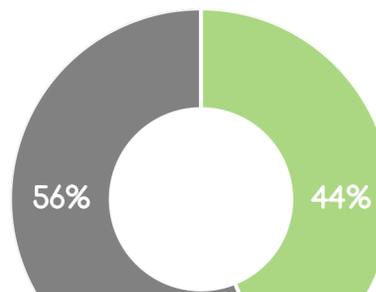
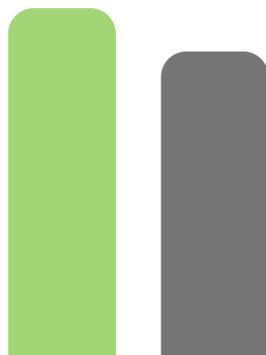
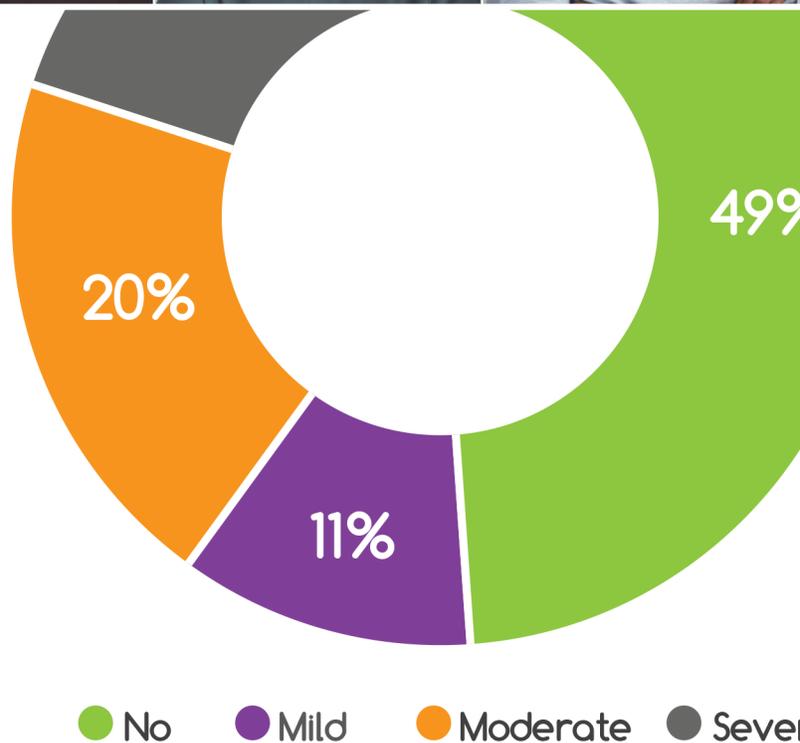
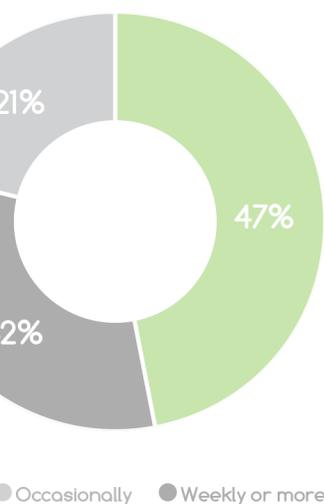


myprime® 



Iowa evaluation report



Dear Friends:

COVID-19 changed how Iowa delivered prevention services for high-risk alcohol and drug use. For many years Iowa has used Prime For Life® (PFL), a group-based intervention, with people that included impaired drivers, prevention audiences, college students, and parents. The restrictions created by COVID-19 led Iowa officials to adopt myPrime® as a temporary substitute for PFL. MyPrime is a web-based, asynchronous form of PFL created for Army Expeditionary Forces. This decision was forward-thinking and ground-breaking.

The myPrime program, like PFL, is a motivational intervention designed to reduce the incidence of alcohol- and drug-related problems. It contains the same theoretical underpinnings, conceptual elements, and thoughtful activities. However, it is done individually on a computer or tablet and moves at the learner's pace. This report describes a test of myPrime's efficacy.

This evaluation includes alterations over prior evaluations. PRI collected all data electronically as an integrated part of the myPrime program but maintained consistency in the assessments with prior PFL evaluations. While PRI completed the data analysis and report generation, we consulted with an independent evaluator in the conduct of the analyses and in reviewing all conclusions. Iowa instructors aided in the conduct of this evaluation by assisting people with logging into the myPrime program, addressing and troubleshooting problems as they arose, and ensuring adequate equipment to complete the myPrime program.

The findings show these Iowa instructors, Iowa officials, and the myPrime program made a difference in the lives of clients and the safety of communities during a very difficult period in Iowa history. This evaluation confirms myPrime, like PFL, results in intentions to abstain from or reduce consumption, and to avoid impaired driving. Participants also believe the program provided them with the information and resources they need to make these changes, as well as enhanced their knowledge of what matters most in their lives.

