Getting Started with Contingency Management

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Introduction: Contingency management (CM) is an evidence-based treatment approach for multiple substance use disorders that uses incentives to reinforce behaviors related to recovery from substance use. This fact sheet will provide an overview of the intervention as well as information about managing a rewards system, measuring success, and funding the program.

What Is Contingency Management?

Contingency management (CM) is a behavioral intervention that uses incentives to reinforce behaviors related to recovery from substance use. In CM, tangible incentives such as gift cards or vouchers are provided for objective evidence of engaging in the incentivized behaviors.[1]

Examples of incentivized behaviors include attending a weekly substance use support group or abstaining from using a substance. Objective evidence of those behaviors could be documented attendance at the support group or a urine drug screen demonstrating abstinence from the target substance.

How Does Contingency Management Work?

Substance use is known to alter reward pathways in the brain, leading to changes that promote continued or increased use of the substance, often to the detriment of non-drug-related needs and goals.[2] Contingency management provides a competing reward and can "rewire" or create new reward pathways that promote incentivized behavior over substance use. This allows people to break or diminish the reward circuit with the substance and create new, healthier habits. Participation in CM programs does not diminish internal motivation for recovery.[3]

What Makes Contingency Management an Important Tool in Substance Use Treatment?

Three decades of research have demonstrated that contingency management is an effective treatment approach for multiple substance use disorders, including methamphetamine, cocaine, opioids, cannabis, alcohol, and tobacco.[4] CM has been shown to reduce use and increase abstinence, including after CM treatment has concluded. CM also has demonstrated efficacy in promoting longer periods of abstinence during treatment.[5]

Contingency management has been most studied and utilized as a treatment for stimulants such as cocaine and methamphetamine. There are currently no FDA-approved medications to treat stimulant use disorders, and rates of stimulant use and fatal overdoses involving stimulants have been rising in recent years. In 2023, an estimated 36,251 overdose deaths involved a psychostimulant (predominantly methamphetamine), and 29,918 involved cocaine.[6]

As the only current intervention proven effective in decreasing stimulant use, CM is an important tool for supporting people who wish to decrease or stop stimulant use.

Contingency management has also been shown to be an effective adjunctive (secondary) treatment for opioid use disorder.[7] When used alongside medication treatments such as buprenorphine or methadone, CM has been shown to promote abstinence and recovery, including engagement with medication treatments. CM should not be used as the primary or sole treatment for opioid use disorder.[8]

Components of a Contingency Management Program

Contingency management programs have three main components.

1. **A target behavior:** The target behavior should be a desired change or goal that is achievable, specific, measurable, and meaningful to the person. Examples include the following:
    - Abstinence from a substance
    - Engagement in treatment (e.g., attending appointments or groups)
    - Adherence to a treatment medication such as buprenorphine

2. **A way to objectively assess engagement in the target behavior:** There needs to be a way to objectively measure whether the person has completed or engaged in the target behavior. Assessment should be frequent (e.g., weekly). Ideally, the assessment will take place at the point of care, meaning the feedback will be immediate. Positive reinforcement is withheld if the behavior is not confirmed or demonstrated. Examples of objective assessments include the following:

- Abstinence from a substance: point-of-care urine drug screen that is absent of the target substance
- Engagement in treatment (e.g., attending appointments or groups): documented attendance at appointments or group
- Adherence to a treatment medication such as buprenorphine: point-of-care urine drug screen that shows the presence of buprenorphine

3. **Positive reinforcement of the target behavior:** Positive reinforcements should be tangible rewards that are delivered immediately and are something of meaning and value to the person. Rewards are discussed in further detail below.

> "This pilot phase of our contingency management efforts is about laying the groundwork, exploring how we can effectively leverage limited resources to support healthier choices in the long run."
>
> ***—Program Provider, IDEA Exchange Miami Contingency Management Program***

Managing a Reinforcement (Rewards) System

Meaningful positive reinforcement of a target behavior is key to a successful CM program; it is also an area that raises many questions for people interested in starting a CM program. Considerations include how to select, manage, distribute, and fund reinforcements.

Reinforcement Approaches

Reinforcement approaches fall into two categories—prize-based and voucher-based, which are described below. Both models have been demonstrated to be effective; programs should choose the approach that works best for their needs and financial sustainability.

PRIZE BASED

The prize-based approach is often referred to as the "fishbowl" method, in which people who have demonstrated the incentivized behavior choose a piece of paper from a bowl, similar to drawing a raffle ticket, that could contain a range of prizes. Typically, about 50% are written affirmations with no monetary value, and 50% have a monetary value that is mostly in the $1–$5 range, although there are a few prizes of larger value ($10–$20) and one or two with the highest value ($100).

Draws from the bowl either occur at a set increment (e.g., one draw per demonstration of the incentivized behavior) or on an escalating schedule (e.g., one draw for the first demonstration, two for the second, etc., up to a maximum of five draws per session).[9] Programs that use the fishbowl method should have a "primer draw" for each person's first successful demonstration of the incentivized behavior. A primer draw is one where a person continues to draw slips of paper from the fishbowl until they receive a ticket with a monetary value to demonstrate to the participant that there are prizes with monetary value. Subsequent draws should be a single piece of paper regardless of the prize.

