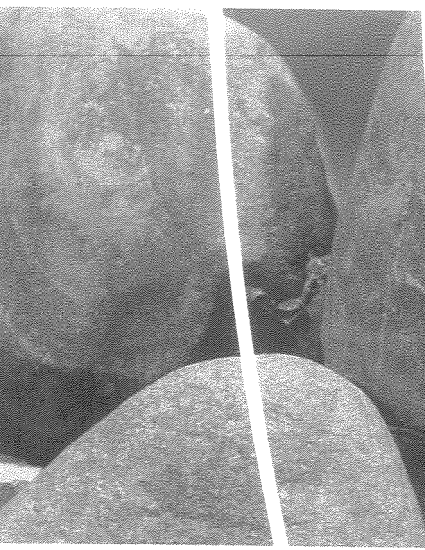


PRIME For Life



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PRIME For Life® Lifetime Risk Reduction that works™

PPRIME For Life is more than just an awareness program. It is an educational program designed to influence behaviors using a research-based persuasion protocol. There are no scare tactics, no exaggerations, no war stories, no personal judgment. **PRIME For Life** is based on the Lifestyle Risk Reduction Model which was articulated in 1983 by Prevention Research Institute, a non-profit organization based in Lexington, Kentucky. The Model's focus on the reduction of problems related to alcohol and drug use guides all program development and training.

Lifestyle Risk Reduction

The Lifestyle Risk Reduction Model specifies three equally important, measurable, behavioral goals:

1. **Increase abstinence for a lifetime.**
2. **Delay the age of first use of alcohol.**
3. **Reduce high-risk choices.**

"...the training was immeasurably valuable for me on a professional and personal level."

Erick, youth instructor, Iowa City, IA

Programs



Prevention Research Institute's **PRIME For Life Series** offers programs designed to change actual drinking and drug use behaviors. Each program in the series is more than just an awareness program; it is

a program designed to change behaviors using education coupled with a research-based persuasion protocol. It is in this spirit of influencing behavior, not controlling it, persuading people to behavior change, not commanding it, and touching the hearts of those most needing prevention and intervention, that the **PRIME For Life Series** has been written.

Evaluations



Prevention Research Institute is committed to evaluation of program impact, and its Risk Reduction programs have shown positive behavior change in both internal and independent studies. The longest follow-up data available indicate the increase in abstinence and decrease in high-risk use becomes greater over time. A recent evaluation looking at differential impact based on family history of alcoholism indicates the reduction in use is even stronger among those with a family history of alcoholism. Detailed summaries of evaluations and results are available from Prevention Research Institute.

Trainings



Prevention Research Institute regularly offers new instructor training workshops in its programs throughout the country. Instructor materials include a detailed Instructor's Manual cross-referenced to nearly 1500 scientific publications; a set of four program DVD discs; a student workbook; an instructor study guide; and an instructor resource CD-ROM. A set of full-color posters is available for each teaching site. Participants are granted Continuing Education Units (CEUs) for attending a training. Technical assistance and follow-up after the training is an ongoing support service offered by Prevention Research Institute staff.

In addition to new instructor training, Prevention Research Institute conducts several continuing education conferences annually for trained **PRIME For Life** instructors. These conferences include workshops to build skills, enhance understanding of curriculum materials and re-energize instructors. Instructors are also kept up-to-date with a newsletter that includes general information of interest to instructors and summaries of new research with implications for teaching **PRIME For Life**.

PRIME For Life

Lifetime Risk Reduction that works

DUI Offenders

PRIME For Life is used for people convicted of driving under the influence (DUI) of alcohol or other drugs. It is used statewide for DUI offenders in Georgia, Hawaii, Indiana, Iowa, Maine, New Hampshire, North Dakota, South Carolina, and Utah, and is one of several programs that may be used in many states. It is carefully designed for effective "therapeutic education" for people who make high-risk drinking choices. A decade of evaluation shows the curriculum changes attitudes and behaviors with first and multiple offenders, and has impact across DSM diagnostic categories.

Adults

PRIME For Life is intended for adults in many settings, from court-ordered audiences to the workplace or places of worship. The program is offered through welfare-to-work programs and military systems throughout the world.