Prevention Research Institute (PRI) is honored to provide instructors the PFL and myPrime programs, ongoing education, and support. We are grateful for the commitment instructors make to their own development and to client change. The positive results in this evaluation are a testament to the partnership between the state, instructors, and community programs, and our collective determination to find a way to serve the community, when the usual approach was unavailable. One of the most gratifying findings about this partnership is more than 75% of these Iowa participants found this a positive experience, despite 91% of participants being mandated to attend. Together, we are truly making progress toward our joint goal of reducing the problems and devastation caused by high-risk alcohol and drug use.

We are pleased to share this summary of findings. For more information about myPrime or Prime For Life, visit www.primeforlife.org.



David B. Rosengren, Ph.D.
President, PRI

Introduction

Prior to the COVID-19 pandemic, the State of Iowa used Prime For Life (PFL), an in-person motivational intervention that provides education and strategies for individuals who have experienced problems due to high-risk alcohol or drug use. Iowa programs used PFL with a range of audiences including impaired drivers. During the pandemic, in-person gatherings were strongly discouraged. As a result, the State of Iowa opted for myPrime®, a web-based version of PFL, which is self-led and allows participants to move through the material at their own pace and outside of group gatherings.

Program evaluations and published research on PFL have found participants make positive changes in their risk-related thinking during participation in the program. In this report, we relay findings from data provided by myPrime participants in Iowa that show a similar pattern of results. Most rated the program as helpful, and many showed improved risk beliefs. Additionally, program completers reported they intended to avoid the problematic substance use behaviors they had engaged in before the program. For example, they intended to drink less, avoid drug use, and not drive when under the influence of alcohol/drugs. Importantly, the findings show that myPrime positively impacts even those with moderate and severe substance use disorders.

Background

In this analysis, the State of Iowa provided myPrime to individuals arrested for offenses involving alcohol or drugs. Prevention Research Institute (PRI), a nonprofit organization based in Lexington, Kentucky, developed myPrime®, an asynchronous form of PFL. The program is web-based and self-led. Like PFL, it contains three primary sections: Exploring, Reflecting and Preventing Units. Based on the Lifestyle Risk Reduction model, and using empirically-supported models such as the Transtheoretical Model, Motivation Interviewing and the Theory of Planned Behavior, the program addresses phases of drug and alcohol use, factors that influence use, risks for and onset of addiction, guidelines for low-risk alcohol and drug use and planning to assist with low-risk use. MyPrime combines video, activities and interactive elements, and self-assessment to assist the person in changing from high-risk to low-risk choices.

PRI was responsible for data collection and conducted the data analyses including drawing conclusions from the data and producing this report. Evaluation Specialists (ES), an independent program evaluation firm, was consulted as needed to assist with analyses.

Who participated in this evaluation?

A total of 1,681 people provided data for this report. More participants identified themselves as male (70%), with the others as female (29%) and transgender/gender nonbinary/

unsure (1%). The majority were Caucasian (79%), with the remaining identifying themselves as African American (7%), Asian American (1%), Hispanic (6%), Native American (1%), multiracial (5%), or another race/ethnicity group (1%). Most identified as heterosexual (93%), with the remainder bisexual (4%), lesbian/gay (2%), or pansexual/questioning/other (2%). Participants' average age was 35 and ranged from 18 to 83 years of age. Many (45%) had never been married. A smaller number (10%) had not finished high school or earned a GED. The remainder had a high school or GED diploma (33%), attended some college or had a two-year degree (33%), or had a four-year degree or higher (15%).

Court systems required most of the respondents (92%; n = 1,535) to participate in myPrime. Of those, the majority had been arrested for impaired driving (92%; n = 1365). The remaining individuals were arrested for drug possession (1.5%; n = 22), underage drinking (0.5%; n = 7), underage drinking and driving (3%; n = 42), or for some other reason (3%; n = 44).

How are “low-risk” and “high-risk” choices defined in myPrime?

