myprime®

GREENVILLE COUNTY SCHOOLS

Evaluation Report: January 2025 - May 2026

A Message from the PRI Director of Research

Dear Colleagues:

Prime For Life® (PFL) is a research-backed motivational intervention designed to reduce the incidence of alcohol- and drug-related problems. Greenville County Schools use myPrime®, a web-based, asynchronous form of the program.

In this report, we present evaluation findings from Greenville County Schools students who completed myPrime since the last reporting period (between January 2025 and May 2026). Over 75% of students included in this evaluation reported they were required to complete the myPrime program because they had gotten into legal/policy violation trouble, primarily related to drug possession. Almost 60% reported having used THC within the 30 days prior to the program and 32% reported symptoms consistent with a substance use diagnosis.

Consistent with findings from the previous evaluation of myPrime in Greenville County Schools, this evaluation found myPrime has a meaningful impact on outcomes known to impact risk for future alcohol- and drug-related problems. Through the program, participants increased their knowledge and enhanced the accuracy of their risk perception. Most importantly, at the completion of the program, participants reported intentions to abstain from or reduce consumption of alcohol, THC, and non-prescribed medications and to avoid impaired driving. They indicated that myPrime provided them with information and resources they need to make these changes.

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 Greenville County Schools (South Carolina) with access to myPrime and related resources. We are grateful for the commitment school administrators have shown to helping students reduce alcohol- and drug-related risks. The positive results in this evaluation are a testament to the collaborative partnership between PRI and Greenville County Schools. We are especially proud of the finding that, despite the fact that most students were required to attend, more than 75% reported that completing the myPrime program was a good experience. Together, we are truly making a difference and moving toward our joint goal of reducing the problems and harms caused by high-risk alcohol and drug use.



Julie A. Schumacher, PhD, ABPP
Director of Research
Prevention Research Institute

Summary

MyPrime® is a motivational intervention that provides education and strategies for individuals who have experienced problems due to high-risk alcohol or drug use. In this report, we show findings from data provided by myPrime participants in Greenville County Schools who completed the program between January 2025 and May 2026. Students who completed the program rated it 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 THC use, and not drive when under the influence of alcohol and/or drugs.

Background

MyPrime is a web-based, self-led motivational intervention developed by Prevention Research Institute (PRI), a nonprofit organization based in Lexington, Kentucky. MyPrime is modeled after Prime For Life® (PFL), an in-person program designed to help individuals reduce alcohol- and drug-related risks. The program is grounded in the Lifestyle Risk Reduction model and incorporates elements from empirically supported frameworks, including the Transtheoretical Model, Motivational Interviewing, and the Theory of Planned Behavior. It addresses patterns of substance use, contributing factors, addiction risk, and guidelines for low-risk behavior. While myPrime retains PFL's theoretical foundation, core concepts, and activities, it is delivered asynchronously and completed individually on a computer or tablet. Through videos, interactive activities, and self-assessment, myPrime supports participants in transitioning from high-risk to low-risk choices. As part of this, the program provides research-based, low-risk substance use guidelines. More information about the program and its research is available at www.primeforlife.org.



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

MyPrime teaches participants that the choices they make can protect the things they value most in life or put them at risk for negative consequences. The program defines these as "low-risk" or "high-risk" choices, respectively. Low-risk choices are unlikely to cause injuries or health problems, relationship problems, work-related issues, or other problems in important areas of life. 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 myPrime 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 are under the age of 21, who have already developed alcohol addiction, or who are in recovery. For adults age 21 and older who are not in recovery, the guidelines may vary depending on other factors (e.g., age, illness, other biological risks); regardless, any amount over three drinks in a single day is considered high risk. Additionally, myPrime reminds participants that 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?*

PARTICIPANTS

A total of 673 students who completed myPrime between January 2025 and May 2026 provided data for this evaluation. Participant demographic characteristics are presented in Table 1.

