



How Often do Participants Treat our Alcohol Research Studies as a BYOB?

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Introduction

The sound methods that are regularly employed in alcohol research have fortunately kept many of us relatively far from the recent “replication crisis.” But the crisis made me ponder whether there could ever be any potential issues of replication unique to our field. At talks in which I describe self-report data or behavioural experiments (i.e., not full alcohol administration studies) someone from outside the field will often ask: “how can you be sure of your data?” Though this question has many levels, one thought comes to mind: that some participants sporting a high tolerance could indeed arrive impaired to an experiment while seeming entirely sober, and sans a breath test (which, I would assert, is not a standard exclusion tool for non-alcohol-administration studies)-could provide specious data. As a researcher of university students, my assistants have a running joke that this probably happens quite often. We joke about it, but such a reality could deeply hinder replicability.

So, we somewhat informally put our running joke to the test. Four of my best research assistants recruited 112 university students for a behavioural experiment. Most of the participants were first-and second-year undergraduates recruited from a student pool, though we also hung a humorous cartoon-image recruitment poster around campus, inviting individuals to our study on “alcohol use.” The participants primarily arrived during weekday afternoons and evenings. Following our experiment, we added a breath-alcohol concentration (BrAC) measure-just to investigate whether participants had carried out the experiment with alcohol on board. Thankfully, all but four blew a 0.00 BrAC. But those four had BrACs of 0.09, 0.10, 0.10

and 0.15. More alarmingly, my research assistants reported that these participants all seemed sober. We carried out a formal safety intervention and we also asked some informal questions. Interestingly, three males reported simply misunderstanding that our recruitment poster was not an invitation to “load up” for the study. The female (.15 BrAC) cried and emphatically swore that her BrAC was due to a piece of gum she had chewed thirty minutes previously. My research assistant-also a woman-wanted to believe the participant. She excitedly confirmed how our breathalyzer (calibrated adequately) was sensitive to very recent gum use, hatching additional questions and considerations in our quest for solid data.

Ultimately, from an informal pursuit of our joke, we learned that a smaller proportion of students than expected treated our research study as a BYOB. This made us feel more confident in the veracity and replicability of our experimental data. But we also concluded that it is worth considering whether and how recruitment posters’ images and language could contribute to unintended and otherwise unnoticed altered-state research participation. Furthermore, we concluded that it might be worth thinking about how BrAC checks and interventions could be more seamlessly rolled into more of our research studies-as we continue to think about how we might best thwart the “replication crisis.”

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