prime for life®

Evaluation Report 2025

HAWAII

What's Inside

A Message from the PRI Director of Research & Evaluation

Dear Risk Reduction Program:

Prime For Life® (PFL) is a motivational intervention designed to reduce the incidence of alcohol- and drug-related problems. In this report, we present findings from a recent evaluation of PFL with a large sample of individuals required to participate in PFL following an arrest or other legal problem. The findings show PFL instructors, and the programs they work in, are making a difference in the lives of participants and the safety of Hawaii communities. Participants reported intentions to abstain from or reduce consumption and to avoid impaired driving. Participants also reported the program provided them with the information and resources they need to make these changes and enhanced their knowledge of what matters most in their lives.

As in our prior evaluations, we were able to combine data across states currently using PFL, which allows us to draw firmer conclusions about PFL while also making Hawaii-specific observations. Hawaii instructors once again assisted in the conduct of this evaluation by their high-quality use of PFL, and by distributing survey links to participants. In addition to the small refinements to the questions asked that characterize each of our new evaluations, in this evaluation we increased the number of questions we asked specifically about THC, given increases in THC usage rates nationwide.

As a nonprofit, driven by a commitment to reducing problems related to high-risk alcohol and drug choices, Prevention Research Institute (PRI) is pleased to provide instructors with the PFL program as well as the ongoing education and support they need to deliver it optimally. We are grateful for the commitment instructors make to their own development and to participant change and growth through PFL. The positive results in this evaluation and other reports are a testament to the collaborative partnership between PRI and the states, instructors, and community programs with which we partner to bring PFL to participants. Together, we are truly making a difference towards our joint goal of reducing the problems and harms caused by high-risk alcohol and drug use.

Julie Schumacher, PhD ABPP
Director of Research & Evaluation, Prevention Research Institute

Summary

Prime For Life® is a motivational intervention that provides education and strategies for individuals who have experienced problems due to high-risk alcohol or drug use. A growing body of program evaluations and published research have found two key program benefits. One is that participants make positive changes in their risk-related thinking during participation in the program. The other benefit is impaired driving rearrests are lower compared to other programs. In this report, we show findings from data provided by Prime For Life participants who were completing the program to meet legal requirements for 48 different states during 2023 to 2024. Participants – in all the states combined – rated the program as helpful and many showed improved knowledge and 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 cannabis (THC) use, and not drive when under the influence of alcohol/drugs. Importantly, the findings extended even to those with substance use disorders.

Background

This analysis focuses on the experience of non-military Prime For Life (PFL) participants in the United States who were required to complete PFL following an arrest for an offense involving alcohol or other drugs. Prevention Research Institute (PRI), a nonprofit organization based in Lexington, Kentucky, developed PFL for indicated prevention. Indicated prevention of alcohol and other drug use targets individuals who are identified as having an increased risk for developing serious alcohol- and drug-related problems. Prime For Life is based on the **Lifestyle Risk Reduction Model** of prevention developed by the authors of Prime For Life. The program is an interactive experience designed to guide participants in adopting accurate beliefs about personal risk and motivate them toward making lower-risk choices. As part of this, the program provides research-based, low-risk substance use guidelines. More information about the program and research about it are available at **www.primeforlife.org**.

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?

A total of 5,221 people completing PFL to meet requirements in 48 states provided the data reported here. Most participants reported they were required to complete PFL because of impaired driving (90%). The remaining individuals reported being required to attend for drug possession (2%), underage drinking and driving (2%), underage drinking (1%), or for some other reason (5%).

The tables below provide a summary of how participants described themselves demographically.