Parents

When parents receive PRIME For Life, they not only learn information to reduce the risk that their children will experience any type of alcohol-related problem over their lifetime, but also learn how to communicate this information. The curriculum is used with parents whose children are participating in court diversion or juvenile justice programs.

Youth

PRIME For Life is often used for youth ages 13 to 20 who already engage in high-risk drinking or drug use or who are in a group likely to begin making choices that increase risk for problems. Thousands of young people throughout the country are taught the curriculum through juvenile justice systems, underage DUI programs, court diversion, school student assistance, and similar programs. The program is taught systemwide in Alaska, Kentucky, and South Dakota. Some schools teach the curriculum in the middle or high school setting.

College Students

PRIME For Life is available for delivery on college campuses. The program is often taught to students who have violated campus alcohol or drug

policies, through freshmen health classes or through athletic departments. Several Greek organizations have adopted PRIME For Life for implementation by their chapters nationwide.

FOR MORE INFORMATION

Prevention Research Institute regularly conducts instructor trainings. For a current training schedule or for more information, please call 1-888-2ASK PRI or visit our website at www.askpri.org.

Who benefits from PRIME For Life?

"...I don't have words to thank you for everything you taught me. I wish I would have heard this information 20 years ago."

Georgia DUI Offender



changing
behavior

changing
lives

PRIME
For Life[®]

Does it Work?

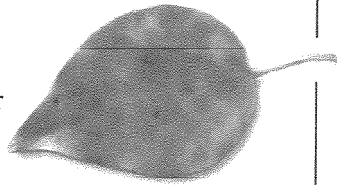
PRIME For Life is designed to influence behaviors using a research-based persuasion protocol. There are no scare tactics, no exaggerations, no war stories, no personal judgment. PRIME For Life emphasizes not only what is said but how it is said. Both content and process are keys to successful delivery of the program and to the ultimate goal, behavior change.

Evaluations show PRIME For Life reduces recidivism, positively impacts clients' intentions to change behaviors, increases client recognition of the need for treatment, and contributes to other positive outcomes; a summary is provided below. Complete evaluation summaries are available at www.askpri.org.

Impact on DUI Offenders

PRIME For Life is used statewide for DUI offenders in Georgia, Hawaii, Indiana, Iowa, Maine, New Hampshire, North Dakota, South Carolina, and Utah, and is one of several programs that may be used in many states. It has been carefully designed to function as "therapeutic education" for people who make high-risk drinking choices and use drugs.

To clearly understand the recidivism findings in perspective, keep in mind that the average two-year recidivism rate found in control groups in a meta-analysis of well-conducted DUI program evaluations is about 19%. (Wells-Parker, et. al. Meta-analysis: Addiction, 90, 907-926, 1995). Research on PRIME for Life has shown:



In Georgia

The five-year recidivism rate for those who completed PRIME for Life was 13.5%. For those who did not complete the program, the recidivism rate was 27.1%. (Emory University, 1997)

In Iowa

In 1992, prior to implementation of curriculum, the overall six-year recidivism rate was 21%, according to arrest records. After adoption of curriculum, sample study showed average total 450-day recidivism rate of 7% for those who attended the program. (Multiple offenders recidivism rate was 10%, first offenders first offenders was 5%. (Iowa Consortium for Substance Abuse Research and Evaluation, 1998.)

In Nashville

The two-three year recidivism rates for first offenders receiving PRIME For Life only was 7.78% for any alcohol or drug re-arrest and 4.47% for a DUI re-arrest. For first offenders receiving PRIME For Life plus treatment, the recidivism rates were 12.73% for any alcohol/drug re-arrest and 7.73% for a DUI re-arrest. For multiple offenders completing treatment only, the recidivism rate was 12.88% for any alcohol/drug re-arrest and 9.04% for a DUI re-arrest. (General Sessions Court Safety Center study, 2003)

In South Carolina

Three-year recidivism rates (1998-2001) were 7.2% for those receiving the PRIME For Life program only, 8.5% for those receiving PRIME For Life plus treatment, and 9.9% for those receiving treatment only. (South Carolina Department of Alcohol and Other Drug Abuse Services; August, 2003)

In Columbus, OH

Program evaluation revealed that clients were more prepared and accepting of outpatient treatment after PRIME For Life education. (Columbus, Ohio Health Department, 1996.)