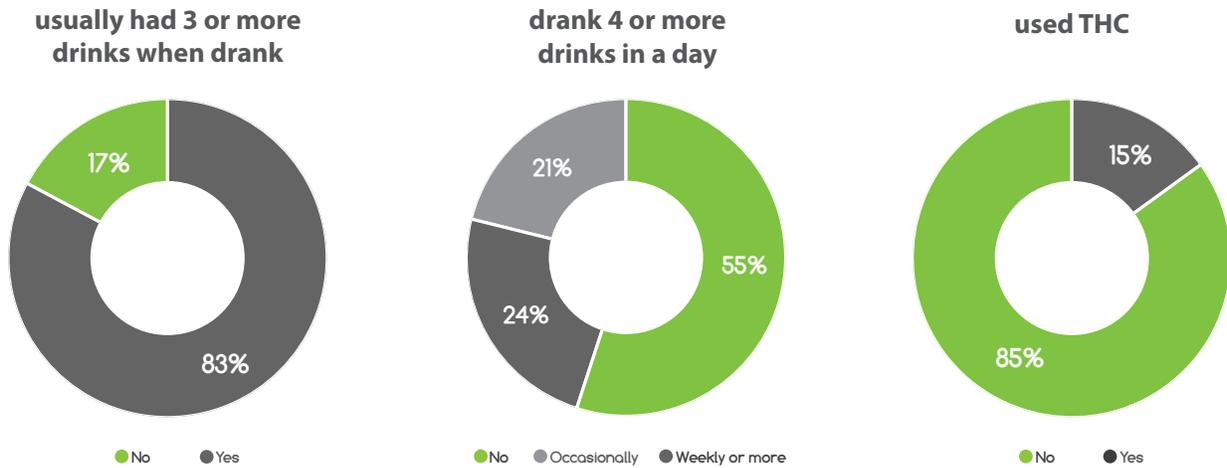
MyPrime teaches that choices either protect or risk the things we value most in life. The program defines these as “low-risk” or “high-risk” choices. Low-risk choices are unlikely to cause injuries or problems in health, relationships, work, or other important life areas. High-risk choices make negative consequences possible or even likely. In myPrime, the low-risk guidelines (called the “0-1-2-3 Guidelines”) recommend either abstaining from alcohol or drinking in specified amounts that are unlikely to cause injuries or other problems. These guidelines are based on current research findings. For some people, abstinence from alcohol (0 drinks) is the recommended low-risk choice. This recommendation is for individuals who have already developed addiction or are in recovery. For others, the guidelines may vary depending on other factors (e.g., age, illness, other biological risks); regardless, any amount more than three drinks in a single day is considered high-risk. Additionally, myPrime reminds participants there are some situations where any amount of drinking is considered high-risk. As there is no empirically supported low-risk amount for drug use and all recreational drug use is intended to be impairing, abstinence is the only low-risk guideline for drugs.

Five things the data show about myPrime participants

1. Participants' risk before the program most often came from alcohol and - for some - THC too.

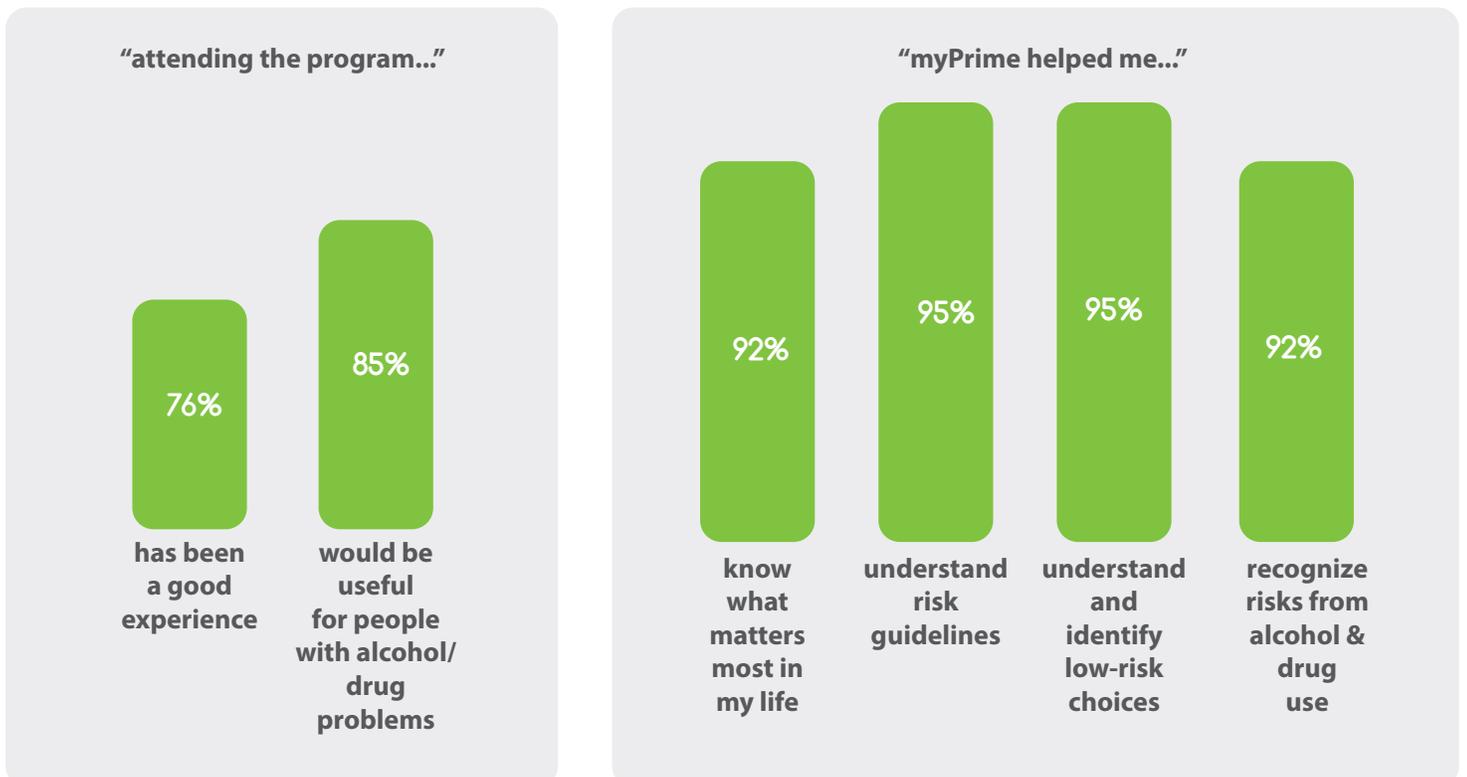
It is common for people to reduce their substance use soon after an impaired driving arrest. Even so, some participants were using substances outside of the low risk guidelines. As shown in the figures, over half of the participants were drinking heavily in the 90 days before participating in myPrime. A fifth reported using THC. Use of other drugs was uncommon: just 7% reported using prescription drugs for nonmedical purposes and 6% any other drug.

