## Alcohol and other drug healthcare staff perceptions regarding client reimbursement for participating in research

DANIEL T WINTER<sup>1,2</sup>, PAUL S HABER<sup>1,2,3,4</sup>, CAROLYN A DAY<sup>1,2</sup>

<sup>1</sup>Edith Collins Centre (Translational Research in Alcohol, Drugs and Toxicology), Sydney Local Health District, Sydney, Australia; <sup>2</sup>Specialty of Addiction Medicine, Central Clinical School, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia; <sup>3</sup>Drug Health Services, Sydney Local Health District, Sydney, Australia, <sup>4</sup>NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN), Sydney, Australia

Presenter's email: <a href="mailto:daniel.winter@sydney.edu.au">daniel.winter@sydney.edu.au</a>

**Introduction and Aims:** The provision of financial reimbursement for alcohol and other drug (AOD) client participation in research is well accepted as it acknowledges time, inconvenience, and expenses. Little is known about healthcare staff views regarding client research reimbursement. We examined AOD healthcare staff perceptions of client reimbursement mechanisms in AOD-related research, and their alignment with existing literature.

**Design and Methods:** Cross-sectional survey of staff at public AOD clinics in New South Wales examining acceptability of reimbursement methods for AOD clients participating in research and use of restricted vouchers for reimbursement (i.e., preventing alcohol or tobacco purchases). A \$100 voucher prize draw was held at each site, as part of a larger staff survey.

**Results:** Among 59 participants, 93% considered plastic/physical vouchers an acceptable reimbursement method for AOD clients, with e-vouchers (68%), and cash (31%) less acceptable. Few considered no reimbursement acceptable (7%). Bank transfers for cash payment or use of digital e-Vouchers were seen as potential logistical and technological barriers for clients. Sixty-four percent of participants supported providing restricted vouchers, due to the ability to purchase addictive substances and therefore at odds with AOD treatment. Some participants indicated that food, utilities, and providing for children should be encouraged. Staff opposed to purchase restrictions viewed client choice and autonomy as important, with restrictions seen as discrimination and paternalistic.

**Discussions and Conclusions:** This data suggests that while reimbursements are broadly accepted by AOD healthcare staff, concerns exist that clients may purchase non-essential items or addictive substances, despite the literature suggesting otherwise. Providing clients with a simple, less technical reimbursement methods was favoured.

**Implications for Practice or Policy:** These findings build upon important research to understand perceptions of reimbursement, particularly in AOD healthcare settings, and should inform reimbursement policies to provide accurate evidence around AOD client research reimbursement.

**Disclosure of Interest Statement:** PH is the recipient of a MRFF/NHMRC Practitioner Research Fellowship. PH has provided consultancy services to Gilead, AbbVie, Lundbeck, Seqirus and Indivior and has received research funding from Camurus and Braeburn for opioid-related research. No pharmaceutical grants were received in the development of this study.