Table 1. Descriptives

Characteristic	%	*n*
Sex		
Male	62%	405
Female	36%	239
Other/Prefer Not to Say	2%	14
Race/Ethnicity		
African American	39%	264
Asian American	<1%	4
Caucasian	28%	188
Hispanic	16%	109
Multiracial	13%	90
Native American	<1%	2
Another race/ethnicity group	2%	16
Age		
Average Age: 15		
Age Range: 11-19		

**Numbers may sum to less than 673, and percentages may sum to more or less than 100% due to missing data and rounding.*

REASONS FOR COMPLETING MYPRIME

As shown in Figure 1, 76% of participants reported being required to complete myPrime because they had gotten into legal trouble. Among the students who reported being required to complete myPrime, most reported the requirement was imposed because of drug possession (85%). The remaining students required to complete myPrime provided the following reasons: underage drinking (4%), underage drinking and driving (<1%), impaired driving (<1%), or for some other reason (11%) (see Figure 2). However, only 6% of students reported having been arrested for an alcohol or drug related issue (see Figure 3).

Figure 1. Percentage of participants required to complete myPrime

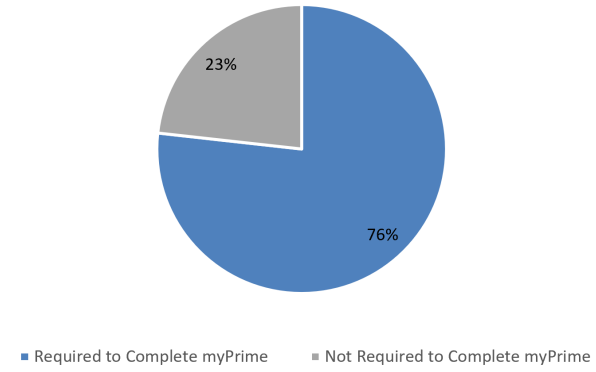


Figure 2. Reasons participants were required to complete myPrime

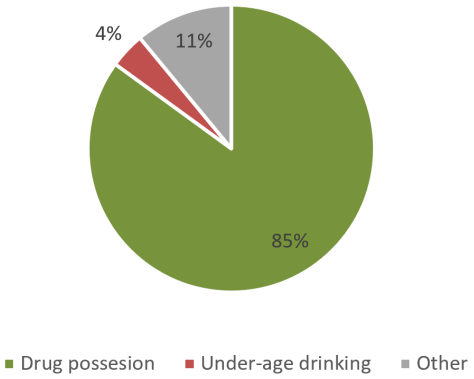
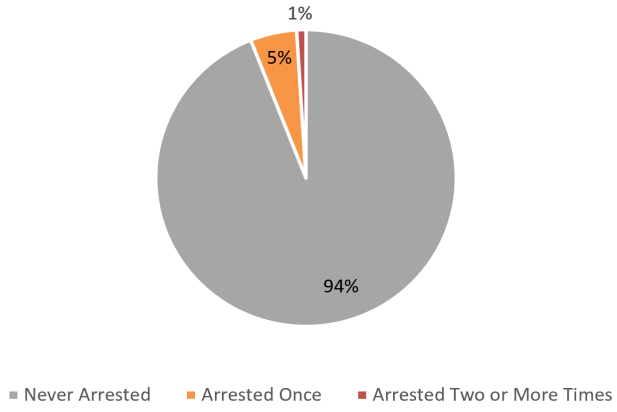


Figure 3. Percentage of students reporting having been arrested for an alcohol or drug-related issue



PRE-PROGRAM ALCOHOL AND DRUG USE

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. As shown in Figure 4, participants' lifetime and recent experience with substances was primarily use of THC, but a small percentage reported past 30-day (8%) or lifetime (10%) use of alcohol. Far fewer participants indicated non-medical use of prescription medications or use of illicit drugs (see Figure 5).

