seen for White participants. Additionally, both Hispanic and White participants report finding PFL similarly helpful. Thus, findings support the value of PFL as an indicated prevention program for Hispanic participants.

Introduction

In the United States, driving under the influence of alcohol and drugs is a serious public health problem. A recent National Highway Traffic Safety Administration report¹ suggests that Hispanic individuals are an ethnic group at particular risk of driving under the influence (DUI).

Specifically, Hispanics are second only to Native Americans in having the highest incidence of driving under the influence of alcohol. In addition, 45% of Hispanic drivers injured fatally in traffic accidents had been drinking (in the general U.S. population, the corresponding figure is 37%). In light of

* On our questionnaires, participants could choose from a number of racial/ethnic categories including two relevant to this report: "Hispanic or Latino/Latina" and "White, Caucasian, or European." For simplicity, in this report we use the terms "Hispanic" and "White."

these data, it is clearly important that DUI interventions strive for effectiveness with this group.

PRIME For Life (PFL), a motivational intervention for people who need indicated prevention, helps participants assess their risks without engendering resistance. PFL is available in both English and Spanish. It supports participants' exploration of their current views while providing information that may gently challenge those ways of thinking. As part of this process, participants evaluate their need for change and determine their choices about reducing risk. Prior research suggests PFL is effective in changing attitudes, risk perceptions, and behavioral intentions; it is also related to lower recidivism.²⁻⁵

In previous analyses⁶ we examined Hispanic and White participants' responses to PFL. Results showed PFL produced similar change for both groups on several important variables. Specifically, both groups evidenced improvements in risk awareness, behavioral intentions, and motivation, which in turn predict future behavior.⁷ Both groups also reported finding the intervention helpful. Using data collected more recently, we conducted the current analyses to replicate and extend previous findings.

Methods

To examine whether Hispanics benefit differently than people from the majority U.S. racial/ethnic group after participating in PFL, we compared intervention responses

for adults who identified primarily as Hispanic ($n = 129$) and those who identified primarily as White ($n = 1,965$). This subsample was comprised of the 5% and 76%, respectively, who self-identified as primarily Hispanic and primarily White in a larger evaluation of PFL participants in five states (Georgia, Indiana, Iowa, South Carolina, and Utah; $N = 2,579$) in 2011. The vast majority (99%) of participants in this subsample were court ordered to attend PFL after an alcohol- or drug-related infraction. Of these, 80% had been arrested for impaired driving, 7% for drug possession, 6% for underage drinking, 3% for underage drinking and driving, and 4% for other offenses.

The analysis sample was comprised of more men (70%) than women (30%), and most participants were young, with 33% reporting their age as 18-24, 28% as 25-34, 17% as 35-44, 15% as 45-54, and 7% as 55 or over. With regard to education, 11% had less than a high school education, 34% had completed high school or a GED, 34% had attended some college or technical school, 8% had an associate's degree, and 13% had a bachelor's or graduate degree.

Immediately before and after the intervention, program instructors distributed self-report questionnaires for participants to complete anonymously. All questionnaires were administered in English. Copies of the questionnaires and information regarding their psychometric properties are available upon request.

We used Type III tests from Generalized Estimating Equations to examine ethnic differences in changes from baseline to

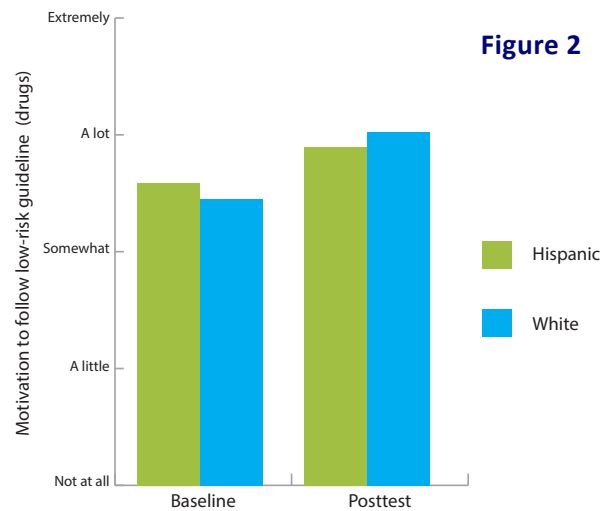
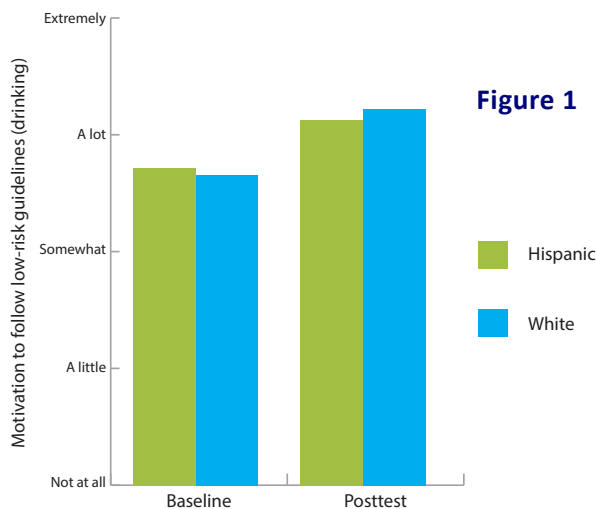
posttest. The predictors of interest were time (baseline to posttest), ethnicity, and the interaction of time and ethnicity. In addition, we controlled for the effects of gender, age, and education. Given the relatively large number of outcomes examined, we used an adjusted alpha level of .005 as the criterion for statistical significance.

