

Position Statement on Contingency Management for the Treatment of Stimulant Use Disorder

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Issue:

Rates of stimulant use and related overdose deaths are on the rise. Illicit stimulants may contain high-potency opioids, such as fentanyl and its analogues, that contribute to overdose deaths. Although there are promising investigational pharmacotherapies for stimulant use disorder (StUD), there are currently no FDA-approved medications. Psychosocial interventions are first line for treating StUD. Contingency management (CM) is one such behavioral intervention for StUD that is supported by two decades of empirical research. CM uses principles of operant conditioning to positively reinforce abstinence. Guided by a standardized protocol, patients are given financial incentives for initiating and maintaining abstinence. When combined with other psychotherapies, such as community reinforcement therapy or cognitive-behavioral therapy, CM is associated with sustained reductions in stimulant use. Despite robust evidence and successful implementation of CM within the Department of Veterans Affairs, CM is not widely implemented in community treatment settings.

It is the Position of APA that:

- 1. Increased training for, access to, and implementation of evidence-based contingency management is needed for the treatment of stimulant use disorder.**
- 2. Policy changes should be made to address the regulatory and legislative barriers to implementation of contingency management.**
- 3. Funding agencies should support research on the mediators and moderators of successful community-based implementation of contingency management.**

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