



*Reduce Overdoses with **Contingency Management** for Stimulant Use Disorder*

LEGISLATIVE REQUEST

Reduce overdose deaths by 47% by treating stimulant use that co-occurs with the unintentional ingestion of opioids. NABH calls on Congress to direct federal agencies to immediately replace the current \$75.00 limit on Contingency Management (CM) incentive payments with scientifically proven levels.

The Overdose Epidemic

The “fourth wave” of the opioid epidemic is really an opioid-stimulant overdose epidemic, not just an opioid epidemic.

- In the 12-month period ending October 2022, overdoses rose to 107,689.¹
- Overdose deaths involving fentanyl AND stimulants rose almost 60-fold between 2010 and 2021.²
- 47.1 percent of overdose deaths in 2021 were stimulants alone or in combination with fentanyl.²
- Individuals who use stimulants are not seeking opioids; they obtain stimulants that are tainted with fentanyl.
- Because they do not use opioids regularly – these individuals have not developed any physical tolerance for opioids (‘opioid naïve’).
- Unaware that they are using drugs tainted with fentanyl, individuals with stimulant use disorder (StimUD) don’t carry naloxone, resulting in overdose and death.
- The co-use of stimulants and opioids could be reduced by treating individuals with StimUD.

¹ National Center for Health Statistics, Center for Disease Control and Prevention. Chart 12 Month-Ending Provisions Number and Percent Change of Drug Overdose Death, March 5, 2023: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

² Friedman, J, Shover, C. medRxiv preprint. Doi.or/10.1101/2022.11.04.2228. Nov 5, 2022.



Reduce Overdoses with **Contingency Management** for Stimulant Use Disorder

How Contingency Management Works

- There are no FDA-approved medications for the treatment of StUD.
- There is a highly effective and underused behavioral intervention that reduces stimulant use: contingency management (CM).^{3,4,5}
- CM uses meaningful financial incentives, such as gift cards (with restricted purchase guidelines) or prizes, to produce abstinence from stimulant use.
- Research has demonstrated that to reduce stimulant use, the most effective level of financial incentive is between \$600 and \$1,200 per individual or a 12- to 16-week protocol.⁶

One Next Step

HHS/SAMHSA has limited incentives to \$75.00, an ineffective financial reward. This ‘cap’ must be lifted to support evidence-based treatment for stimulant use and reduce the overdose deaths by almost half.

³ Higgins, S. T., Kurti, A. N., & Davis, D. R. (2019). Voucher-based contingency management is efficacious but underutilized in treating addictions. *Perspectives on Behavior Science*, 42(3), 501-524. <https://doi.org/10.1007/s40614-019-00216-z>.

⁴ As^hRani, P. V., Hombali, A., Seow, E., Ong, W. J., Tan, J. H., & Subramaniam, M. (2020). Non-pharmacological interventions for methamphetamine use disorder: a systematic review. *Drug and Alcohol Dependence*, 212, 108060.

⁵ Bentzley, B. S., Han, S. S., Neuner, S., Humphreys, K., Kampman, K. M., & Halpern, C. H. (2021). Comparison of treatments for cocaine use disorder among adults: A systematic review and meta-analysis. *JAMA Network Open*, 4(5), e218049-e218049.

⁶ Higgins, ST, Heil, SH, Dantona, R, Donham, R, Matthews, M, Badger, J. Effects of varying the monetary value of voucher-based incentives on abstinence achieved during and following treatment among cocaine-dependent outpatients. *Addiction*, (102),271-281.