Prime For Life for Indicated Prevention

2025 Evaluation of Virtual Participant Outcomes

Summary

A growing body of program evaluations and published research reports have found that Prime For Life® participants make positive changes in their knowledge and risk-related thinking during participation in the program; participants also reduce their risk for impaired driving rearrests. In the last 5 years, there has been a rapid expansion in online availability of programs like Prime For Life. In this report, we examine the impact of Prime For Life on 2,548 participants who completed the program virtually (via synchronous video conference with an instructor and other participants) and participated in our 2023-2024 evaluation. Findings of this evaluation support the delivery of Prime For Life virtually. Specifically, virtual participants demonstrated high levels of satisfaction with the program, significant improvements in knowledge and risk perception, and significant decreases in intentions to use alcohol and THC in high-risk ways relative to their pre-program behavior. Importantly, beneficial impacts for the program were evident even for participants with probable substance use disorder diagnoses.

Background

When the COVID-19 pandemic closed in-person operations worldwide, PRI worked with our partners to adapt Prime For Life for virtual delivery. Virtual delivery has been maintained as an option by many of our partners because it increases access to Prime For Life for individuals who might find it difficult to attend in-person classes. This is especially important in rural areas where participants might need to travel long distances to attend in-person classes and public transportation is not available. Virtual delivery also allows more frequent offerings, as classes are not tied to participants in one location and to waiting until an adequate group size has developed. Enhanced frequency means participants do not wait as long to receive services, instructors present material more often and can become more fluent in the program, and instructors can work remotely. Since adapting Prime For Life for online delivery, an unanswered question is, do participants who attend virtual Prime For Life programs experience similar benefits as those who attend in-person programs? With our 2023-2024 evaluation, we sought to answer that question.

How are "low-risk" and "high-risk" choices defined in Prime For Life?

PFL teaches participants that the choices they make can either protect the things they value most in life or put them at risk for negative consequences. The program defines these respectively 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 such negative consequences possible or even likely. In terms of alcohol, the low-risk guidelines (called the "0-1-2-3 Guidelines") in PFL 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 only recommended low-risk choice. This recommendation is for individuals who have already developed a severe alcohol use disorder or are in recovery. For others, the guidelines might 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, PFL reminds participants there are some situations where any amount of drinking is considered high risk and that abstinence is the only low-risk guideline for drugs.

Who participated in this evaluation of virtually delivered Prime For Life?

In our 2023-2024 evaluation of Prime For Life (PFL) for indicated prevention, 2,548 participants reported they completed Prime For Life "Virtually" (i.e., using a web-based video platform like Zoom). This analysis focuses only on those 2,548 virtual participants. Participants resided in 48 states and shared a common experience of completing PFL to meet external requirements. Most participants completed PFL because of an impaired driving arrest (89%). The remaining individuals reported being required to attend for drug possession (2%), underage drinking and driving (2%), underage drinking (2%), or for some other reason (6%)*.

The table below provides a summary of how participants described themselves demographically*.

GENDER	
Female	879 (35%)
Male	1,624 (64%)
Other/Prefer Not to Say	43 (2%)

EDUCATION	
11th Grade or Less	185 (7%)
High School Graduate/GED	822 (32%)
Some College/ Technical School	749 (30%)
Two-Year Degree	210 (8%)
Four-Year Degree	431 (17%)
Advanced Degree	145 (6%)

RACE/ETHNICITY	
African American	354 (14%)
Asian	49 (2%)
Hispanic	152 (6%)
Multiracial/ethnic	128 (5%)
Native American	34 (1%)
Other	31 (1%)
Pacific Islander	41 (2%)
White	1,759 (69%)