Impact on Youth

PRIME For Life is used with young people age 13-20 who are already engaged in high-risk drinking or drug use or who are in a group that research shows is likely to begin making choices that increase risk for problems. Thousands of youth throughout the country are taught the curriculum through juvenile justice systems, underage DUI programs, court diversion, school student assistance, and similar programs.

From the descriptive data of the population, there is clear evidence that prior to receiving PRIME For Life, most of the young people in programs administered by the Kentucky Department of Juvenile Justice were heavy users of alcohol and/or drugs. After the program, the intention to make high-risk choices significantly declined and the intention to make low-risk choices significantly increased. (PRI, 2004)

Most of the youth in the study had consumed alcohol, with nearly half using by 12 to 13 years of age. In the six months prior to participation in the educational program, 31.7% reported abstaining from beer, 78.3% from wine, 50.1% from liquor and 48.6% from marijuana. At the end of the court diversion program, 21% more (52.7%) reported abstaining from beer, 8.2% more (86.5%) from wine, 20.7% more (70.8%) reported abstaining from liquor, and 17.9% more (66.5%) reported abstaining from marijuana; all highly statistically significant increases. There was a 24% reduction in the number consuming three or more drinks in a single setting. (Spalding University, 2002)

In Oshkosh, Wisconsin (1994-95), youth who received PRIME For Life as part of their court diversion agreement had a lower recidivism rate (6.2%) than youth who did not receive the program during the diversion period (17.3%). (University of Wisconsin Oshkosh, 1995)

In Alaska in 2003, 56% of students reported abstaining from alcohol and 23% of students reported decreasing their drug use after completing PFL. In 2002, 65% reported making no high-risk drinking choices and 41% intended to decrease their drug use since completing PFL.

Impact on College Students

PRIME For Life is delivered to college students in different settings. It is used with students who have violated campus alcohol or drug policies; some use PRIME For Life in freshmen health classes or through athletic departments.

Upon completing the program, 42% of the participants strongly agreed or agreed that as a result of the program, they were going to make changes in their drinking behavior to reduce their risk for future problems. 51% of the participants strongly agreed or agreed that they were going to re-evaluate their drinking behavior to reflect using the low-risk guidelines outlined in the program. (University of Richmond; Johnson, 1997)

Study of 1530 college students showed statistically improvements in attitudes that have been correlated with and predictive of high-risk drinking. There was a significant reduction in amounts of alcohol consumed, attitudes and behaviors changed together in the desired direction for experimental group but not for control group, significant reduction in incidence of some negative consequences associated with drinking. (Eastern Kentucky University; Thompsen, report to FIPSE 1993)

Program demonstrated positive impact on both students with a family history and without, with significantly greater impact on those with a family history of alcoholism, (University of Kentucky, University of Louisville Dental Schools; Sammons, Smith, Cooper, Furnish. *Journal of Dental Education*, 55(1), 1991.)

Greeks were significantly more likely to increase their belief, "I could develop alcoholism." Significant decrease in two negative consequences due to alcohol use for 30-day follow-up. On the post-test, one-third made positive remarks about the influence of the program on their lives. (Dartmouth College, 1995)

Call PRI at 888-2ASKPRI
or visit www.askpri.org



PRIME
For Life®

PRIME For Life

PRIME For Life is delivered to thousands of adults and young people annually through programs such as:

Adult and Youth DUI **Student Assistance**
Drug Courts **Drivers' Education**
Court Diversion **Early Intervention**
Jail Transition **Campus Violation**
Zero Tolerance **Juvenile Justice**

PRIME For Life is used statewide for **DUI offenders** in Georgia, Hawaii, Indiana, Iowa, Maine, New Hampshire, North Dakota, South Carolina, and Utah, and is one of several programs that providers can use in many states. PRIME For Life is funded in these states totally by fees paid by the offenders.

PRIME For Life offers a syllabus that can be adjusted within a range of 12 to 20 hours. The protocol includes a participant self-assessment along with individual and group activities. In some states, judges or counselors use the program workbook to follow up individually with clients concerning their self-assessment and plans for future use of alcohol or drugs, making referrals for additional services if needed.