VOUCHER BASED

The voucher-based system does not include the element of chance and instead provides reinforcements with monetary value that escalate as the person progresses in the program. This could look like $1 or $2 for the first demonstration of the incentivized behavior, $3 for the next, and so on up to a set maximum (e.g., $15–$20). If the incentivized behavior is not demonstrated, the amount received is $0, and the reinforcement amount typically returns to the minimum value at the next check-in (i.e., the value resets to the starting value).[10] Voucher-based models guarantee a monetary reward for engaging in the target behavior, making them potentially more costly than prize-based models.

Choosing and Financing Reinforcements

Reinforcement incentives typically have a monetary value but are not cash. Examples include gift cards to supermarkets or big-box stores. Gift card incentives should be to places people can easily reach on public transit or foot and that have products that are of interest and value to those enrolled in the program. There are sometimes restrictions on providing gift cards to locations that sell tobacco, alcohol, or firearms, and this can limit options in states with more unrestricted sales of these items.

There was previously an annual limit of $75 per person in CM-related incentives for Substance Abuse and Mental Health Services Administration (SAMHSA)-funded programs, but that limit has been raised to $750 annually.

Measuring Overall Success

Week-to-week behavioral objectives and related reinforcements measure success in the shorter term. However, program participants and service providers often wonder how people "graduate" or wind down their engagement in contingency management programs.

Some programs have a set duration (e.g., 6 or 12 months), after which people will automatically graduate from the program or initiative. Sometimes people may have the opportunity to reenroll in a program if they need more time. In other cases, as people move along the spectrum of recovery or experience longer periods of abstinence, they often experience decreased need for frequent check-ins or reinforcements and naturally disengage from treatment.

> "I feel fortunate to have been chosen to participate in IDEA's pilot contingency management program. The prizes were nice and a motivating mood boost, but I think the best thing about it was having another way to be accountable to myself and others. This helps me in my recovery."
>
> ***—Program Participant, IDEA Exchange Miami Contingency Management Program***

Funding Contingency Management

Despite being an evidenced-based practice, there remain limited options for funding these programs. CM components can often be added to existing program activities, such as individual medical appointments and groups that are part of behavioral health care, making the additional workload on staff minimal.

- **Private funding:** The most common way to fund the incentives necessary to operate a CM program is through privately donated or private grant funding.
- **Government funding:** Both SAMHSA and the National Institute on Drug Abuse have funded CM initiatives. Medicaid 1115 Waivers have also been a way for states to fund stimulant use treatment initiatives.
- **Opioid settlement funding:** These funds have been used to support CM efforts in some states.
- **Private health funding:** Some health plans have offered grants or waivers to fund CM programs.

Talking About Contingency Management

Although CM has been established as an effective treatment for addressing substance use, it is still viewed as relatively new and can face misunderstanding and stigma among people who use substances, healthcare providers, and the wider community.

To spread awareness of the benefits of contingency management, consider the following in your conversations:

- **Success:** It is important to recognize that providing incentives for behaviors that promote recovery and abstinence is a successful approach to decreasing substance use.
- **Informed engagement:** CM is a proven treatment that people engage in voluntarily.
- **Motivation:** Research with program participants has shown that engagement in CM does not diminish internal motivation for recovery.
- **Lasting impact:** The positive impact of CM on substance use and recovery also continues after program completion.[11]
- **Role in the broader spectrum:** CM fits into the spectrum of substance use treatment and is part of a harm-reduction approach that recognizes that multiple tools and approaches are needed to reach a wide range of people. In individual and community efforts to address substance use and overdose risk, it is important to use all tools available, including CM.

RESOURCES

Contingency Management for the Treatment of Substance Use Disorders: Enhancing Access, Quality, and Program Integrity for an Evidence-Based Intervention | U.S. Department of Health and Human Services [HTML]

Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services | SAMHSA [HTML]

Contingency Management Resources | Case Western Reserve University [HTML]

Contingency Management Training Resources | Project MIMIC, Brown University [HTML]

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- hhrctraining.org
- info@hhrctraining.org

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Endnotes

1 United States Department of Health and Human Services, *Contingency Management for the Treatment of Substance Use Disorders: Enhancing Access, Quality, and Program Integrity for an Evidence-Based Intervention*, 2023, https://aspe.hhs.gov/sites/default/files/documents/72bda5309911c29cd1ba3202c9ee0e03/contingency-management-sub-treatment.pdf.

2 Alexandra Hayes, Katherine Herlinger, Louise Paterson, and Anne Lingford-Hughes. "The Neurobiology of Substance Use and Addiction: Evidence from Neuroimaging and Relevance to Treatment." *BJPsych Advances* 26, no. 6 (November 2020): 367–78. https://doi.org/10.1192/bja.2020.68

3 United States Department of Health and Human Services, *Contingency Management for the Treatment of Substance Use Disorders: Enhancing Access, Quality, and Program Integrity for an Evidence-Based Intervention*, 2023, https://aspe.hhs.gov/sites/default/files/documents/72bda5309911c29cd1ba3202c9ee0e03/contingency-management-sub-treatment.pdf.

4 Ibid.

5 Ibid.

6 United States Centers for Disease Control and Prevention, "US Overdose Deaths Decrease in 2023, First Time Since 2018," last modified May 15, 2024, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm.

7 United States Department of Health and Human Services, *Contingency Management for the Treatment of Substance Use Disorders: Enhancing Access, Quality, and Program Integrity for an Evidence-Based Intervention*, 2023, https://aspe.hhs.gov/sites/default/files/documents/72bda5309911c29cd1ba3202c9ee0e03/contingency-management-sub-treatment.pdf.

8 Ibid.

9 Ibid.

10 Ibid.

11 Ibid.