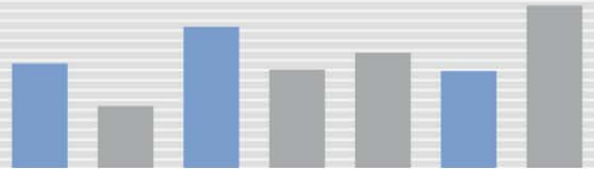




Fact sheet

from the EU drugs agency in Lisbon



EMCDDA PUBLISHES NEW PAPER ON CONTINGENCY MANAGEMENT

Contingency management can help retain people in treatment and strengthen abstinence

(7.10.2016, LISBON) Ahead of **World Mental Health Day** on 10 October, the **EU drugs agency (EMCDDA)** has published a new review on how contingency management can help treat those with substance use disorders ⁽¹⁾. Contingency management (CM) is a technique used across a range of mental health and related conditions which involves rewarding patients when they fulfill certain target behaviours. In the area of drug dependence, this motivational method forms part of a range of psychosocial interventions designed to retain people in treatment, weaken substance use and strengthen abstinence ⁽²⁾.

While much of the scientific literature to date has focused on CM in relation to the use of specific substances, and its effects when combined with other psychosocial interventions, today's report focuses on CM delivered alongside opioid substitution treatment (OST) or detoxification. In particular, the paper explores the effectiveness of this method in increasing adherence to pharmacological treatment programmes and in targeting certain behaviours in drug-dependent patients (namely opioid, cocaine and methamphetamine users). It also looks at how CM affects patients' participation in screening programmes (for HIV and hepatitis B and C) and vaccination programmes (hepatitis B virus/HBV).

The report offers a systematic review of 38 studies, 34 of which were conducted in the United States, three in China and one in Malaysia. Three economic studies were also examined.

CM interventions are largely based on behavioural reinforcers and the monitoring of results. Behavioural reinforcers are benefits which may include cash, vouchers, prizes or other kinds of perceived privileges (e.g. take-home doses of methadone). The patient gains or loses these reinforcers according to whether or not he/she consistently achieves the expected behaviour. In the case of substance use disorders, CM is provided in detoxification clinics, psychosocial counselling services and methadone maintenance programmes.

Overall, the study results show that CM can help retain people in treatment and promote a reduction in opioid and cocaine problems among patients in OST. Data on patients with other substance-related problems were less available for this analysis.

Evidence on the cost-effectiveness of CM was not strong enough to recommend its systematic implementation, but still suggested that CM is a promising strategy overall, if the economic effects are considered in the long term.

The report concludes that CM is a feasible and promising adjunct to treatment interventions for drug users.

Notes

⁽¹⁾ *How can contingency management support treatment for substance use disorders? A systematic review*, EMCDDA Papers www.emcdda.europa.eu/publications/papers/contingency-management-systematic-review

World Mental Health Day www.who.int/mental_health/world-mental-health-day/2016/en/

⁽²⁾ www.emcdda.europa.eu/topics/pods/psychosocial-interventions