Figure 4. Participant reports of past 30-day and lifetime use of alcohol and THC

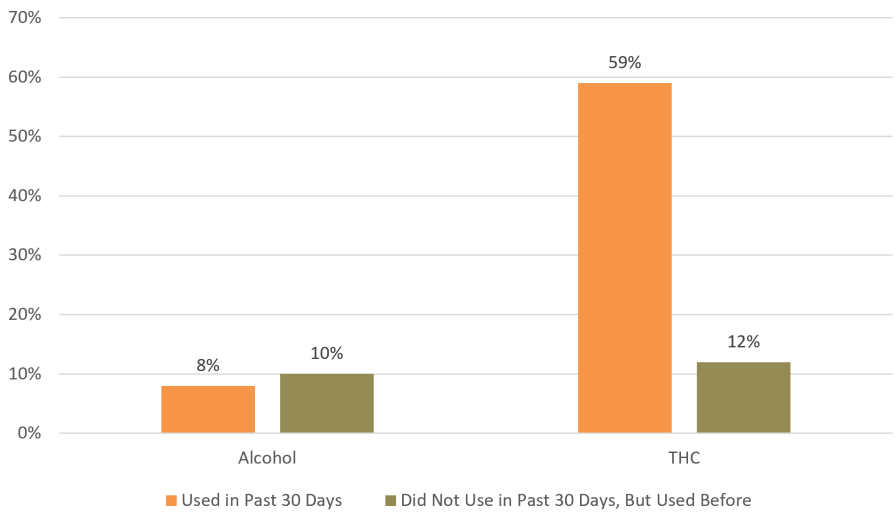
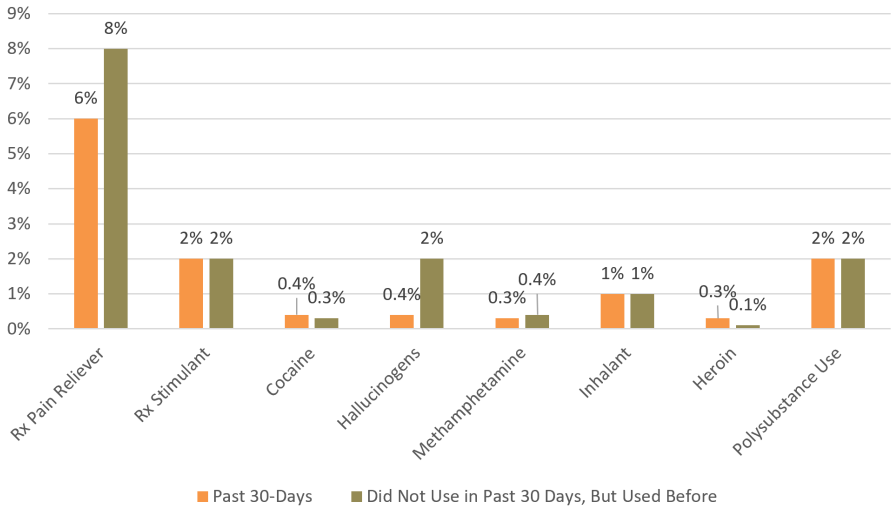
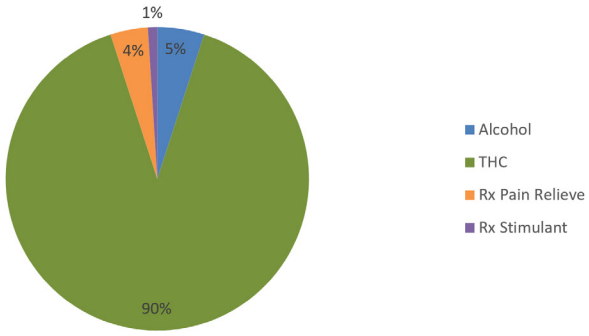


Figure 5. Participant reports of past 30-day and lifetime non-medical use of prescription medications and use of illicit drugs



Use patterns are consistent with participant reports of preferred substance. As shown in Figure 6, almost 90% of participants endorsed THC as their preferred substance.