GENDER	
Female	1,698 (33%)
Male	3,448 (66%)
Other/Prefer Not to Say	72 (1%)

EDUCATION	
11th Grade or Less	411 (8%)
High School Graduate/GED	1,801 (35%)
Some College/ Technical School	1,478 (28%)
Two-Year Degree	456 (9%)
Four-Year Degree	816 (16%)
Advanced Degree	245 (5%)

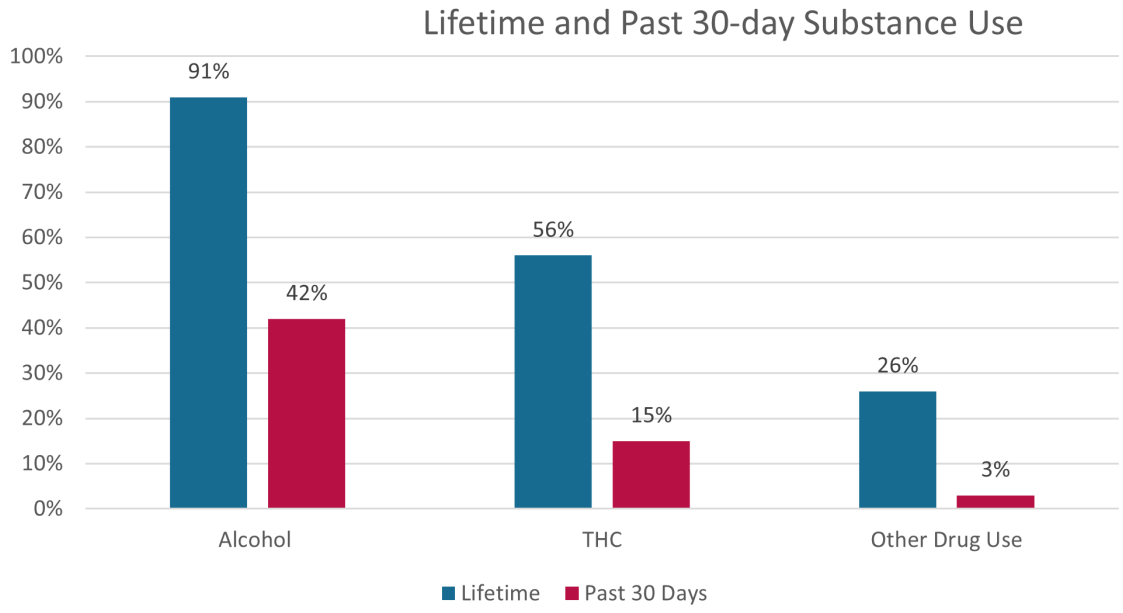
RACE/ETHNICITY	
African American	632 (12%)
Asian	91 (2%)
Hispanic	362 (7%)
Multiracial/ethnic	269 (5%)
Native American	59 (1%)
Other	66 (1%)
Pacific Islander	95 (2%)
White	3,647 (70%)

SEXUAL IDENTITY	
Heterosexual	4,630 (89%)
Other/Prefer Not to Say	581 (11%)

AGE (Average age = 36)	
17 & Younger	24 (1%)
18 - 24	991 (19%)
25 - 34	1,743 (34%)
35 - 44	1,212 (23%)
45-54	734 (14%)
55 & Older	481 (9%)

RELATIONSHIP STATUS	
Married	1,028 (20%)
Committed, Non-married	1,319 (25%)
Single	2,868 (55%)

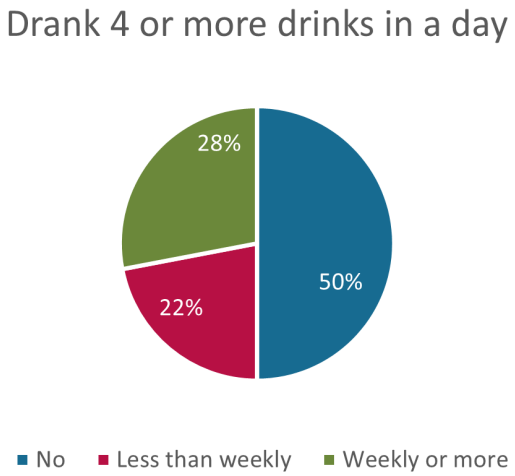
Participants were asked whether they had used alcohol, THC, and/or other drugs in the past 30 days or, if not in the past 30 days, ever in their lifetime. Participants' lifetime and recent experience with substances was primarily use of alcohol and THC, but just over one fourth also reported lifetime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