Substance use outside the low-risk guidelines



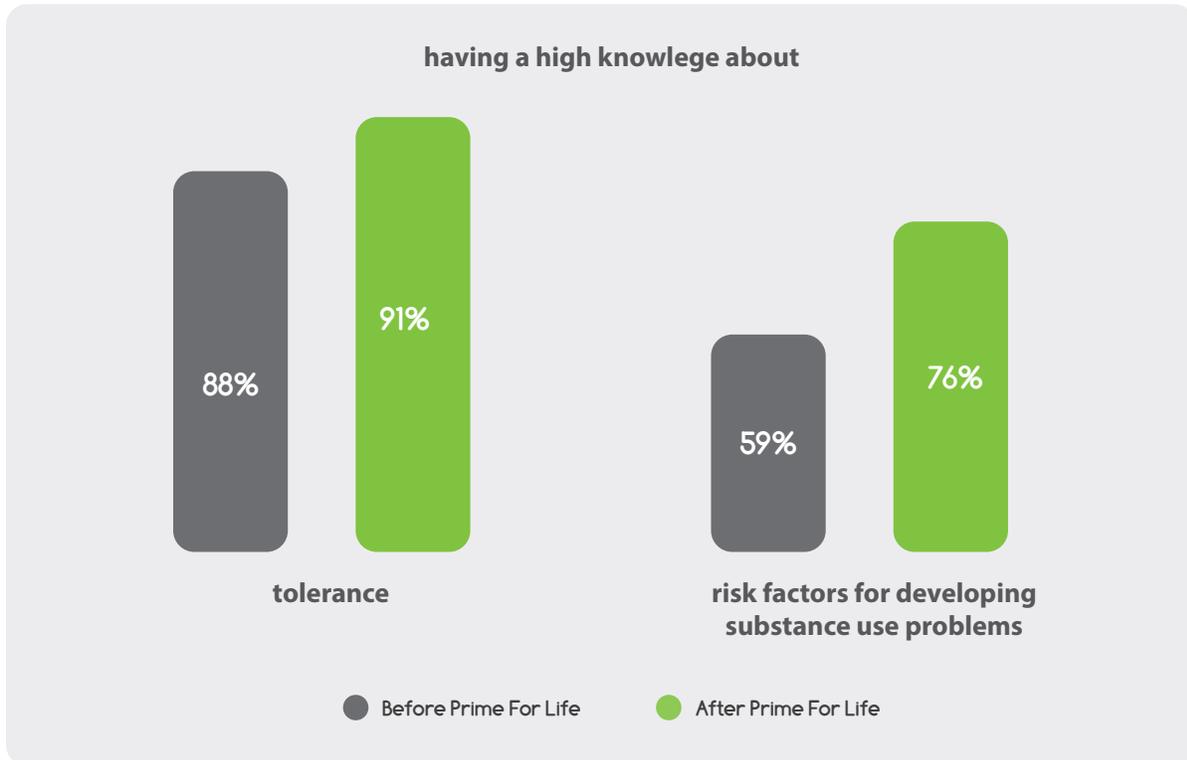
2. Participants found myPrime to be helpful.

After finishing the program, the vast majority of people said that it was a good experience for them and would be for others. Most agreed that myPrime helped them in several ways.

