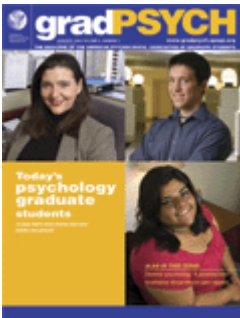




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Kick one habit, pick up another. That's typically the case with methadone users who manage to quit using heroin, but start or continue smoking cigarettes. About 90 percent of all methadone users are smokers, compared with 25 percent of the general population.

The good news? While conventional smoking-cessation treatments, including the nicotine patch, don't seem to work for methadone users, another method shows some promise.

Third-year University of Vermont general/experimental psychology graduate student Kelly Dunn recently tested a contingency-management (CM) voucher program on a group of methadone users and found that paying them to stay smoke-free significantly increased users' abstinence from nicotine.

Previous research suggested that rewarding users for abstinence reduces drug use in the general population but didn't work as well for methadone users. Dunn noticed that the studies done with methadone users failed to highly encourage abstinence during the intervention's first few days. Because early abstinence is particularly important to long-term quitting, Dunn says, she decided to see if more intense abstinence messages, combined with CM, would help methadone-using smokers quit.

She recruited 20 adult smokers from a local methadone clinic for a two-week pilot study. The group received a \$9 voucher for their first nicotine test that came back negative. After that, the reward increased by \$1.50 for every subsequent negative test. To further promote early abstinence, each negative test yielded a \$10 bonus during the first week.

Participants in a control group were also given vouchers but were told the rewards would

not be linked to their smoking habits.

After two weeks, Dunn found that the CM group was much more successful at abstaining from cigarettes than the control group. What's more, follow-up visits revealed that some participants remained abstinent even after the study ended.

“A small percentage—around 20 percent—of the people in the study stayed abstinent for 90 days, which we didn't expect to happen with a two-week trial,” Dunn says.

Now Dunn is running the trial again with a larger sample size, and plans to run it over three months to replicate and enhance the validity of her results. If they pan out, she says, it will make a big difference in helping methadone users—whose mortality rate is four times higher than methadone-using nonsmokers—kick the habit for good.

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