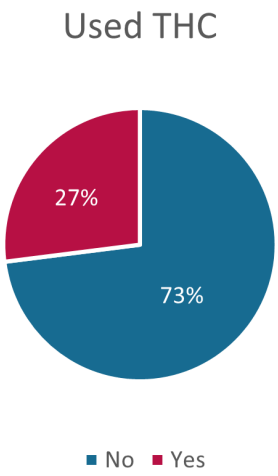


Key Findings

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

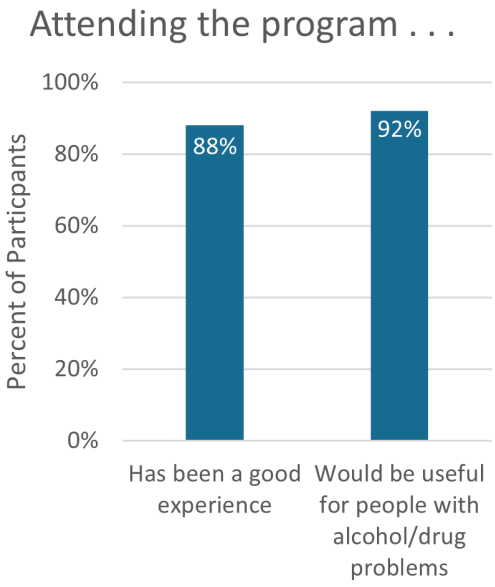
It is common for people to reduce their substance use soon after an impaired driving arrest or other alcohol and drug related legal problems. Even so, some participants were using alcohol and THC in high-risk ways in the 90 days before PFL. As shown in the figures, half of the participants were drinking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

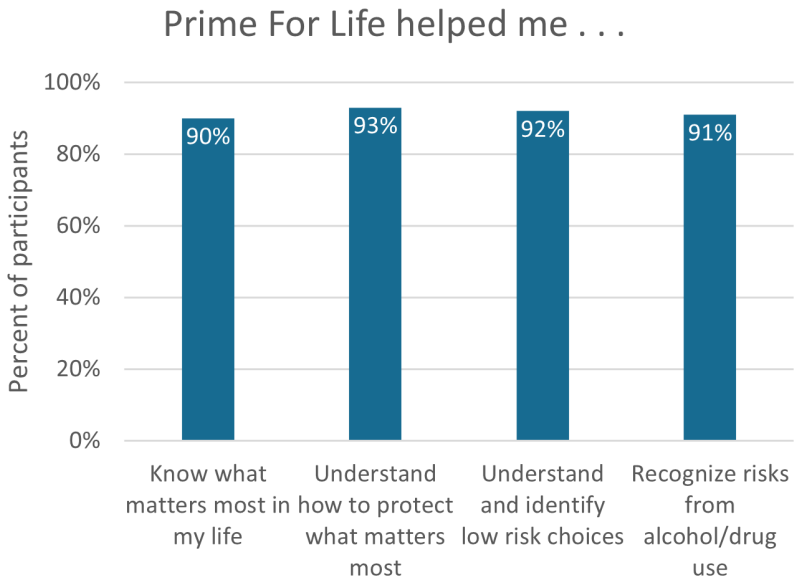




2. Participants found PFL to be helpful.

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.

