It is recommended Medicaid and insurance carriers within the state should pursue waiver authority to provide Contingency Management as a treatment option for Stimulant Use Disorders.

Rationale for this recommendation:

Methamphetamine involved deaths continue to be a main driver of overdose deaths in New Mexico. Despite recent advances in medication assisted treatment, treatments with strong evidence of efficacy for Stimulant Use Disorders remain behavioral interventions, compared to the mainly pharmacological based treatment of Opioid Use Disorders. Contingency Management is an incentive-based behavioral therapy that utilizes operant conditioning, rewarding desired behaviors like medication adherence or negative urine screens with tangible reinforcers (Petry et al., 2017, SAMSHA, 2020, p.13).

Research has shown positive results to this intervention with substance use treatment outcomes improving when contingency management is implemented. The effectiveness has shown to be successful regardless of differences in patient demographics, psychopathology or other pre-existing conditions and has shown efficacious in treating a variety of substance use disorders, including stimulant, opioid, marijuana, nicotine, and poly substance use disorders. Additionally, patients involved with the criminal justice system, medical comorbidities, previous treatment attempts, unemployment, and homelessness showed improved outcomes when compared to usual care (Petry et al., 2017).

There is strong evidence for contingency management in the treatment of Stimulant Use Disorders and studies assessing the efficacy of Contingency Management have noted other outcomes beneficial to public health, like reduced HIV risk behavior in participants (SAMSHA, 2020, p.13). To effectively address overdose in New Mexico, effective evidence-based treatment must be made available and accessible to treat Methamphetamine Use Disorder. This can be accomplished by mandating insurance coverage for the provision of Contingency Management as a covered substance use disorder treatment (Petry et al., 2017).

Contingency Management may also be combined with psychotherapy or pharmacotherapy (Petry et al., 2017).

The purpose of this recommendation is to:

- Include Contingency Management as a treatment covered by insurance and offered to individuals seeking treatment for a substance use disorder (Petry et al, 2017).
- To reduce stimulant use in New Mexico and minimize relapse/reoccurrence of stimulant use over time.
Reduced morbidity and mortality related to substance use in New Mexico

**Features of this proposed recommendation include:**

- Develop a rewards program offering items for individuals in a treatment setting who are receiving services for a substance use disorder (Petry et al., 2017). With at least a minimum of $120 in incentives or similar value in other items per participant per year (Peirce, et al., 2006).
- To require insurances to cover Contingency Management (Petry et al., 2017).

**References**


**Supportive Presentations**

- Presentation: “Contingency Management: An essential component of effective addiction treatment programs”
  Materials provided by Andrea Weiner of the Matrix Institute on Addictions and Maxine Stitzer of John Hopkins University and NIDA

**Resource for Additional Guidance**


- Designing Reinforcement Schedule
- Calculating Costs
- Implementing Practice of CM