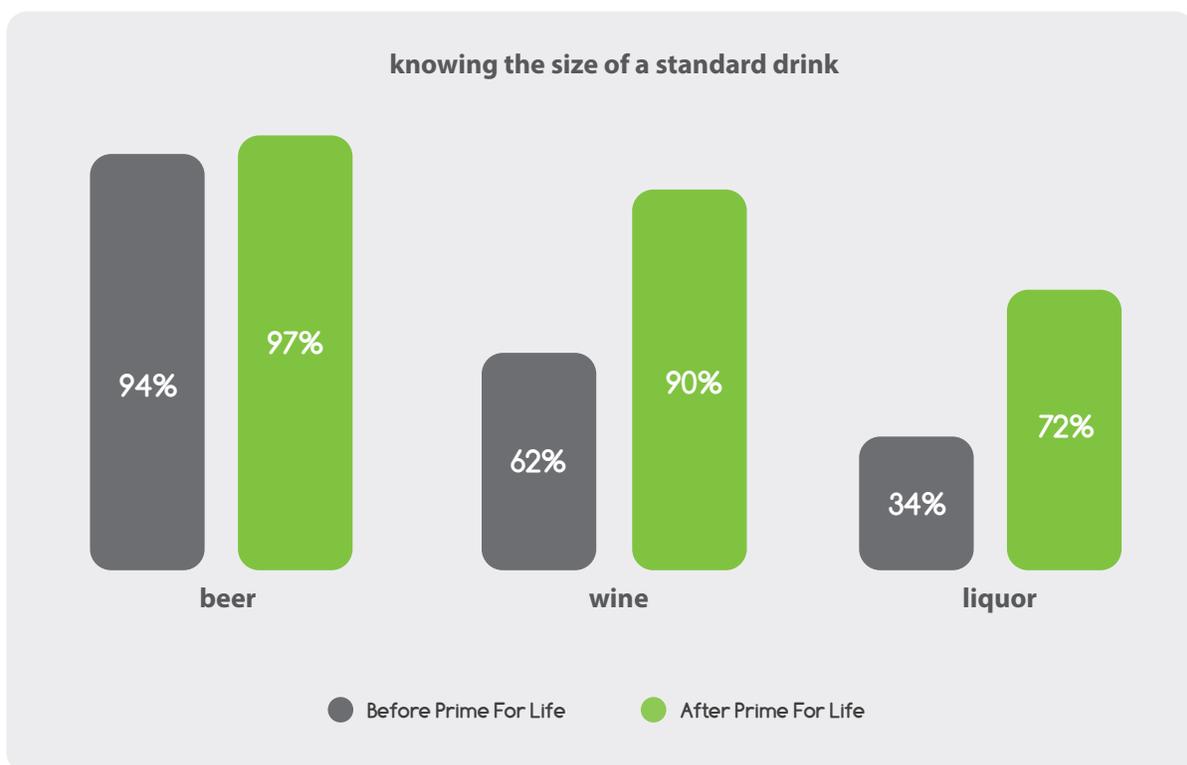


3. Participants showed positive changes in their knowledge and risk beliefs.

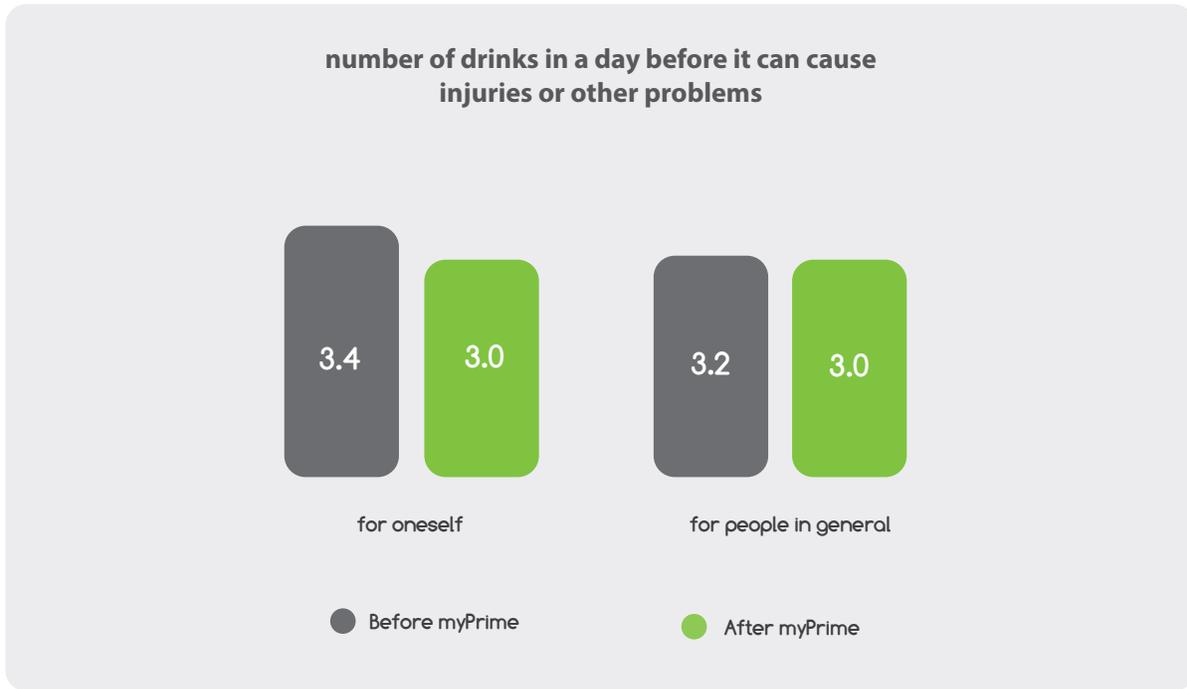
Accurate understanding is a starting point for avoiding high-risk behaviors. Many participants knew a lot about tolerance and risk factors for developing substance use problems before going through myPrime, but even more did after participating.