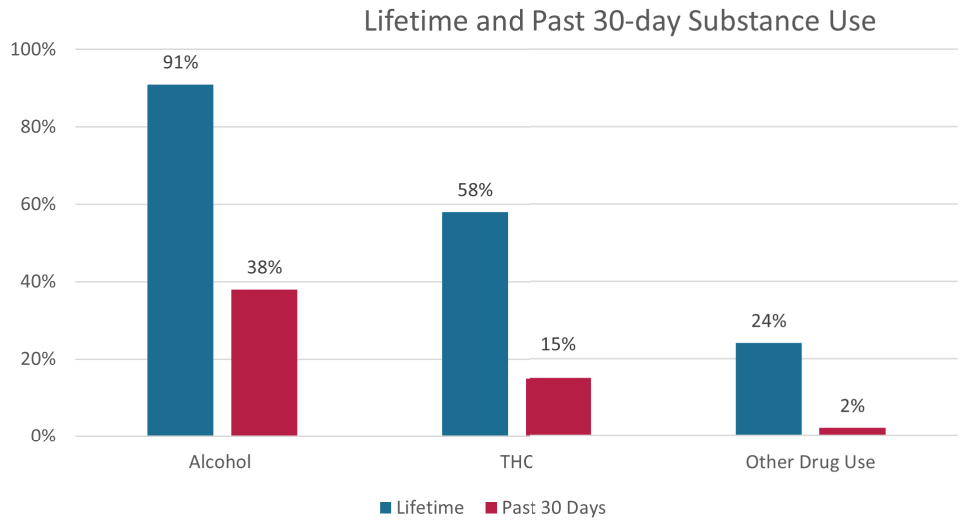
SEXUAL IDENTITY	
Heterosexual	2,208 (87%)
Other/Prefer Not to Say	336 (13%)

AGE (Average age = 36)	
17 & Younger	10 (>1%)
18 - 24	476 (19%)
25 - 34	881 (35%)
35 - 44	601 (24%)
45-54	342 (14%)
55 & Older	226 (9%)

RELATIONSHIP STATUS	
Married	465 (18%)
Committed, Non-married	655 (26%)
Single	1,425 (56%)

**Percentages may sum to more than 100% due to rounding.*

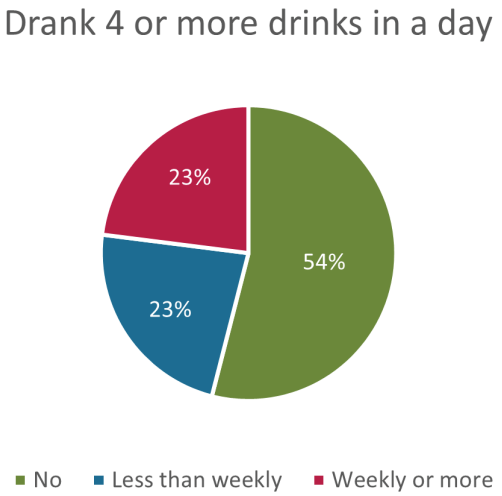
Participants were asked whether they had used alcohol, THC, and other drugs in the past 30 days or, if not in the past 30 days, ever in their lifetime. Participants' lifetime and recent experience with substances was primarily use of alcohol and THC, but just under one fourth also reported lifetime use of illicit drugs or non-medical use of prescription medications.

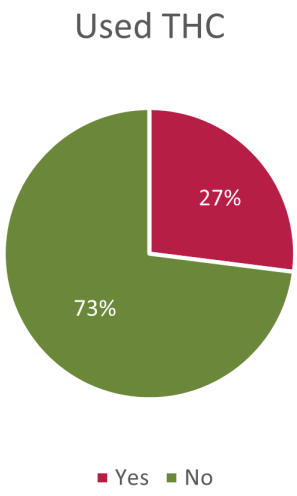


Key Findings

1. Virtual participants were using alcohol and THC in high-risk ways in the 90-days before PFL

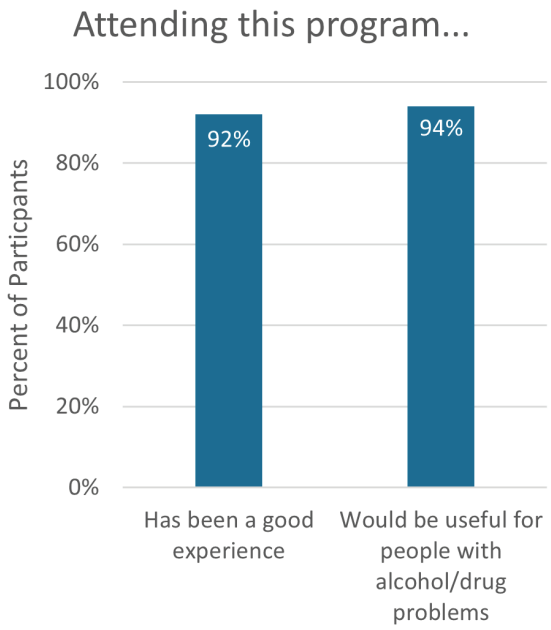
It is common for people to reduce their substance use soon after an impaired driving arrest or other alcohol and drug related legal problems. Even so, some participants were using alcohol and THC in high-risk ways in the 90 days before PFL. As shown in the figures below, nearly half of the participants were drinking heavily in the 90 days before participating in PFL and more than one fourth reported using THC.

