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## **Incentive-Based Therapy Improves Outlook For Methamphetamine Abusers**

New research suggests that offering methamphetamine abusers an incentive-based behavioral therapy program called contingency management (CM — also known as Motivational Incentives), along with psychosocial therapy is more effective than psychosocial therapy alone. The study was supported by the National Institute on Drug Abuse (NIDA), National Institutes of Health, and is published in the November 2006 issue of the *American Journal of Psychiatry*.

A CM program applies rules and consequences to help people change their behavior. In other words, participants are in treatment with contingencies, or rewards. In this case, the rules required production of drug-free urine samples. The rewards were plastic chips that could be exchanged for prizes. Other examples of CM awards might be raffle tickets, or small prizes that could be exchanged for a larger prize. The more the patient follows the rules, the more chips they earn. If the rules are not followed, they can lose chips.

Previous studies have shown the effectiveness of CM as a treatment for stimulant abuse (primarily cocaine). This most recent study suggests that CM can help methamphetamine abusers to stop or reduce their abuse of the drug for a longer time than individuals who receive the standard treatment as usual but do not receive such incentives, or rewards.

“Methamphetamine abuse is associated with numerous medical consequences, such as rapid, irregular heartbeat, stroke, severe dental problems, psychosis, and addiction, and constitutes one of the nation’s most serious public health problems,” says Dr. Elias A. Zerhouni, director of the National Institutes of Health. “The results of this study are an important step toward developing more effective therapies to combat it.”

“This study represents the first controlled trial of CM in the treatment of methamphetamine abuse,” says NIDA Director Dr. Nora D. Volkow. “This gives treatment providers another tool to help methamphetamine addicts.”

Lead scientist Dr. John Roll, of Washington State University, and his colleagues observed that participants who received CM plus treatment as usual submitted significantly more substance-free urine samples than participants who received only usual treatment during the 12-week study. “Similarly, participants who were part of the CM program were continuously abstinent for almost five weeks, while those who received the usual treatment documented continuous abstinence for less than three weeks,” he says.

This study was conducted through NIDA’s National Drug Abuse Clinical Trials Network, a research-based infrastructure that tests the effectiveness of new and improved interventions in community-based treatment settings among diverse populations. All participants underwent psychosocial therapy and were randomized to receive either additional CM treatment or no additional treatment.

At the clinic with the largest proportion of participants, usual care consisted of the Matrix Model of psychosocial treatment, a comprehensive treatment approach including individual counseling, cognitive behavioral therapy, family education, self-help programs, and monitoring for drug use by urine testing. At the other clinics, treatment was a mix of cognitive behavioral therapy and relapse prevention. Cognitive behavioral therapy seeks to identify distorted thinking that influences mood and behavior and to replace it with more rational, adaptive thoughts and actions. Relapse prevention is a strategy that trains drug abusers to overcome the stressors or triggers in their environments that may cause relapse into drug abuse and addiction.

“The Matrix Model of psychosocial treatment currently is thought to be the most effective therapy for methamphetamine addiction,” says Dr. Volkow. “And CM has shown itself to increase the therapeutic effectiveness of treatments for other drug abuse disorders. Combining these two treatments gives us an even more powerful weapon against methamphetamine abuse.”

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The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world’s research on the health aspects of drug abuse and addiction. The Institute carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found on the NIDA home page at [www.drugabuse.gov](http://www.drugabuse.gov).

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