Results

Hispanic and White participants did not differ in how much they benefitted from participation in PFL. We observed no statistically significant main effect for ethnicity or interaction of ethnicity with time. Key findings are presented below.

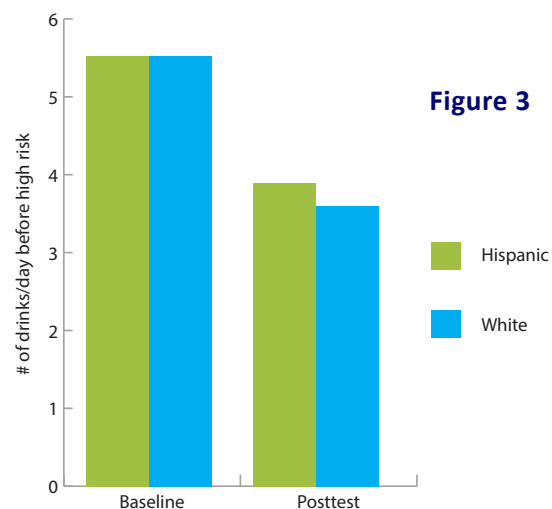
Motivation

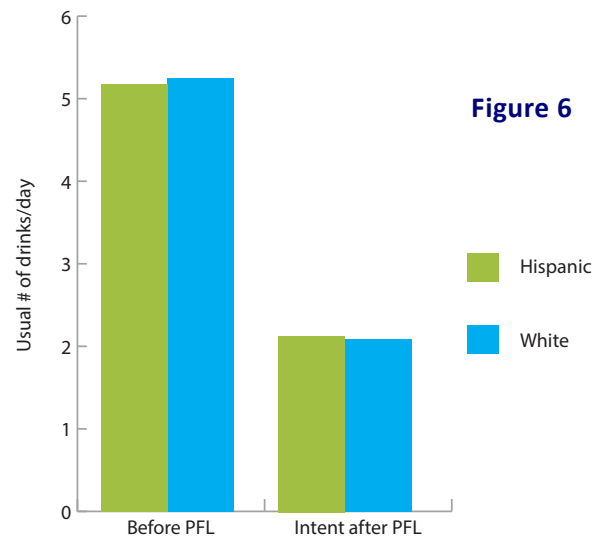
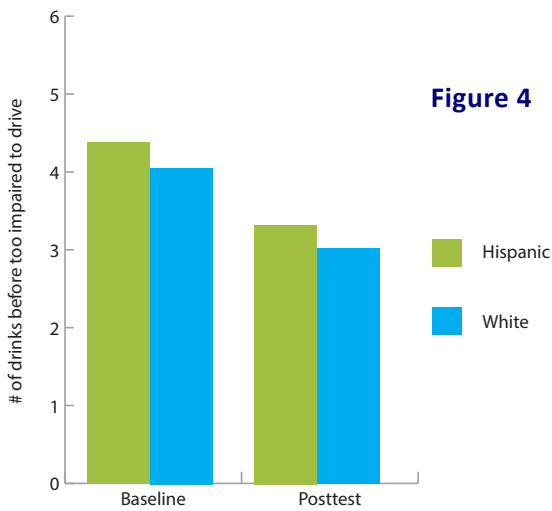
As illustrated in Figures 1 and 2, both Hispanic and White participants experienced significant increases from baseline to posttest in motivation to follow the low-risk guidelines for substance use taught in PFL.