Participants improved their knowledge about what a standard drink is. Although many participants already knew before the program how many ounces of beer made a standard drink, even more had this knowledge after participation. After the program, many more also knew how many ounces of wine and liquor constituted standard drink amounts. While a quarter of participants still did not know the correct amount of liquor that comprised a standard drink, 72% of participants did know the measure for a standard drink, which was more than double the results from the pre-test (34%).



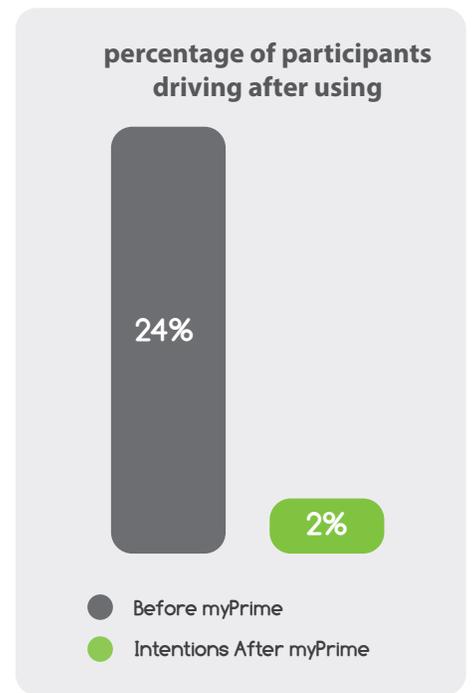
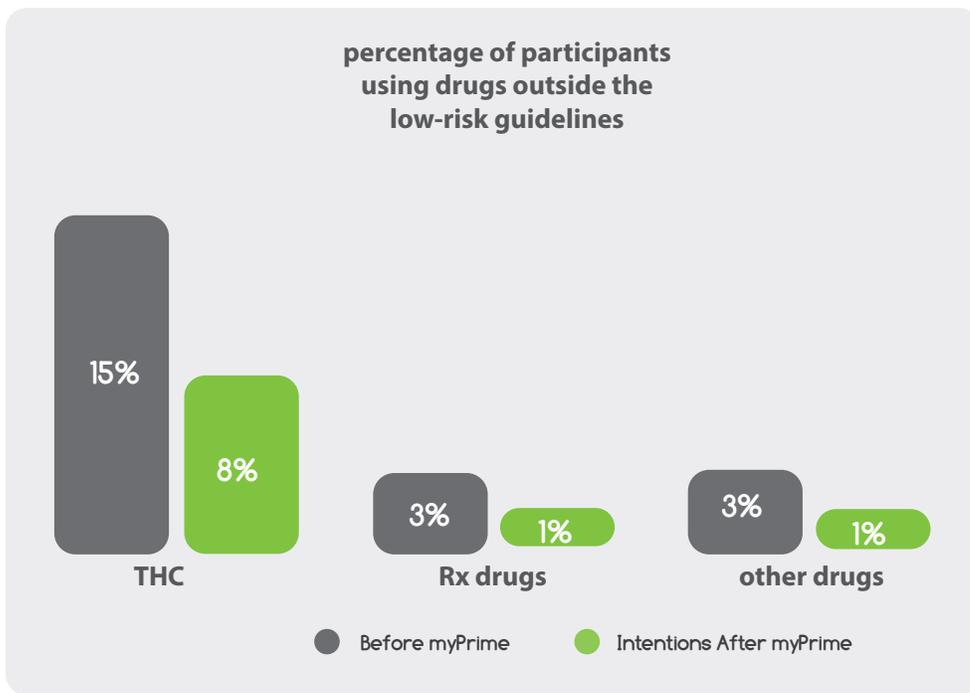
Underestimating the problems alcohol and drug use often cause can contribute to overuse. MyPrime's low-risk guidelines provide concrete information so participants can know the amount of substance use that elevates the potential for problems. Before going through myPrime, many participants (perhaps as a result of their arrest) already had heightened awareness that alcohol and drug use could cause problems in their relationships, jobs, and health. Nevertheless, participants showed improvements in their estimates of how much drinking could occur before it caused problems - both for people in general and for themselves.