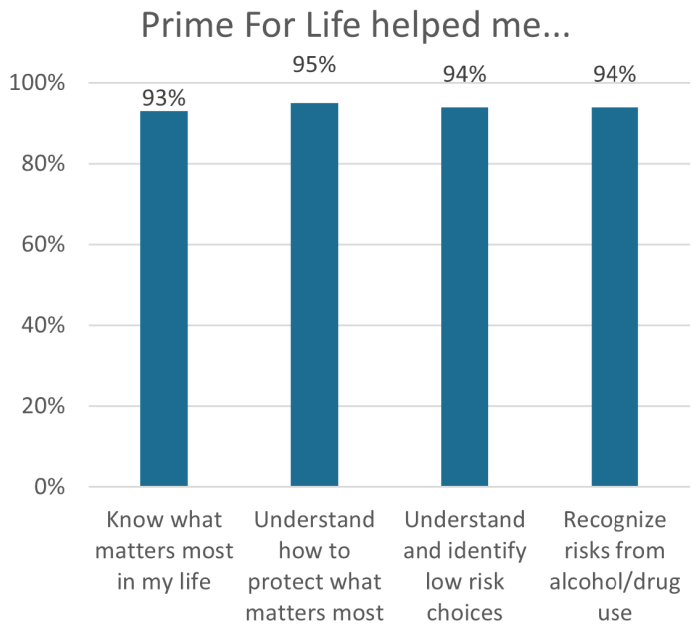




2. Participants found PFL to be helpful.

After finishing the program, approximately 90% of participants said that it was a good experience for them and would be for others. Most agreed that PFL helped them in several ways.