Risk Perception

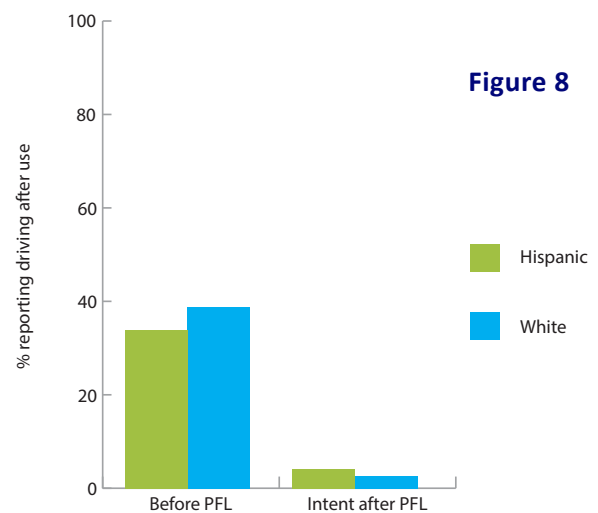
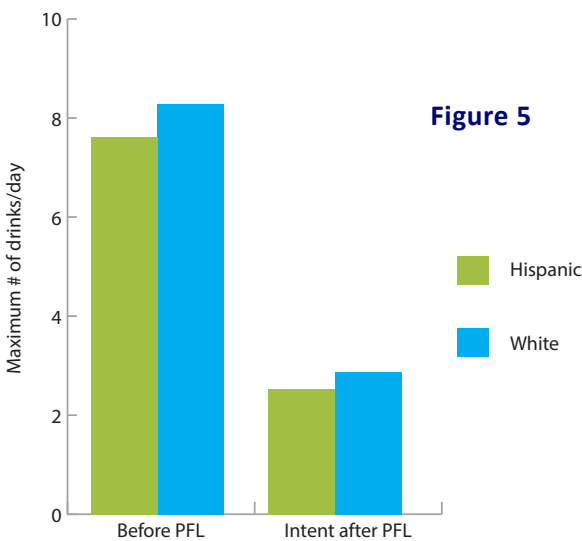
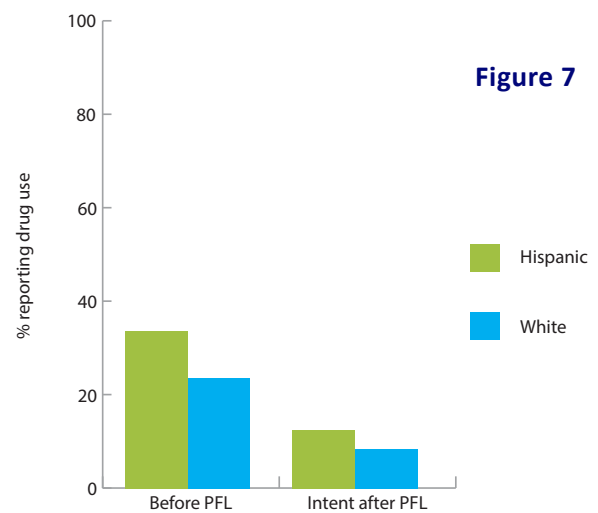
Both Hispanic and White participants exhibited significant improvements in awareness of the risks associated with their substance use after PFL. Specifically, participants reduced their estimates of the number of drinks they could consume that would be low risk (Figure 3) and allow them to drive unimpaired (Figure 4).





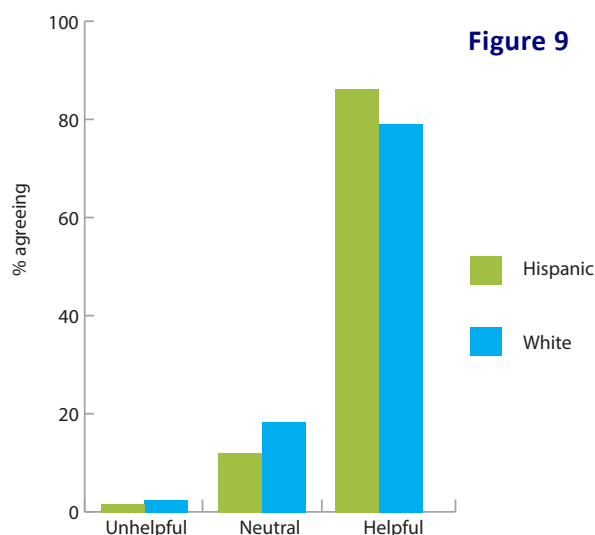
Behavioral Intentions

Both Hispanic and White participants intended to use significantly less substances in the 90 days after PFL than they reported having done in the 90 days prior to PFL. Specifically, both groups indicated intentions to decrease or eliminate their drinking (Figures 5 and 6), drug use (Figure 7), and/or driving under the influence of substances (Figure 8).



Appraisals of PRIME For Life’s Helpfulness

The majority of both Hispanic and White participants agreed that PFL helped them decide to drink or use drugs less and to develop the plans, skills, and confidence to do so (Figure 9).



Conclusions

Consistent with previous findings,⁶ results indicate PFL produces similar improvement on key outcomes for Hispanic participants as it does for Whites. Specifically, both Hispanic and White participants report finding the program helpful and evidence positive change in the following areas:

- Motivation to keep drinking and drug use to low-risk levels
- Awareness of the potential for developing substance use problems
- Intentions to use substances at lower levels than prior to participating in PFL
- Intentions to avoid driving under the influence of substances

These findings provide further support for the continued use of PFL with Hispanic participants. Future evaluations will continue to examine PFL’s effectiveness with participants of various races and ethnicities with particular attention to behavioral outcomes, including substance use and recidivism.

References

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To cite this report:

Crisafulli, M. A., Stafford, P. A., Beadnell, B., & Rosengren, D. B. (2013). *Responses to PRIME For Life among Hispanics* (Technical Report 2.2). Lexington, KY: Prevention Research Institute.