

**Saliency of Follow-up Payments in Drug Abuse Research:
Does Size Matter?**

**College on Problems of Drug Dependence
Jason R. Croft, Treatment Research Institute
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TITLE: Larger cash research payments: Decreasing attrition without increasing coercion or new drug use

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ABSTRACT: The purpose of this study was to determine whether the absence of untoward effects for cash research payments as high as \$70, as found in our original project, extended to higher payments of \$100, \$130, and \$160. At intake, consenting participants from an urban outpatient substance abuse treatment program were asked to complete a demographic survey and a locator form. Participants were then randomly assigned to receive \$70, \$100, \$130, or \$160 in either cash or a gift card for completing a follow-up assessment at 6 months post-admission. The assessment consisted of the Addiction Severity Index, a modified MacArthur Admission Experience Survey, the Coercion Assessment Scale, and a urine screen. Participants who attended the 6-month follow-up were re-consented to return 3 days later to complete a second assessment consisting of the Client Satisfaction Questionnaire, a research experience interview, and a second urine screen, for which they would receive a \$40 gift card. As in the original study, findings indicated that neither the magnitude nor the mode of payment had a significant effect on rates of new drug use or perceptions of coercion. Consistent with our previous findings a significant effect was found for magnitude of payment on follow-up attendance. Specifically, payments of \$100, \$130, and \$160 resulted in significantly higher follow-up rates than payments of \$70 ($p < .01$). In addition, follow-up rates for those receiving cash were significantly higher than those receiving a gift card ($p < .05$). Importantly, the follow-up rates for clients receiving cash payments of \$100, \$130, and \$160 approached or exceeded the FDA required minimum of 70% for studies to be considered in evaluations of new medications. This suggests that the use of higher magnitude payments and cash payments may be effective strategies for obtaining more representative follow-up samples without increasing the risk of new drug use and coercion.

Are There Negative Side-Effects of Resets in an Escalating Voucher Schedule?

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Abstract: Drug abuse interventions involving abstinence-based reinforcement have been shown to effectively initiate and maintain periods of cocaine abstinence. Abstinence-based reinforcement employing escalating vouchers for consecutive instances of abstinence with reset contingencies for detected drug use are more effective than escalating voucher schedules alone. However, IRB members expressed concern that resets may be associated with negative-side effects such as producing emotional or psychological adversity that may in turn result in increases in medical illness, or that large magnitude resets could lead to increased durations of drug use lapses. The purpose of this study is to determine whether the administration of a reset contingency within an escalating reinforcement schedule is associated with medical, psychological, or drug-related adverse events (AEs) and whether greater magnitude voucher resets increase the delay to the next clean urine submission following a reset. Participants (n = 131) were cocaine-dependant methadone-maintained individuals enrolled in an abstinence-based reinforcement program that provided escalating voucher values (\$2.50 - \$40.00) for delivering cocaine-free urine samples 3 times per week. Voucher values were reset to \$2.50 if participants provided a cocaine-positive urine sample or failed to provide a scheduled sample. To determine if AEs were associated with resets, we compared the probability of an AE occurring during the study to the probability of a medical, psychological, or drug-related AE occurring within 7 days of a reset using a chi-square test. To determine if greater magnitudes of resets are related to longer lapses of drug use, we conducted a linear regression analysis for magnitude of reset and number of days until the next drug-free urine submission. The probability of an AE following a reset was not significant ($X^2_{(1)} = .43, p > .05$). There also was no significant relationship between the magnitude of a reset and the duration to the next clean sample. These results suggest that contingency management treatments with reset neither increase the risk of medical, psychological, or drug-related AEs nor are greater magnitude resets related to longer lapses of drug use following reset.