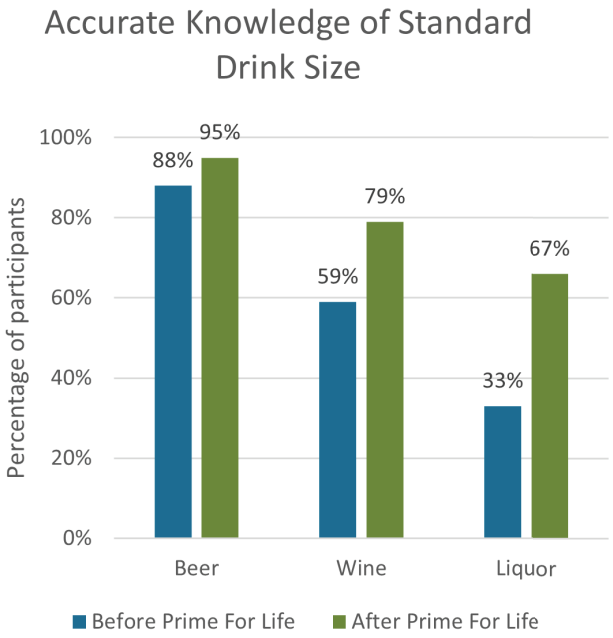


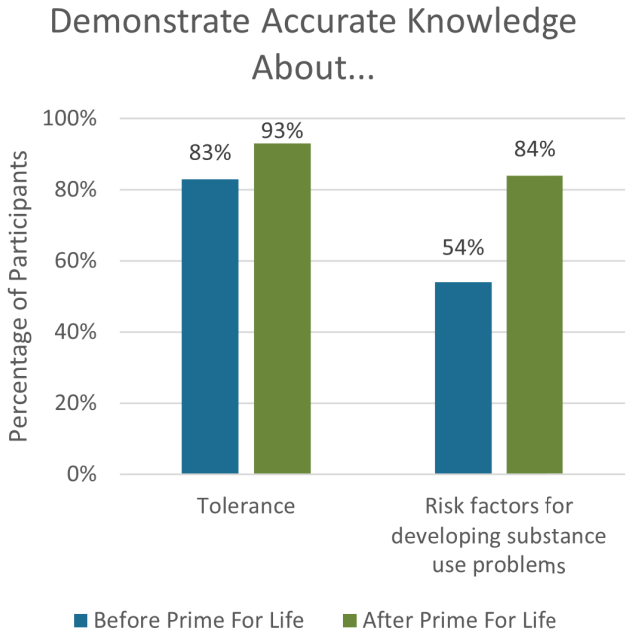


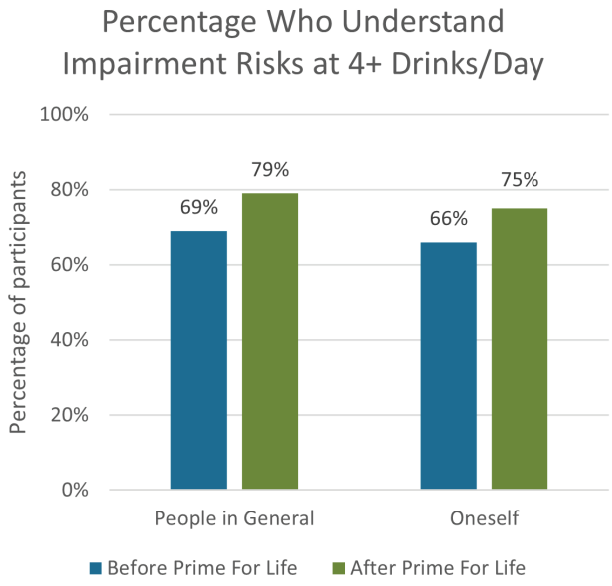
3. Virtual participants showed positive changes in their knowledge and risk beliefs.

Overwhelming, people know that 12 ounces is a standard drink size for beer at baseline. Still, virtual participants showed significant positive changes in their knowledge of standard drink sizes for beer, as well as wine and liquor. Positive changes in knowledge of tolerance and risk factors for developing substance use disorders were also evident.

Virtual participants also demonstrated an improvement in their understanding of the risk associated with consuming four or more standard drinks in one day for people in general, as well as for themselves.