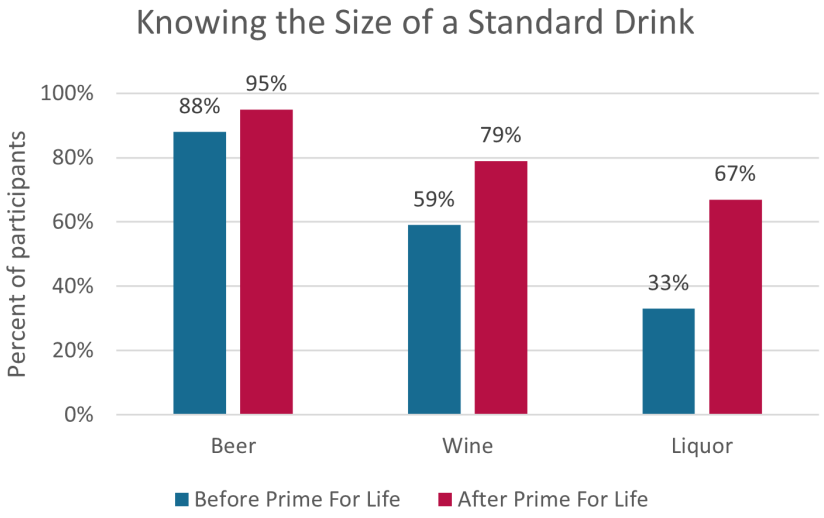


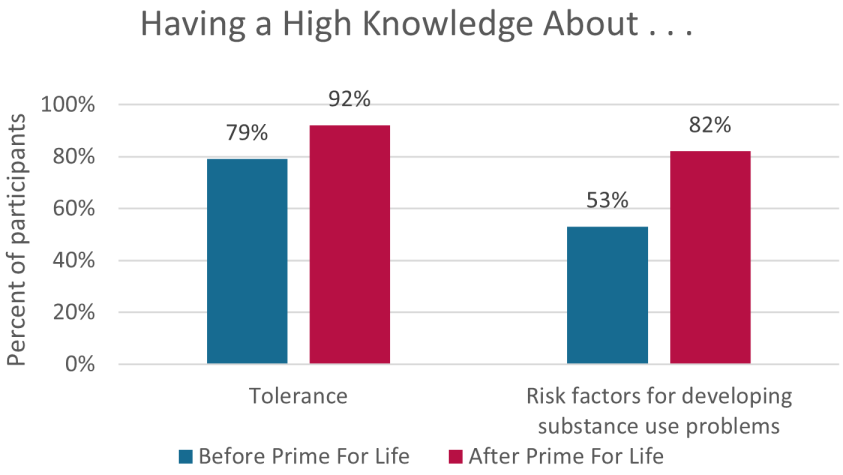


3. Participants showed positive changes in their knowledge and risk beliefs.

Accurate understanding is a starting point for avoiding high-risk behaviors.

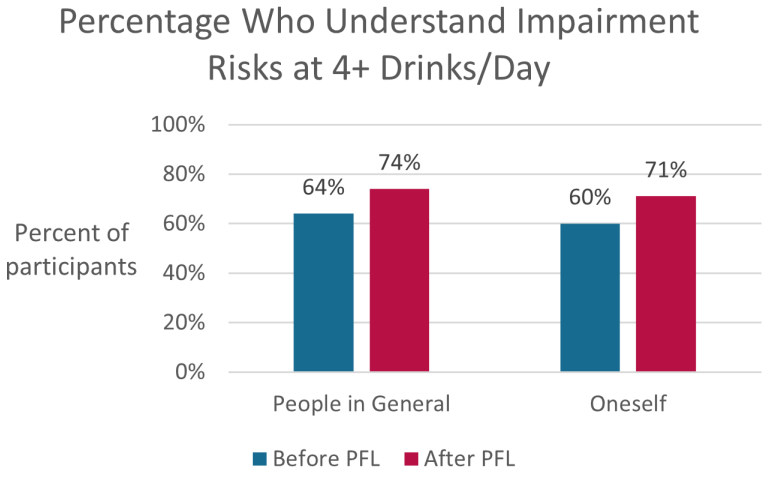
Participants improved their knowledge about what a standard drink is. Although many participants already knew before the program how many ounces of beer made a standard drink, even more had this knowledge after participation. After the program, many more also knew how many ounces of wine and liquor constituted standard drink amounts.





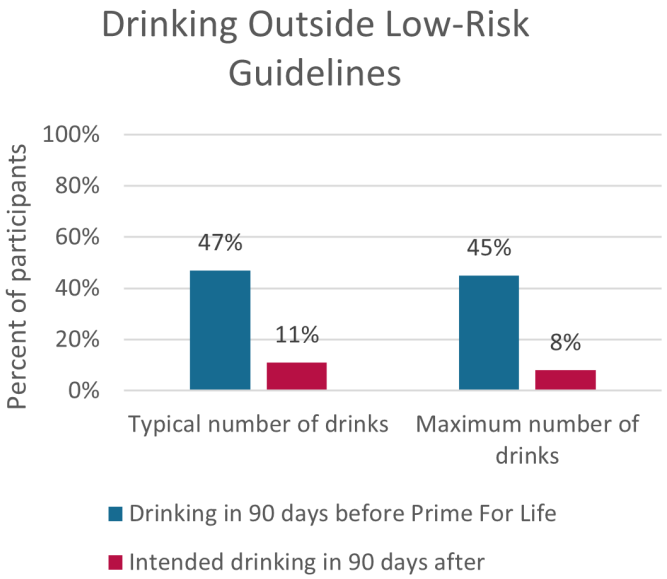
Many participants knew a lot about tolerance and risk factors for developing substance use problems before receiving PFL but even more did after participating.

