

Contingency management

Contingency management is a substance use disorder treatment approach that **rewards clients for treatment and recovery-oriented behaviors** like negative drug screening results, adherence to medications for opioid use disorder (MOUD), and attendance and engagement in group therapy. Contingency management is primarily known for its effectiveness in treating stimulant use disorder, but evidence has also found it effective in promoting treatment adherence and recovery among individuals with opioid use disorder.¹

Overview of the models

There are two evidence-based contingency management models:

- **Prize-based or fishbowl model:** In a prize-based model, clients are rewarded for achieving incentivized behaviors by earning entries for random prize drawings of varying value. Prizes can include gift cards, items from an on-site prize cabinet, and non-monetary positive feedback, such as written affirmations.
- **Voucher-based model:** A voucher-based model assigns increasing monetary value to specific behaviors, such as a negative drug screening or treatment attendance. Voucher credits can be given to clients through reloadable debit cards or gift cards of increasing value.

Contingency management is most effective when rewards are **tangible, perceived as high value by clients, and provided immediately** after a client completes a desired behavior. Incentivized behaviors should be specific, able to be tracked objectively, and kept consistent between clients in the same program. Immediate, high-value rewards are key because contingency management is based on the principle that behaviors followed by positive outcomes are more likely to be repeated and can redirect the positive biochemical effects of substance use by associating positive emotions with recovery-oriented behaviors.²

Focus population

Contingency management is effective for populations including:³

- Patients receiving MOUD, to encourage adherence to MOUD and treatment attendance
- Individuals involved in the criminal legal system
- Clients participating in outpatient, intensive outpatient, or partial hospitalization programs

Contingency management **should not be provided with the sole intent of promoting abstinence from opioids.**⁴ Abstinence from opioids without the use of MOUD can increase patients' risk of fatal overdose if they resume using opioids.⁵ However, by providing contingency management to reinforce behaviors including abstinence from stimulants, attendance at treatment

About us

Healthy Minds Policy Initiative is a nonprofit LLC contracted by the Oklahoma Office of the Attorney General to support the Oklahoma opioid abatement grant program.

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sessions, and adherence to MOUD, contingency management can be an effective tool to promote recovery in patients who use both stimulants and opioids.⁶

Contingency management as an opioid abatement strategy

Opioid use is increasingly accompanied by stimulant use. While opioid use disorder is treated with medications such as buprenorphine and naltrexone, there are no FDA-approved medications for stimulant use disorder treatment.⁷ Research has found that contingency management is a highly effective method of stimulant use treatment that can benefit patients receiving MOUD by addressing stimulant use and supporting treatment attendance and medication adherence, which ultimately support recovery from opioid use disorder (OUD).⁸

Evidence supports contingency management's use in treatment for OUD:

- Contingency management is effective for individuals receiving methadone.⁹
- Contingency management reduces other drug use during OUD treatment.¹⁰
- A meta-analysis of 74 randomized clinical trials associated contingency management with increased abstinence from stimulants, illicit opioids (in conjunction with MOUD), cigarettes, and use of multiple substances.¹¹

Implementation considerations

Contingency management should be combined with individual counseling and MOUD. Contingency management **should not be used as the exclusive treatment approach** to promote abstinence from opioids due to concerns around both safety and testing accuracy:

Abstinence from opioid use without appropriate treatment support can increase a patient's risk of fatal opioid overdose. The longer a person abstains from using opioids, the more their tolerance decreases. If they return to using opioids at their previous dosage, they face a high risk of a fatal overdose.

A core component of contingency management's effectiveness is providing incentives immediately upon demonstration of the client's behavioral goals. The current rapid point-of-care testing methods for opioids do not reliably detect all opioids and cannot distinguish between opioid analogues like the medications used as treatment for opioid use disorder.¹² This makes opioid abstinence a difficult goal to accurately incentivize and reward.

The recommended duration of contingency management treatment protocols is 12–24 weeks.

A 2018 literature review found that contingency management is particularly effective at treating stimulant use disorder when delivered in combination with the Community Reinforcement Approach.¹³ This intervention is often used to support alcohol use disorder treatment and can be effective for OUD patients as well.¹⁴

Since contingency management involves financial incentives, agencies interested in implementing it should review the latest federal guidance, including the HHS Office of the Inspector General's 2022 Advisory Opinion No. 22-04 and SAMHSA's January 2025 guidance.^{15, 16}

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Additional reading and resources

[January 2025 guidance on contingency management](#) from the Substance Abuse and Mental Health Services Administration

[2023 contingency management guide](#) from the U.S. Department of Health and Human Services

2012 book by Dr. Nancy Petry, a foundational contributor to research on contingency management: [Contingency Management for Substance Abuse Treatment: A Guide to Implementing This Evidence-Based Practice](#)

References

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