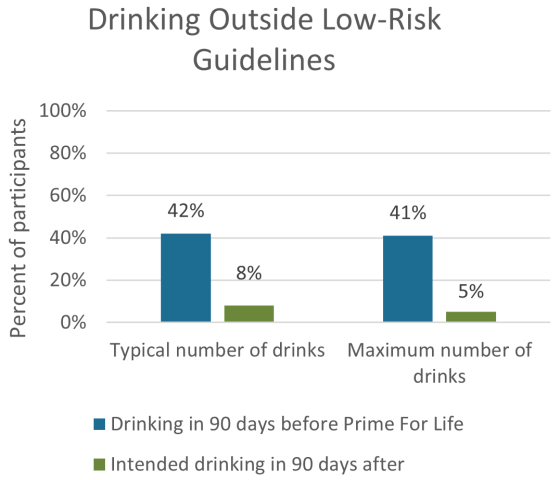


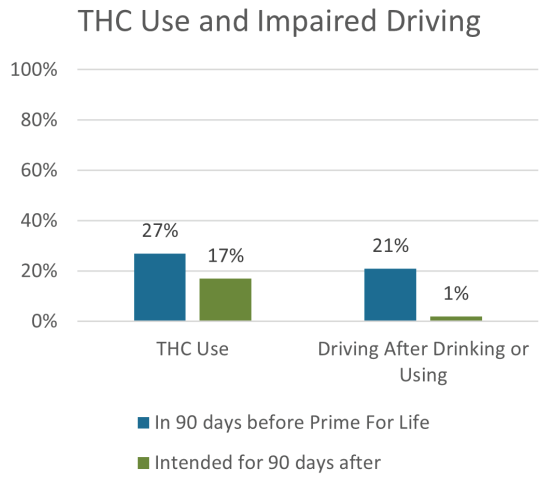




4. Virtual participants intended to decrease their high-risk alcohol use, THC use, and impaired driving.

We asked people about their high-risk alcohol and drug use, as well as driving after drinking or using in the 90 days before attending the program and about their intentions related to these same areas in the 90 days after the program. As shown in the figures, many participants reported they intended to drink less – within the low-risk guidelines – in the future than they had in the past. THC use is lower to begin and as has been demonstrated elsewhere to possibly be harder to impact. Still, 37% of people that reported continuing to use THC, despite their arrest, in the 90 days prior to the program now reported an intention not to use in the 90 days following PFL. Across high-risk use categories, it is clear that PFL dramatically influenced participants choices about driving impaired in the future. That is, despite their arrest, 1 in 5 participants reported engaging in impaired driving in the 90 days prior to PFL, but only 1 in 50 reported an intention to do so afterward. Virtual PFL impacted clients in the area linked to their attending PFL for the overwhelming majority.





5. People with substance use disorders benefited from PFL.

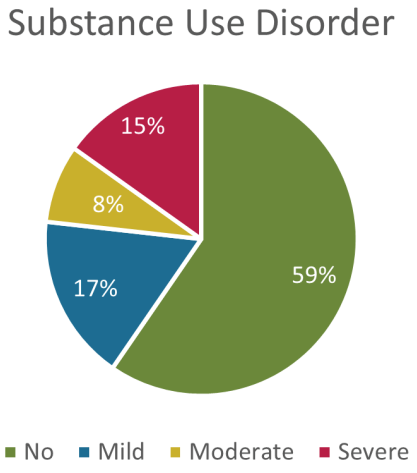
An important question is whether people with greater substance involvement — who might be the most difficult to influence — benefit from virtual participation in PFL. Based on responses to screening questions, about 41% of virtual participants met the criteria for mild, moderate, or severe SUD.

Participants reported that the symptoms endorsed were primarily caused by alcohol (68%) or the combination or alcohol and drugs (15%).

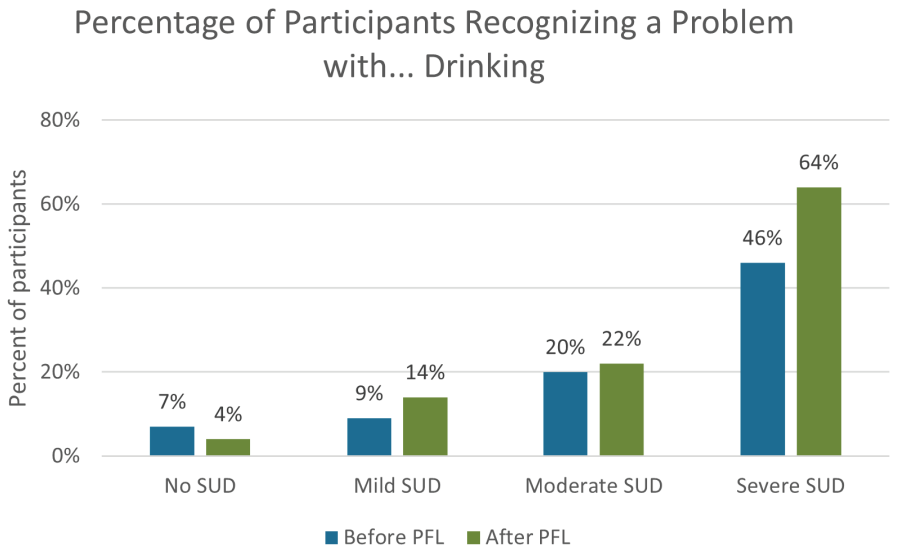
Virtual participants reporting symptoms consistent with a SUD diagnosis benefited as much as virtual participants who did not report such symptoms on several outcomes:

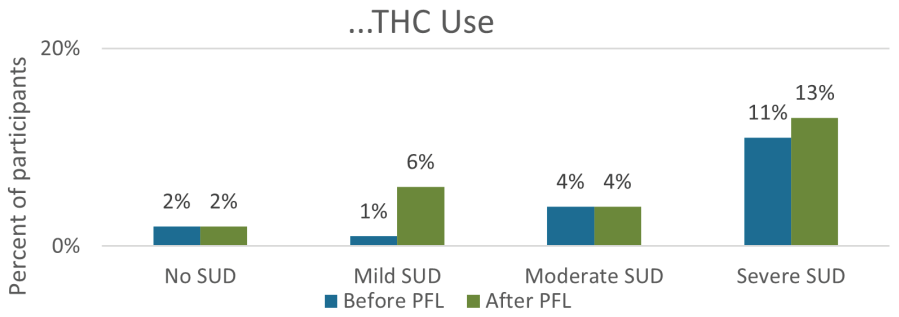
- Knowledge about tolerance
- How many drinks others can have before it causes impairment or other problems
- Intentions to drink in high-risk ways, use THC, and drive impaired relative to prior behavior