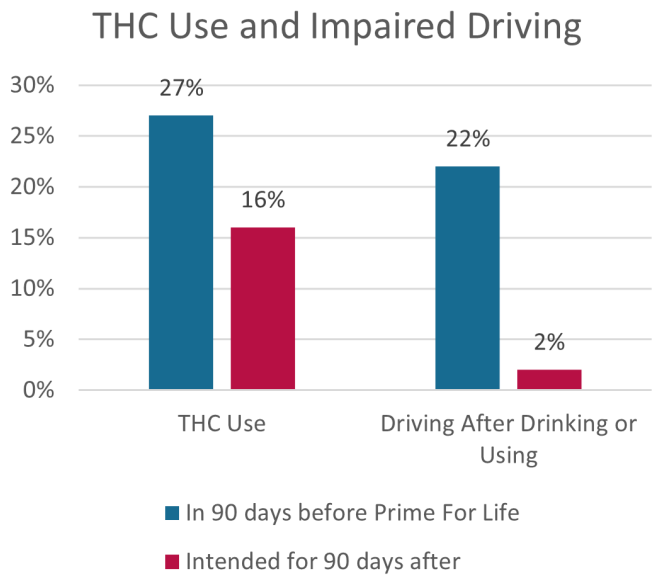
Underestimating the amount of alcohol that increases risk for problems can contribute to overuse. PFL's low-risk guidelines provide concrete information so participants can know the amount of substance use that elevates the potential for problems. Before receiving PFL, many participants (perhaps because of their arrest) already had heightened awareness that alcohol use could cause problems in their relationships, jobs, and health. Nevertheless, participants showed improvements in 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 high-risk alcohol use, THC use, and impaired driving.

The goal of the knowledge and attitude changes described in this report is to reduce participants' high-risk substance use and impaired driving. To assess this goal, the questionnaires asked participants to report on substance use and driving in the 90 days before attending the program. The questionnaires also asked how much they intended to do those things in the following 90 days. 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. Additionally, only 59% of people that reported using THC in the past intended to use it in the future. As would be hoped, far fewer people intended to drive under the influence in the future than had done so in the past.

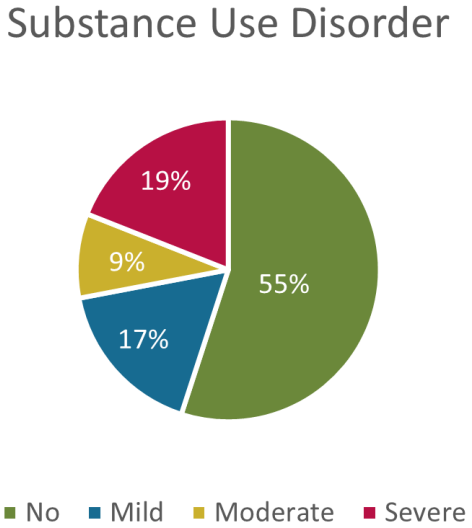




5. People with substance use disorders benefited from PFL.

An important question is whether people with greater substance involvement — who might be the most difficult to influence — benefit from PFL. 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). Based on their responses, about 45% of participants met the criteria for mild, moderate, or severe SUD.

Participants reported that the symptoms endorsed were primarily caused by alcohol (66%) or the combination of alcohol and drugs (16%).