Figure 6. Participant reported "preferred substance"

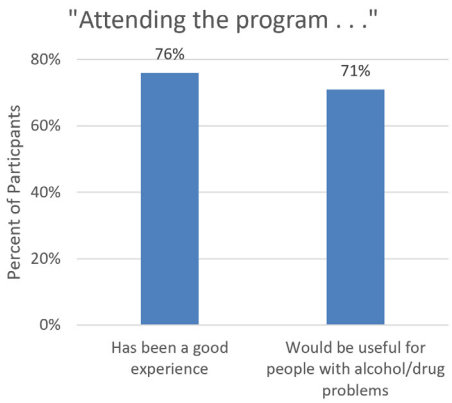


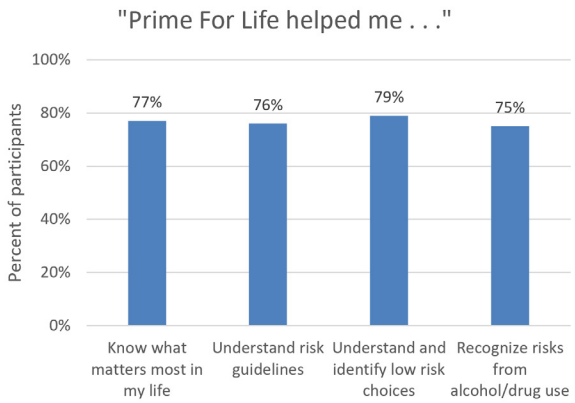
Key Findings

1. Participants found myPrime to be helpful.

After completing the program, approximately 76% of participants said it was a good experience for them and would be for others as well. Most agreed myPrime helped them in several ways (Figures 7a and 7b).

Figures 7a and 7b. Percentage of participants reporting positive impressions of the myPrime program

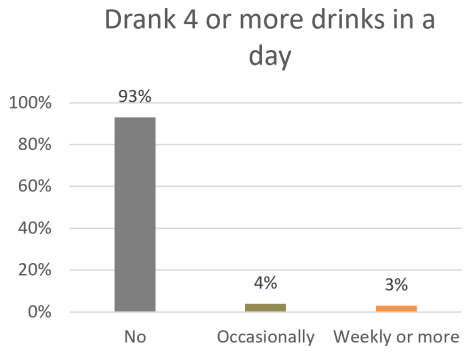


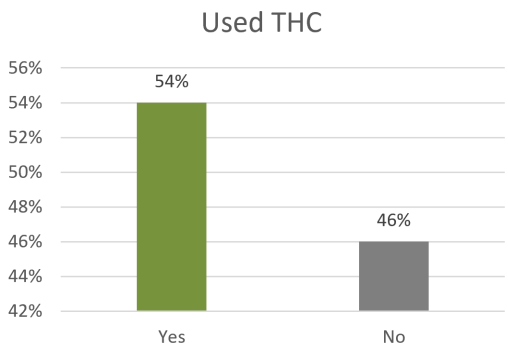


2. Participants were using THC and alcohol in high-risk ways in the 90-days before myPrime.

It is common for people to reduce their substance use soon after experiencing significant alcohol or drug-related legal problems. Even so, many participants were using THC in high-risk ways in the 90 days before myPrime. As shown in Figures 8a and 8b, over half of the participants (54%) reported using THC in the 90 days before myPrime, and 7% of participants reported drinking heavily.