4. Participants intended to decrease their alcohol use, drug use, and impaired driving.

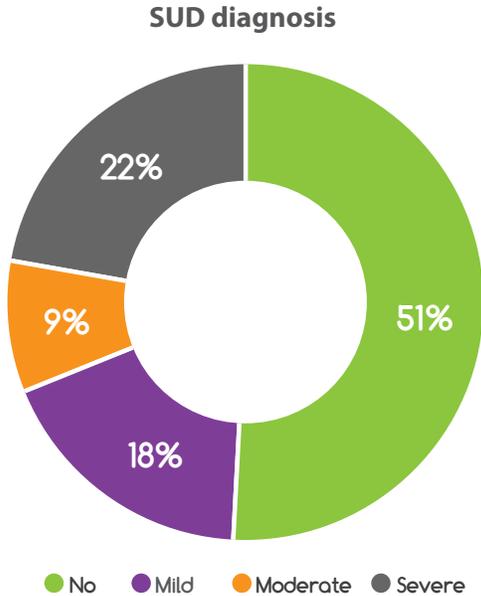
The ultimate goal of the knowledge and behavior changes described in this report are to reduce participants' high-risk substance use and impaired driving. To assess this goal, the questionnaires asked people to report on substance use and driving in the 90 days before attending the program. The questionnaires also asked them how much they intended to do those things in the following 90 days. As shown in the figures, many participants reported that they intended to drink less (within the low-risk guidelines) in the future than they had in the past. Additionally, the percentage of people who intended to use THC in the future was about half of those who had used it in the past. The same was true for prescription and other drugs. As would be hoped, fewer people intended to drive under the influence in the future than had done so in the past.





5. People with a substance use disorder benefitted as much as everyone else.

An important question is whether or not people with greater substance involvement — who might be the most difficult to influence — benefit from myPrime. Participants answered twelve questions about symptoms of a substance use disorder (SUD) as defined by the Diagnostic and Statistical Manual of Mental Disorder (DSM-5). About half of participants met the criteria for mild, moderate, or severe SUD.

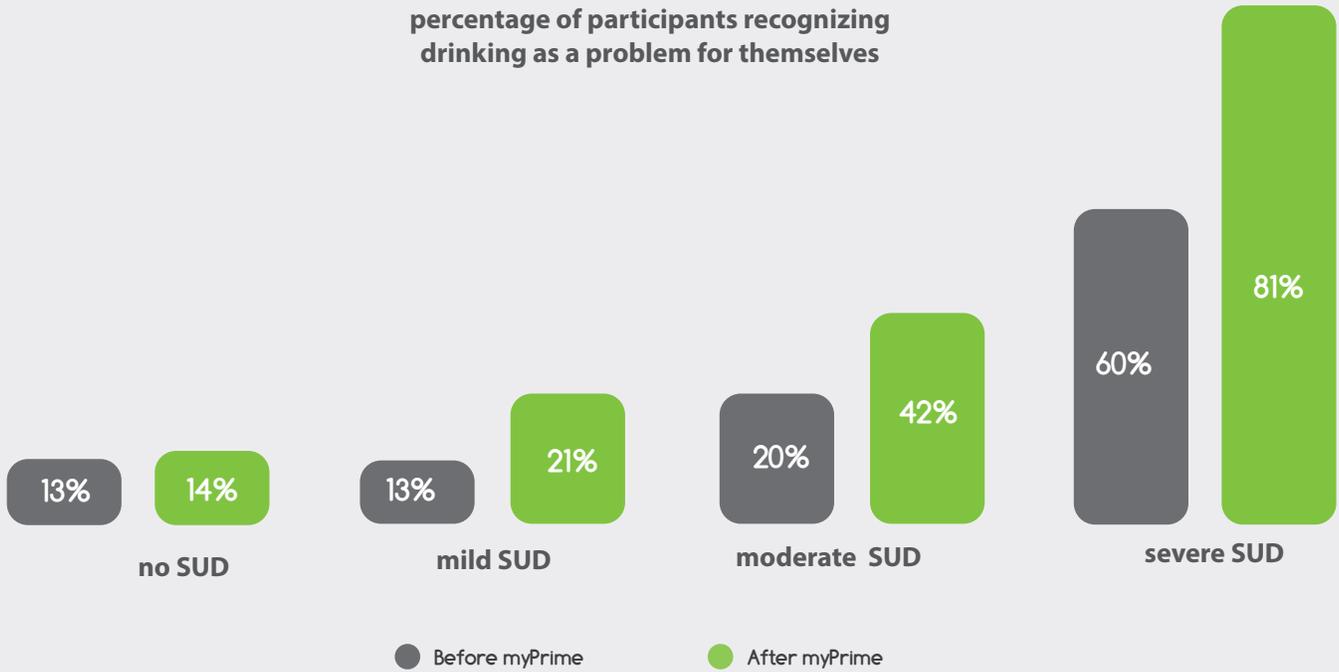


People with mild, moderate, or severe SUD symptoms benefitted as much from PFL as people with no symptoms. Specifically, those with SUD symptoms made similar or even greater changes. After myPrime, they had similar or even more positive improvements on such items as:

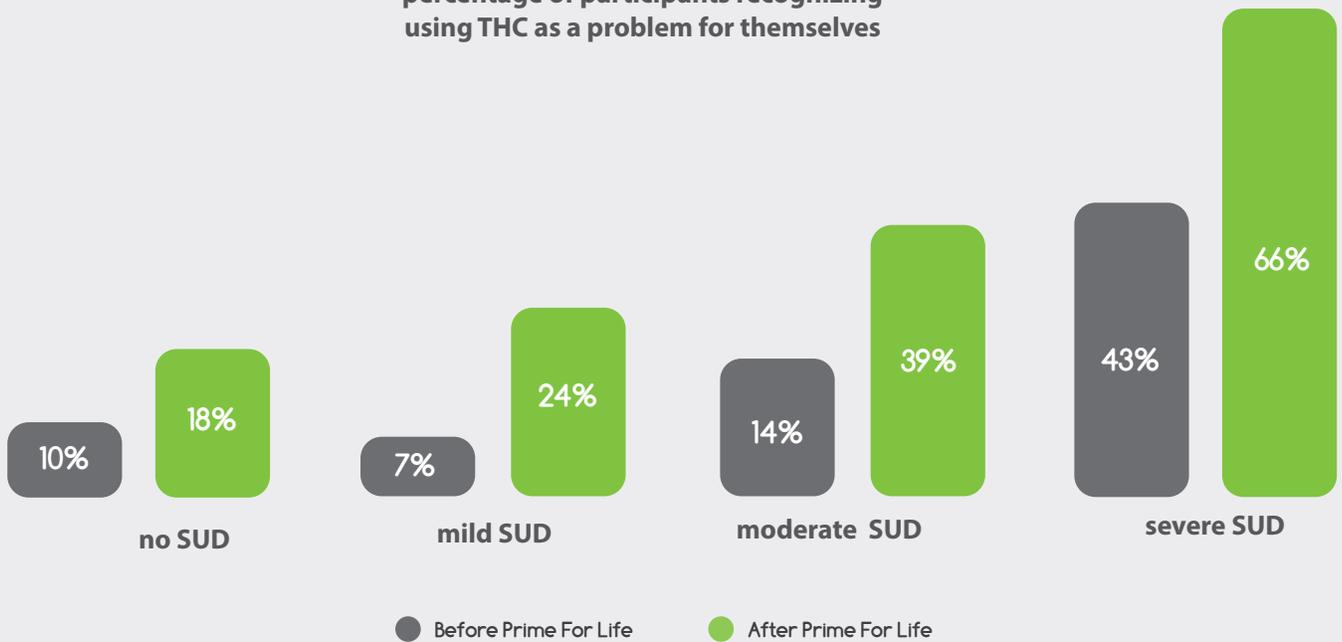
- **Belief that myPrime was helpful**
- **Knowledge about tolerance and risk factors for developing substance use problems**
- **Knowledge about what constitutes a standard drink**
- **How many drinks they can have before they are too impaired to drive and before it causes problems**
- **Intentions for future drinking, drug use, and impaired driving**

A relevant question is whether or not those with more severe SUD attributed problems they experienced to their drinking, expressed a desire for change, and perceived that harm would continue if they did not change. Findings showed that this improvement in problem recognition did occur. The figures on the next page show that some people with more severe SUD came to myPrime recognizing their problems, and that the percentage of such people increased noticeably during the program. That this change was also evident for cannabis use disorder is even more noteworthy, given the general perception that THC use is not particularly risky.

percentage of participants recognizing drinking as a problem for themselves



percentage of participants recognizing using THC as a problem for themselves



What Conclusions Can Be Drawn?

The findings support myPrime's use with individuals arrested for impaired driving and similar infractions. For example, the program showed success in improving knowledge and risk beliefs. The results also indicated that participants intended to drink and use drugs less in the future than in the recent past. Similarly, and importantly, fewer intended to drive under the influence of alcohol or drugs compared to the number who had before the program. These findings held true for people with more severe SUD symptoms.

Evaluation Methods

Participants completed evaluation surveys as part of the myPrime course. Upon logging in, myPrime directed participants to the survey page. Once completed, participants proceeded to the myPrime program content. After completing the learning modules, myPrime directed participants to the post-program evaluation. We used Survey Monkey, a cloud-based survey tool that can be used to create, collect, and analyze surveys.

We conducted dependent-sample t-tests in SPSS to analyze for change. All findings reported here were statistically significant following generally recognized research standards ($p < .05$). Reader-friendly visual graphics depict only statistically significant changes.

To cite this report:

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For additional information, please contact Rita Dykstra at rita.dykstra@primeforlife.org. Evaluation and research findings about Prime For Life can be found at [www.https://primeforlife.org/prime-for-life-research-eval](https://primeforlife.org/prime-for-life-research-eval).

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