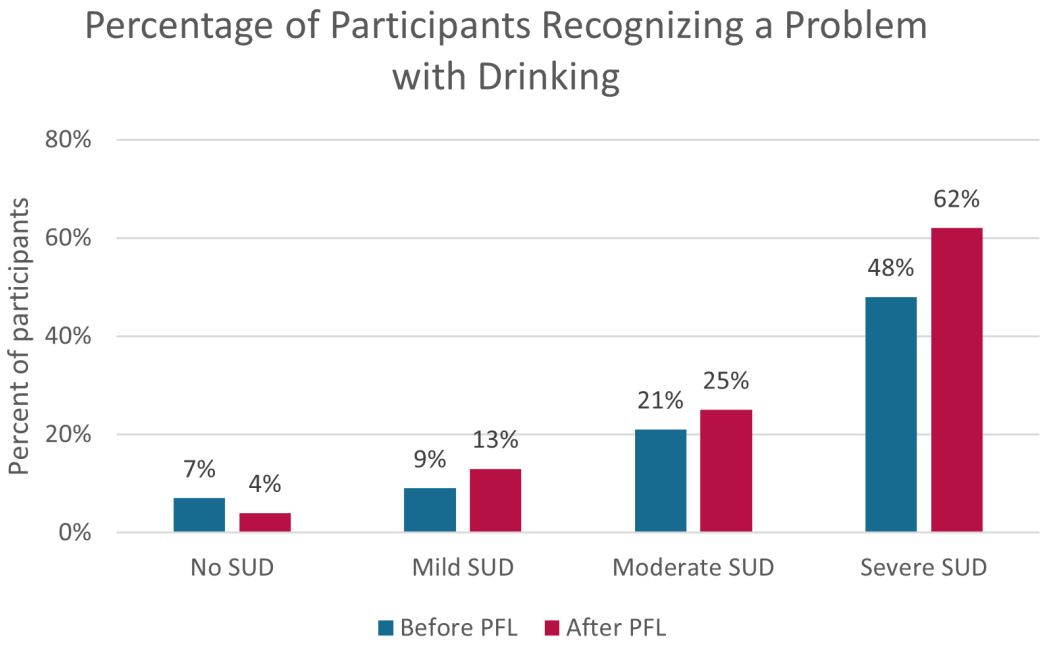


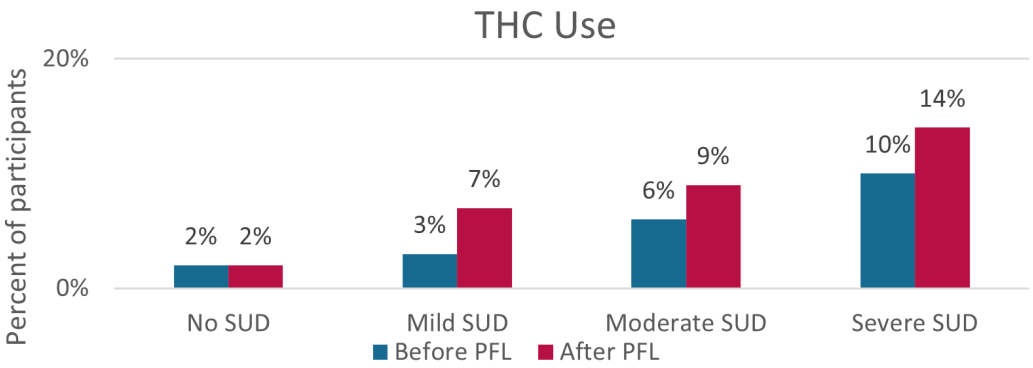
People reporting symptoms consistent with a mild, moderate, or severe SUD diagnosis benefited as much as people who did not report symptoms consistent with a SUD diagnosis on several outcomes.