Figures 8a and 8b. Percentage of participants using THC and drinking heavily in the 90 days before myPrime

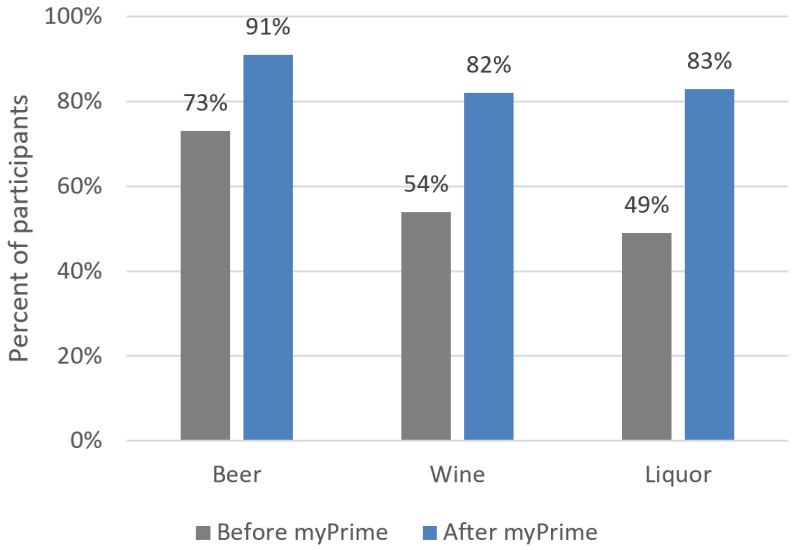




3. Participants showed positive changes in their knowledge.

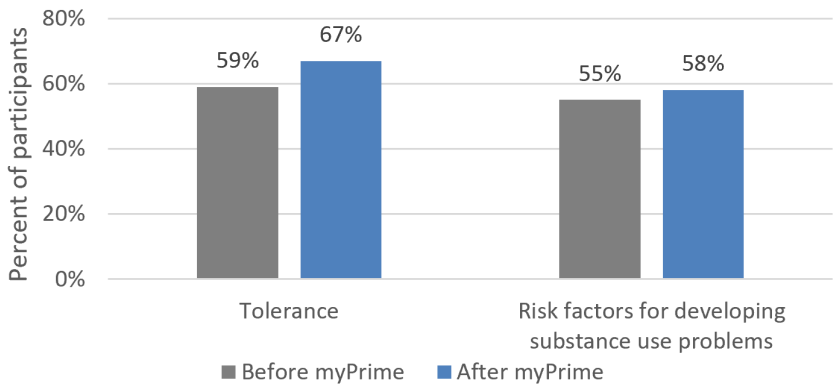
An accurate understanding is a starting point for avoiding high-risk behaviors. Although many participants already knew before the program how many ounces of beer constituted a standard drink, even more learned this after participating in the program. After the program, many more people also knew how many ounces of wine and liquor constituted a standard drink (see Figure 9).

Figure 9. Percentage of participants with accurate knowledge of standard drinks sizes before and after myPrime



Over half of the participants knew a lot about tolerance and risk factors for developing substance use problems before receiving myPrime but even more did after participating. While knowledge of risk factors for developing substance use problems did not increase, knowledge of tolerance did increase as a result of the program (see Figure 10). Of note, we have observed unusual response patterns on the measure of knowledge of risk factors for developing substance use problems in other samples of young participants, which might account for this non-significant finding. We are working on revising the measure to assess this domain of knowledge in youth samples.

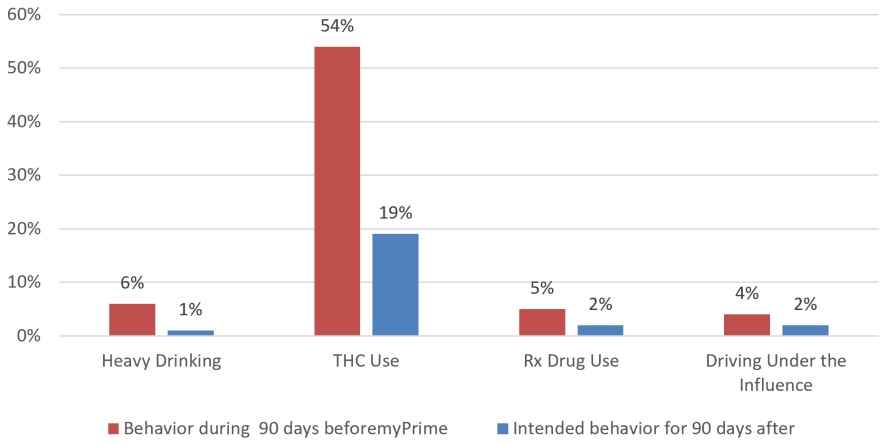
Figure 10. Percentage of participants with a high knowledge of tolerance and risk factors for developing substance use problems before and after myPrime