Prevention Research Institute

Prevention Research Institute, Inc. (PRI) is a private, not-for-profit organization with a mission to reduce the incidence of alcohol- and drug-related problems throughout the world. Since 1983, PRI has developed **PRIME For Life** for a variety of target audiences: military personnel, parents, young people, college students, employees and drinking driver offenders. Ray Daugherty and Terry O'Bryan, co-founders of the Institute and co-authors of **PRIME For Life**, bring years of experience and strong commitment to reducing alcohol- and drug-related problems. The Institute is committed to evaluation of program impact, and its Risk Reduction programs have shown positive behavior change in both internal and independent studies. PRI provides consultation and ongoing support to individuals, businesses, organizations, communities and states and regularly provides workshops in its Lifestyle Risk Reduction programs.

Contact PR Institute at www.askpri.org, 888-2ASKPRI or your local **PRIME For Life** provider for information on bringing **PRIME For Life** to your community or organization.



*Lifetime
Risk Reduction
That Works.™*

www.askpri.org

PRIME For Life

a Drug and Alcohol
**Program for
Behavior
Change**

Loss of freedom, jobs, families, self respect. Crashes. Death. Can we make a difference when it comes to preventing alcohol problems among adult and youth offenders? Unfortunately, no single solution exists; punishment alone does not deter people with significant alcohol or other drug problems. Research shows, however, that a combination of a carefully designed education/therapeutic experience and sanctions can be an effective approach for addressing the problem and reducing recidivism. The legal system can provide the necessary sanctions. **PRIME For Life can provide the necessary therapeutic education.**

PRIME For Life Works

Both internal and external studies have demonstrated positive impacts on adult and youth attitudes and behaviors. Studies show:

- **PRIME For Life** decreases high-risk use of alcohol and other drugs;
- **PRIME For Life** decreases recidivism among DUI and other offenders;
- **PRIME For Life** increases personal perception of risk for problems.

In Kentucky, Juvenile Justice youth intentions to make high-risk choices significantly declined and intentions to make low-risk choices significantly increased following PRIME For Life, as compared with reported past behaviors.

Complete evaluation reports are available upon request.

"With relevant information, encouragement, support, and time, many people are willing to explore new beliefs and change behaviors when the benefits of changing are clear."

Ray Daugherty, PFI president

PRIME For Life is a science-based alcohol and drug program designed to persuade resistant populations to examine and accept the need to change their attitudes and behaviors concerning alcohol and drug use. Best practices of the substance abuse field are woven throughout the program to promote behavior change and reduce risk for problems. Instructors receive four days of intensive training to prepare them to deliver PRIME For Life. Prevention Research Institute supports instructors through continuing education conferences and exclusive website access.

In Georgia, the recidivism rate for those who completed the PRIME for Life DUI program was 13.5%. For those who did not complete the program, the recidivism rate was 27.1%. (Average two-year recidivism rate for control groups in well-conducted studies is about 19%.)

In South Carolina, three-year recidivism rates were 7.2% for those receiving the PRIME For Life program only, 8.5% for those receiving PRIME For Life plus treatment, and 9.9% for those receiving treatment only.

In Alaska, 50% of the youth reported drinking high-risk quantities "sometimes" or "a lot" before attending PRIME For Life. This dropped to 16% at three-month follow-up. Of youth using drugs before PRIME For Life, 84% reported no use or decreased use at three-month follow-up.

Both content and process are keys to successful delivery of PRIME For Life and to the ultimate goal, behavior change. Program content is based on biological, psychological, and sociological research. Program process is based on persuasion-based teaching research. The instructor does not need to coerce participants into behavior change; program content and process do the work.



PRIME FOR LIFE:

Is a 6-20 hour education program for adults and youth that focuses on alcohol and drug prevention and intervention. Thousands of people throughout the country receive the program through their employers, schools, welfare-to-work programs, and places of worship. Many receive the program for continuing education and professional development.

PRIME For Life programs are used statewide in Alaska, Georgia, Hawaii, Indiana, Iowa, Kentucky, Maine, New Hampshire, North Dakota, South Carolina, and Utah. They are also used by

- The U.S. Army
- The Swedish Armed Forces
- National college and Greek organizations
- Parents, businesses and school groups around the country and in Europe.

Content

PRIME For Life content is carefully selected to help people reduce their risk for alcohol and drug problems throughout their life.

Approach

The program's nonjudgmental approach reduces resistance to the life-saving information presented in the program and increases students' openness to change.

