Contingency Management Increases Abstinence

BY DAMIAN McNAMARA
Miami Bureau

SAN JUAN, P.R. — Contingency management increased abstinence for alcohol abusers in an intensive outpatient program, Nancy Petry, Ph.D., said at the annual meeting of the American Academy of Addiction Psychiatry.

The researchers randomized 42 alcohol-dependent veteran patients to either standard care or contingency management for 8 weeks. The standard-treatment group attended intensive outpatient day treatment for 5 hours a day, 5 days per week with blood alcohol content monitoring for 4 weeks, followed by one to three weekly group aftercare sessions up to week 8.

The contingency management group received the same standard care and monitoring but had a chance to win a prize from a fish bowl with each negative alcohol use test. Half the cards in the bowl had a prize, and participants had 1 in 2 odds of winning a $1 prize, a 1 in 16 chance of winning a $20 prize, and 1 in 500 odds for a $100 prize.

"Contingency management can significantly increase adherence to cocaine programs, but can be expensive," commented Dr. Petry, who is professor of psychiatry at the University of Connecticut in Farmington.

There were reports of heavy drinking for 18% of the contingency group during the study, compared with 58% of the standard treatment group.

Reducing the primary drug of abuse, alcohol, had a positive effect on other substance use. At baseline, about 20% in each group tested positive on a urinalysis for illicit drug use.

Most had completed an inpatient detoxification prior to entry to the study. At 8 weeks, 10% of contingency management participants tested positive, so there was a suppressive effect.

For those in standard treatment, the rate of illicit drug use rose to 43%, Dr. Petry reported at the meeting.

Since there is a tangible reward for abstinence, 'we never rely on self-report with contingency management. We use objective confirmation.'

"Costs still remain a concern in terms of instituting this in community practice, although prizes cost less than vouchers" used in some of the other contingency management approaches, Dr. Petry explained.

An attendee at the meeting asked about self-reported alcohol use.

"It's most problematic with contingency management, because there is a tangible reward for abstinence," Dr. Petry said. "So we never rely on self-report with contingency management. We use objective confirmation."

Controlled clinical trials support the general efficacy of contingency management and other types of behavioral therapy, such as community reinforcement, "but they are very intensive programs, and tend to be applied to more severe cases," Dr. Petry said.

Community reinforcement is based on the view that people drink because they are gaining some kind of reinforcement from alcohol use.

The approach enhances reinforcement from other sources. The person's significant other oversees and reinforces medication adherence and helps to change the drinker's environment. ■