4. Participants intended to decrease their heavy drinking, THC use, and impaired driving.

The goal of the knowledge changes described in this report is to reduce participants' high-risk substance use and impaired driving. To assess this goal, the questionnaires asked people to report on substance use and impaired 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 Figure 11, the percentages of people who intended to drink heavily, use THC, use prescription medications for nonmedical reasons, and drive under the influence of alcohol or drugs following myPrime were substantially lower than the percentages of people who reported those behaviors prior to the program.

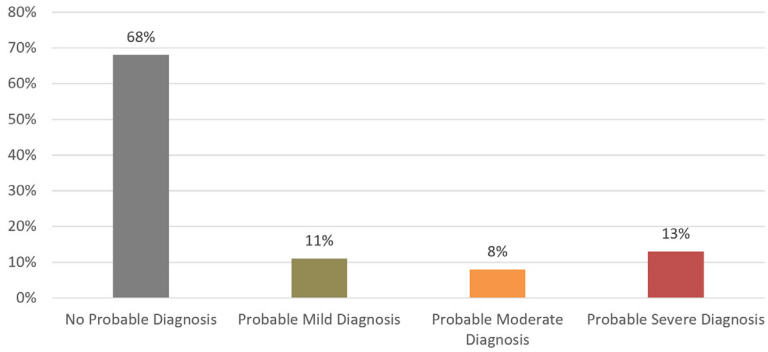
Figure 11. Comparison of the percentage of participants reporting high-risk substance use prior to the program to the percentage of participants reporting intentions for such use following the program



5. Most participants did not meet criteria for a substance use disorder diagnosis.

Participants answered twelve questions about symptoms of a substance use disorder (SUD) as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). As shown in Figure 12, based on their responses, about 32% of participants met probable criteria for mild, moderate, or severe SUD with most reporting that the symptoms endorsed related to drugs (83%) or both alcohol and drugs (13%). The finding that almost 7 of 10 (68%) of participants who participated in this evaluation did not meet criteria for a probable substance use disorder is important. Often there is the presumption that people who experience a problem from use also have a use disorder. This data, consistent with that found in other samples, does not support that assumption.

Figure 12. Percentage of participants meeting criteria for a probable substance use disorder diagnosis



In our prior evaluation of myPrime in Greenville County Schools we analyzed change in alcohol- and drug-related problem recognition as a result of the myPrime program. For the current evaluation, a large number of respondents marked items on the problem recognition scale "does not apply" or skipped the items, so we could not reliably test pre-post differences in this domain for this evaluation report. We are working to identify an alternative measure of problem recognition that allows us to better assess program impacts on this domain in future evaluations.

Conclusions

Consistent with the prior evaluation, this evaluation demonstrated that more than 75% of participants rated myPrime as a worthwhile experience, despite the fact that most were required to complete the program. Because of the high level of engagement we achieve, it is not surprising that myPrime has an impact on knowledge. 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, although many participants reported THC use, and smaller numbers reported high-risk alcohol, or other drug use prior to completing the program, most participants reported intentions to avoid alcohol, THC, and nonmedical use of prescription medications in the 90-days following the program.

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 SurveyMonkey, a cloud-based survey tool for creating, collecting, and analyzing surveys. We conducted dependent-samples t-tests and McNemar tests in SPSS to analyze changes in continuous and categorical outcomes, respectively. Unless noted otherwise in the text, findings reported here were statistically significant following generally recognized research standards ($p < .05$).

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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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