WASHINGTON STATE UNIVERSITY

Contingency Management for Methamphetamine Use

Michael McDonell, PhD

Director, Behavioral Health Innovations
Associate Professor
Elson S. Floyd School of Medicine
Washington State University

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Contingency Management

Principles of Contingency Management (CM) for Drug Abuse

1. Frequently monitor target behavior (drug abstinence)
   - Urine drug tests 2-3 times per week

2. Provide a reinforcer when the target behavior occurs

3. Remove the reinforcer when the target behavior does not occur

Why talk about CM?

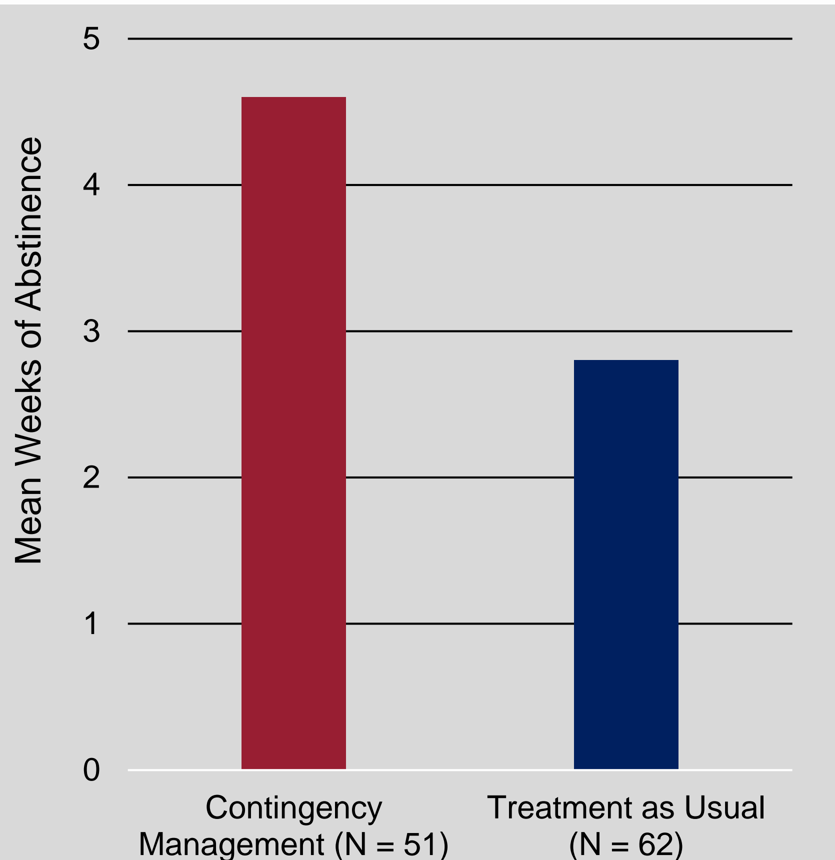
- Laboratory models of CM suggest that drug abusers will forego opportunities to self-administer a drug in exchange for small monetary reinforcers.
- In a meta-analysis: relative to all other psychosocial treatments for drug abuse, CM is the most effective/powerful at inducing abstinence *(Dutra et al., 2008).*
- CM Video: https://www.youtube.com/watch?v=gD1dMBWCR4w&t=4s

Implementing CM

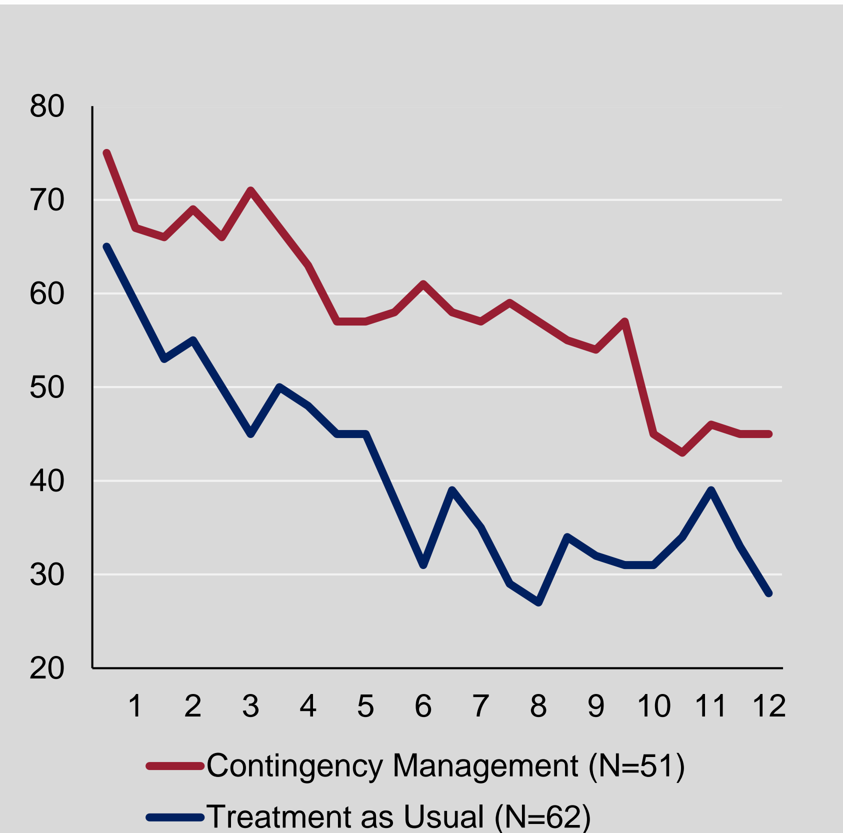
- Cost –effective
- Feasible
- Can be implemented anywhere

