Real-world implementation of contingency management in an outpatient addictions clinic

Category: Oral Presentation

Abstract Body

Background: Contingency management (CM) is considered one of the most effective treatments for stimulant use disorder (SUD). CM involves the provision of immediate rewards such as prizes or money when a behavioural goal, such as abstinence from stimulants, has occurred. However, most studies involving CM have involved large, well-funded controlled trials. There is limited data to guide the implementation of CM pragmatically in the clinic without research funding.

Objectives: To determine if a pragmatic implementation of CM for SUD demonstrates feasibility and acceptability comparable to published meta-analyses of standard CM protocols. In addition, to use quality improvement (QI) principles to optimize the implementation of CM and identify factors which predict success.

Methods: Prize-based CM was implemented for SUD using standard protocols and total and consecutive weeks of abstinence were measured. Iterative quality improvement cycles were used to understand efficiency and effectiveness, including (1) factors impacting patients discontinuing treatment (2) human resource limitations in CM implementation and (3) optimization of CM timing as before or after a controlled environment admission such as residential treatment or withdrawal management.

Results: CM was implemented in an outpatient addictions clinic with existing clinical funds. Two rounds of implementation involved 17 (round 1) and 29 (round 2) participants respectively, with QI interventions being added between rounds. In round 1, consecutive weeks of abstinence was a mean of 2.2 (SD = 3.2) and total weeks abstinence was 2.6 (SD = 3.5), and in round 2 consecutive weeks abstinence was 3.1 (SD = 3.5) and total weeks abstinence was 4.6 (SD = 4.0). Participants who were discharged from a controlled environment and start CM immediately after discharge (n = 7) in round 2 had 8.3 (SD = 3.1) weeks of consecutive abstinence and 10.7 (SD = 1.0) weeks total abstinence.

Conclusions: Pragmatic implementation of CM outside of a research trial yielded results that are comparable to metanalyses. Use of CM after a “head start” of a controlled environment resulted in more sustained recovery. QI

processes allowed for maximal efficiency of CM service delivery in terms human resources and maximal effectiveness of the treatment.

Key Words

- Behavioural Interventions
- Quality Improvement
- Rural
- Stimulants
- Treatment Models/Programs

Learning Objective # 1
Describe the implementation of contingency management in a rural addictions clinic with limited additional resources.

Learning Objective # 2
Appraise the value of using contingency management as an aftercare program following a controlled environment.

Reference # 1
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Reference # 2
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