

Issues

- THC use & use disorders clearly on rise amongst some groups since legalization (Pacula, Powell, Heaton, & Sevigny, 2014; Sarvet et al., 2018)
- Growing evidence of harmful effects (e.g., Memedovich et al., 2018; Volkow et al., 2014)
- Dearth of evidence-based programs to address prevention of cannabis problems

Challenges

perceptions:

- Increasing perception that cannabis is benign and/or nonaddictive (Memedovich et al., 2018; Sarvet et al., 2018)
- Decreased perception of risk (Sarvet et al., 2018)

legal status:

- Recreational cannabis OK – 11 states
- Medical marijuana OK – 33 states
- Decriminalization in many municipalities
- Tremendous push to legalize cannabis in remaining states

medical status:

- Terms like “prescription” and “CBD” add confusion

One Solution

- Refocus an evidenced-based program
- Target issues unique to cannabis

Initial Testing

- Strong acceptability from providers and participants

Important Questions

- How much modification can occur before an evidence-based program is reclassified to a promising practice?
- In a time of implementation science suggesting forms of program evaluation other than traditional RCT's, what is the appropriate evaluation protocol?
- What should the training requisite be for previously-trained providers?

references

Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. (2014). Adverse health effects of marijuana use. *New England Journal of Medicine*, 370(23), 2219-2227.

Memedovich, K. A., Dowsett, L. E., Spackman, E., Noseworthy, T., & Clement, F. (2018). The adverse health effects and harms related to marijuana use: an overview review. *CMAJ open*, 6(3), E339.

Sarvet, A. L., Wall, M. M., Keyes, K. M., Cerdá, M., Schulenberg, J. E., O'Malley, P. M., ... & Hasin, D. S. (2018). Recent rapid decrease in adolescents' perception that marijuana is harmful, but no concurrent increase in use. *Drug and alcohol dependence*, 186, 68-74.

Ravi, D., Ghasemiesfe, M., Korenstein, D., Cascino, T., & Keyhani, S. (2018). Associations between marijuana use and cardiovascular risk factors and outcomes: a systematic review. *Annals of internal medicine*, 168(3), 187-194.

why prime for life 420?

Process

Behavior change isn't just what we learn, but how we experience it. **The process must be motivational for someone to reconsider current behaviors.** Our goal? Change for a **lifetime**, not simply compliance for the present.



evidence-based draws from:

- stages of change
- motivational interviewing
- lifestyle risk-reduction model
- implementation science
- persuasion process

taught in:



evaluations

Participant ratings of PFL helpfulness (% of participants who agree/strongly agree)

89%

forming detailed plans

80%

drink or use drugs less

84%

confident about making changes

86%

developing skills

support

PRI provides:

- ongoing training
- expert coaching
- toll-free and web assistance
- online resources/documentation
- marketing materials
- regular newsletters



technology

Prime For Life is delivered through a media rich computer application that assists learning and preparation, then guides instructor presentation.