- Barriers

CM for Meth Use

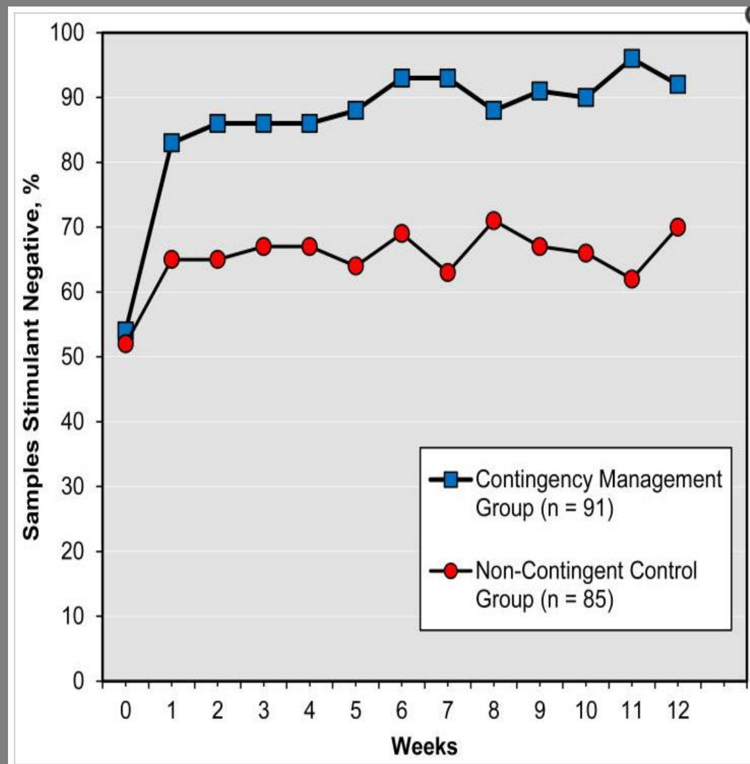


Outcome Measures for 113 Patients With Methamphetamine Use Disorders After 12 Weeks of Usual Treatment With or Without Contingency Management *(Roll et al., 2006)*



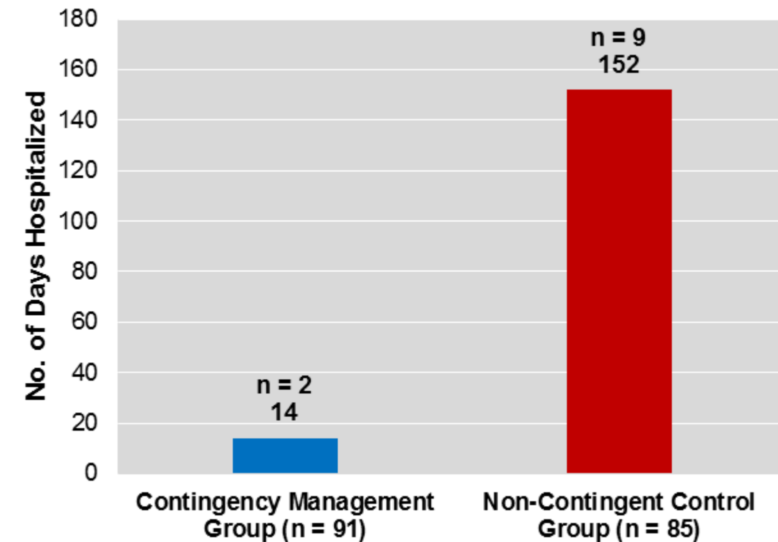
Negative Drug Samples Over 12 Weeks for Patients With Methamphetamine Use Disorders Receiving Usual Treatment With or Without Contingency Management *(Roll et al., 2006)*

CM for Stimulant Use in Adults with SMI



% of pts with stimulant-negative urine samples across the baseline (week 0) and 12-week treatment periods

CM pts were 2.4 (CI=1.9-3.0, p<0.05) more likely to submit a stimulant-negative urine test, relative to controls



CM pts had fewer days inpatient psychiatric treatment post randomization

Cost of CM (~$300/person) offset by the reduced cost of inpatient psychiatric care

(McDonell et al., 2013)