Documentation

Information presented is based on documented research findings rather than opinion, exaggerations, or scare tactics.

Training

Initial intensive training and follow-up support services help instructors deliver the material effectively.

Prevention Research Institute (PRI):

Prevention Research Institute, Inc. (PRI) is a private, not-for-profit organization with a mission to reduce the incidence of alcohol- and drug-related problems throughout the world. Beginning in 1983, PRI has developed **PRIME For Life** for a variety of target audiences: military personnel, parents, youth, college students, employees and drinking driver offenders. Ray Daugherty and Terry O'Bryan, co-founders of the Institute and co-authors of **PRIME For Life**, bring years of experience and strong commitment to reducing alcohol- and drug-related problems. The Institute is committed to evaluation of program impact, and its Risk Reduction programs have shown positive behavior change in both internal and independent studies. PRI provides consultation and ongoing support to individuals, businesses, organizations, communities and states and regularly provides workshops in its Lifestyle Risk Reduction programs.

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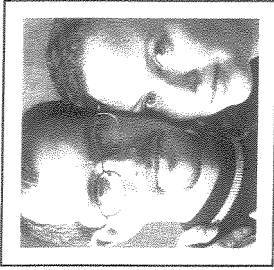


*Lifetime
Risk Reduction
That Works.™*

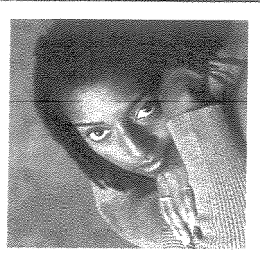
PRIME For Life®

Effective alcohol
and drug education for
**families,
communities, and
employers**

Most Americans believe that ecstasy, methamphetamine, and other "hard" drugs are harmful and do not use them. Alcohol and marijuana are considered safe. And while many people drink alcohol in small amounts without increasing their risk for problems, many unknowingly make high-risk choices.



Consider this:

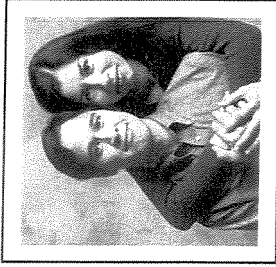


- One in ten drinkers develops alcoholism or other serious alcohol-related problems at some point in their lives.
- 200,000 people seek help each year for marijuana dependence.

- Many people who are dependent on alcohol or drugs started out drinking or using drugs for fun and relaxation. They believed that getting high for fun would not lead to problems. This belief is common but inaccurate, and encourages more use without a sense of risk.



PRIME For Life is a program that helps adults learn how to reduce their risk of alcohol related problems throughout life. Based on research, **PRIME For Life** provides answers to questions people have about alcohol. For those of us responsible for family members, employees, or organizations, knowing what to say about alcohol—and knowing how to say it—may be crucial.



Here's what program participants learn:

Does having a family history of alcohol problems increase my risk?

Does having a high tolerance protect me from problems?

Why can't people see it when they have problems with alcohol?

Are small quantities of alcohol good for my heart?

How do I know where my "trigger level" is?

How do I know when I am making high-risk choices?

What personality traits are more common among people who develop alcoholism?

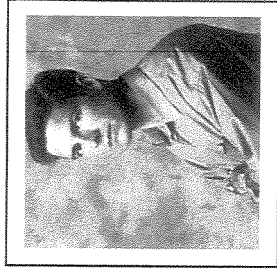
How can I specifically reduce my risk for problems?

Is marijuana addictive? Can it impair driving ability?

A NOTE TO EMPLOYERS:

An important study by the Robert Wood Johnson Foundation* shows that performance problems in the workplace are not only related to alcohol dependence (alcoholism), but also to drinking by nondependent employees in ways that impact their job performance. In fact, the study shows that:

- The majority of alcohol-related work performance problems can be attributed to employees who are not alcohol dependent.
- Employees may not make the connection that their occasional excessive drinking levels have resulted in productivity problems, such as arriving late or leaving work early, being absent or getting into arguments with co-workers.
- Workers report significant productivity costs due to the "secondhand" effects of co-workers' drinking. Twenty-one percent report being injured or put in danger, having to re-do work, cover for a co-worker or needing to work harder or longer due to others' drinking.



* New Perspectives for Worksite Alcohol Strategies: Results from a Corporate Drinking Study. December, 1998.