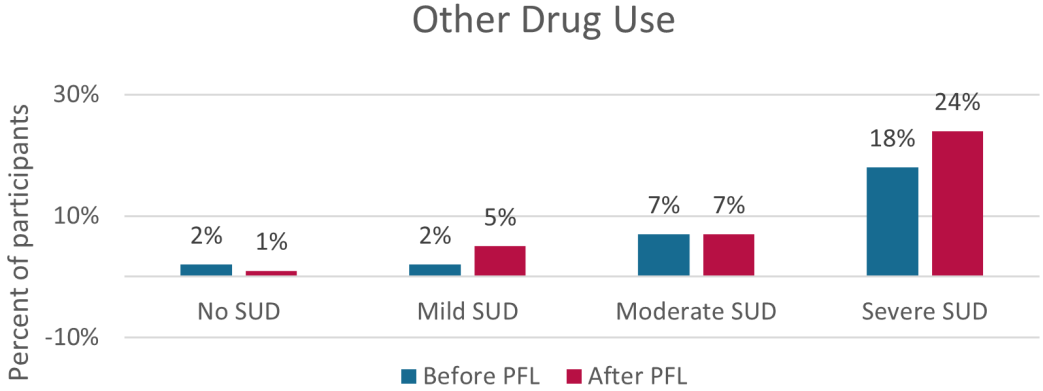
- Knowledge about tolerance and risk factors for developing substance use problems
- Knowledge about what constitutes a standard drink
- How many drinks they can have before it causes impairment or other problems

They also rated PFL as even more helpful than participants without a SUD diagnosis.

A relevant question is whether those with more severe SUD attributed problems they experienced to their alcohol, THC, and other drug use, 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 show that people with SUD, especially more severe SUD, came to PFL recognizing their problems, and that the percentage of such people increased noticeably during the program. That this change was also evident for cannabis is even more noteworthy, given the general perception that THC use is not particularly risky.







What does the data show about PFL Participants in Hawaii?

In Hawaii, 383 people who were required to complete PFL because of legal trouble provided data. Most participants reported they were required to complete PFL because of impaired driving (95%). The remaining individuals reported drug possession (<1%), underage drinking (1%), underage drinking and driving (2%), or other (2%) as the reason for their attendance.

The tables below provide a summary of how participants described themselves demographically.

GENDER	
Female	123 (32%)
Male	251 (66%)
Other/Prefer Not to Say	8 (2%)

EDUCATION	
11th Grade or Less	27 (7%)
High School Graduate/GED	155 (41%)
Some College/ Technical School	110 (29%)
Two-Year Degree	31 (8%)
Four-Year Degree	50 (13%)
Advanced Degree	10 (3%)

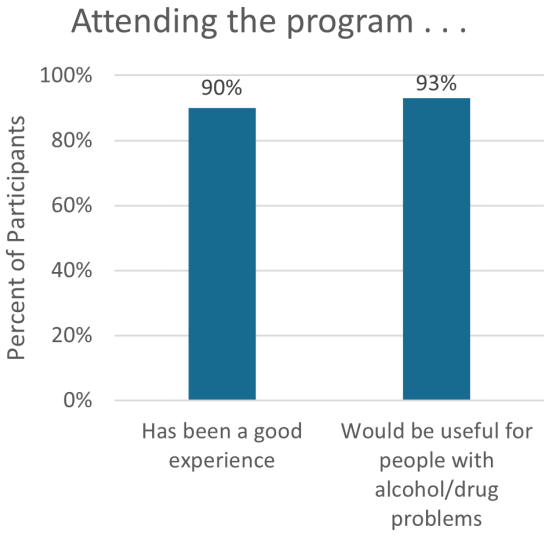
RACE/ETHNICITY	
African American	8 (2%)
Asian	43 (11%)
Hispanic	25 (7%)
Multiracial/ethnic	84 (22%)
Native American	1 (<1%)
Other	9 (2%)
Pacific Islander	84 (22%)
White	129 (34%)

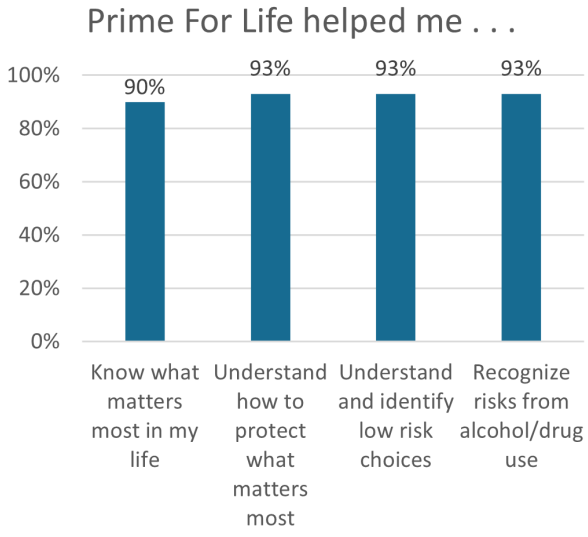
SEXUAL IDENTITY	
Heterosexual	323 (85%)
Other/Prefer Not to Say	56 (15%)