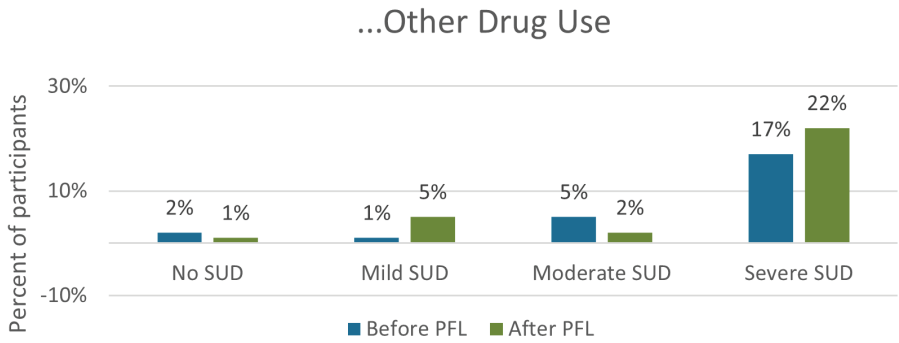
They also rated PFL as even more helpful and showed greater improvements in certain types of knowledge than virtual participants without a SUD diagnosis.



As shown in the figures below, they also showed improvements in problem recognition, especially at severe levels of substance use disorder.







Conclusions

Consistent with evaluations of Prime For Life delivered in-person, this evaluation demonstrated that virtual delivery of Prime For Life resulted in high satisfaction ratings. Because of the high level of engagement achieved, even with virtual delivery, it is not surprising that Prime For Life had an impact on knowledge and risk perception. Participants were paying attention and absorbing information during the program that will help them identify and make low-risk choices after the program. Perhaps most importantly, virtual participants reported intentions to use alcohol in lower-risk ways than they reported having used it in the 90-days prior to the program. Similarly, even with the changes many people make to their behaviors following a DUI arrest or other legal problems related to alcohol and other drugs, more participants reported an intention to avoid THC use and impaired driving than had reported avoiding those behaviors in the 90-days prior to the program.

Evaluation Methods

Prevention Research Institute (PRI) collected the data used for this report, analyzed it, and prepared this report.

To maximize the representativeness of the sample for this evaluation, PRI made the evaluation available to all Prime For Life (PFL) participants from July 1, 2023, through August 31, 2024. QR codes were placed on slides embedded at the beginning and the end of the PFL program in the streaming version of the Prime For Life App. Instructors were invited and encouraged to pause at the beginning and the end of the program to ask participants to use their phones to complete the anonymous evaluation, which was designed to require 15 minutes or less to complete.

At the beginning of each evaluation, participants answered seven personal questions—similar to identity verification questions used by credit card companies to create a self-generated identification code. These self-generated identification codes allow evaluation data to be captured anonymously, while still enabling respondents' pre- and post-evaluation data to be linked, which is essential for rigorous, meaningful statistical analyses of outcomes. Using this method, 72% of post-evaluation data was matched to a pre-test case.

PRI research staff conducted analyses of change. For primary outcomes, McNemar tests were used to analyze dichotomous outcomes. Comparisons of those with and without SUD on dichotomous outcomes were examined using binary logistic regression analyses. In the event statistically significant change occurred, outcomes were categorized for reader-friendly visual graphics. All findings reported here were statistically significant following generally recognized research standards ($p < .05$).

To cite this report:
Schumacher, J.A., Dykstra, R.E., & Beadnell, B. (2025, November). Prime For Life® 2025 Evaluation Report – Virtual Participants. Lexington, KY: Prevention Research Institute. Available at www.primeforlife.org.

For additional information, please contact Julie Schumacher at PRI. Additional evaluation and research findings about Prime For Life can be found at www.primeforlife.org.

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