AGE	
17 & Younger	3 (1%)
18 - 24	62 (16%)
25 - 34	139 (36%)
35 - 44	102 (27%)
45-54	42 (11%)
55 & Older	35 (9%)

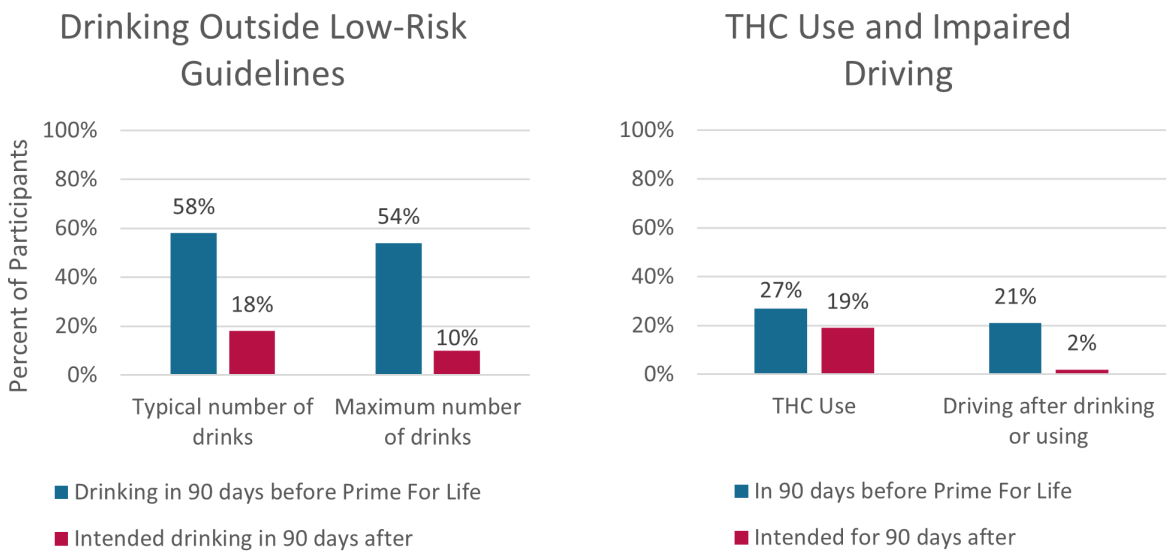
RELATIONSHIP STATUS	
Married	68 (18%)
Committed, Non-married	96 (25%)
Single	217 (57%)

Hawaii participants benefited similarly to people in all other states combined. For example, these charts show that most participants reported the program helped them.





Like participants in the overall sample, Hawaii participants also reported that they intended to engage in less drinking in the future than they had in the months preceding attending PFL. Similarly, the percentage intending to use THC or drive while impaired in the future was lower than what was endorsed in the 90 days leading up to PFL.



Conclusions

Consistent with prior evaluations, this evaluation demonstrated that 90% of participants in Hawaii, despite being required to attend, rated Prime For Life as helpful and a worthwhile experience. Because of the high level of engagement achieved, it is not surprising that Prime For Life has an impact on knowledge and risk perception. Participants are paying attention and absorbing information during the program that will help them identify and make low risk choices after the program. Perhaps most importantly, 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. These changes have the potential to enhance not only the life of those mandated to Prime For Life in Hawaii, but also the people who surround and interact with them, while making Hawaii roadways safer.

Evaluation Methods

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 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 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 ($p < .05$). In addition to the overall report, individualized reports were prepared for any state that had 100 or more respondents who had pre- and post-evaluation data that could be linked using a self-generated ID.

To cite this report:
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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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