

The background image shows the London skyline at night, featuring the illuminated spires of the Palace of Westminster, the London Eye, and the Shard skyscraper. In the foreground, the Tower Bridge is visible, its towers and suspension cables silhouetted against the dark sky. The River Thames flows in the foreground, with some boats and reflections on the water.

Dr Carol-Ann Getty

Patient's experience of mobile telephone-delivered Contingency Management (mCM) to promote adherence to supervised methadone

Funders: Society for the Study of Addiction
No conflicts of interest

51% of those in treatment for substance use disorder, were there for problems with opiates.

- 25% completed treatment ‘successfully’
- 65% of deaths in treatment
- Opiate agonist treatment (OAT) is a long term process with high attrition rates.



Office for Health Improvement & Disparities National statistics. Adult substance misuse treatment statistics 2020 to 2021: report

Contingency Management

- Based on the robust theoretical and empirical science of operant conditioning (Skinner, 1938)
- Effective in promoting health-related behaviour change
- Mobile telephone-delivered Contingency Management (mCM)



Mobile telephone-delivered contingency management interventions promoting behaviour change in individuals with substance use disorders: a meta-analysis

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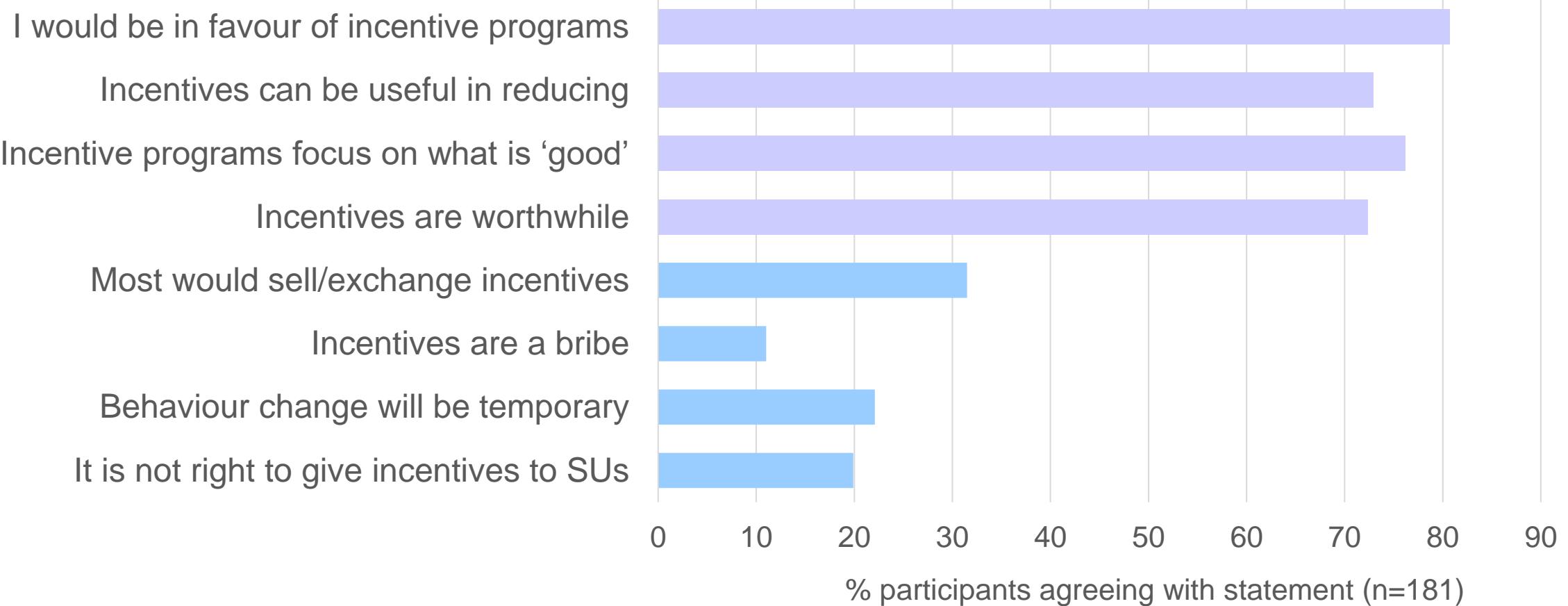
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ABSTRACT

Background/aims Contingency management (CM) interventions have gained considerable interest due to their success in the treatment of addiction. However, their implementation can be resource-intensive for clinical staff. Mobile telephone-based systems might offer a low-cost alternative. This approach could facilitate remote monitoring of behaviour and delivery of the reinforcer and minimize issues of staffing and resources. This systematic review and meta-analysis assessed the evidence for the effectiveness of mobile telephone-delivered CM interventions to promote abstinence (from drugs, alcohol

Included 6 studies: 2 alcohol, 4 smoking cessation

Survey User Survey of Incentives (SUSI)



Survey User Survey of Incentives (SUSI)

Monitoring behaviour

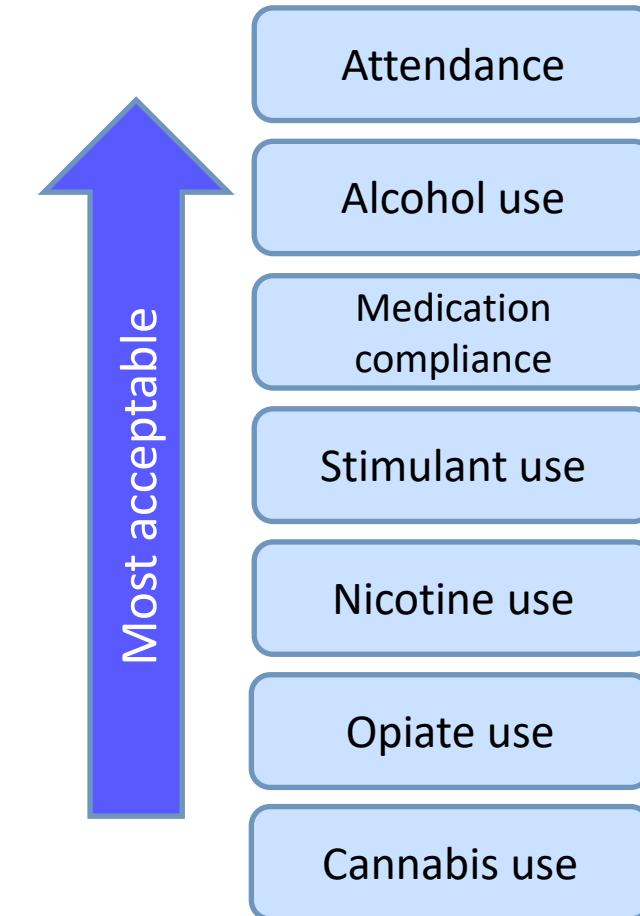
Agreement

Alcohol breathalyzer	84%
CO breathalyzer	78%
Electronic devices	78%
Electronic pill dispenser	74%

Delivering reinforcement

Agreement

Phone call	77%
Text message	73%
Study debit card	62%
In the post	51%



Patients' beliefs towards contingency management: Target behaviours, incentives and the remote application of these interventions

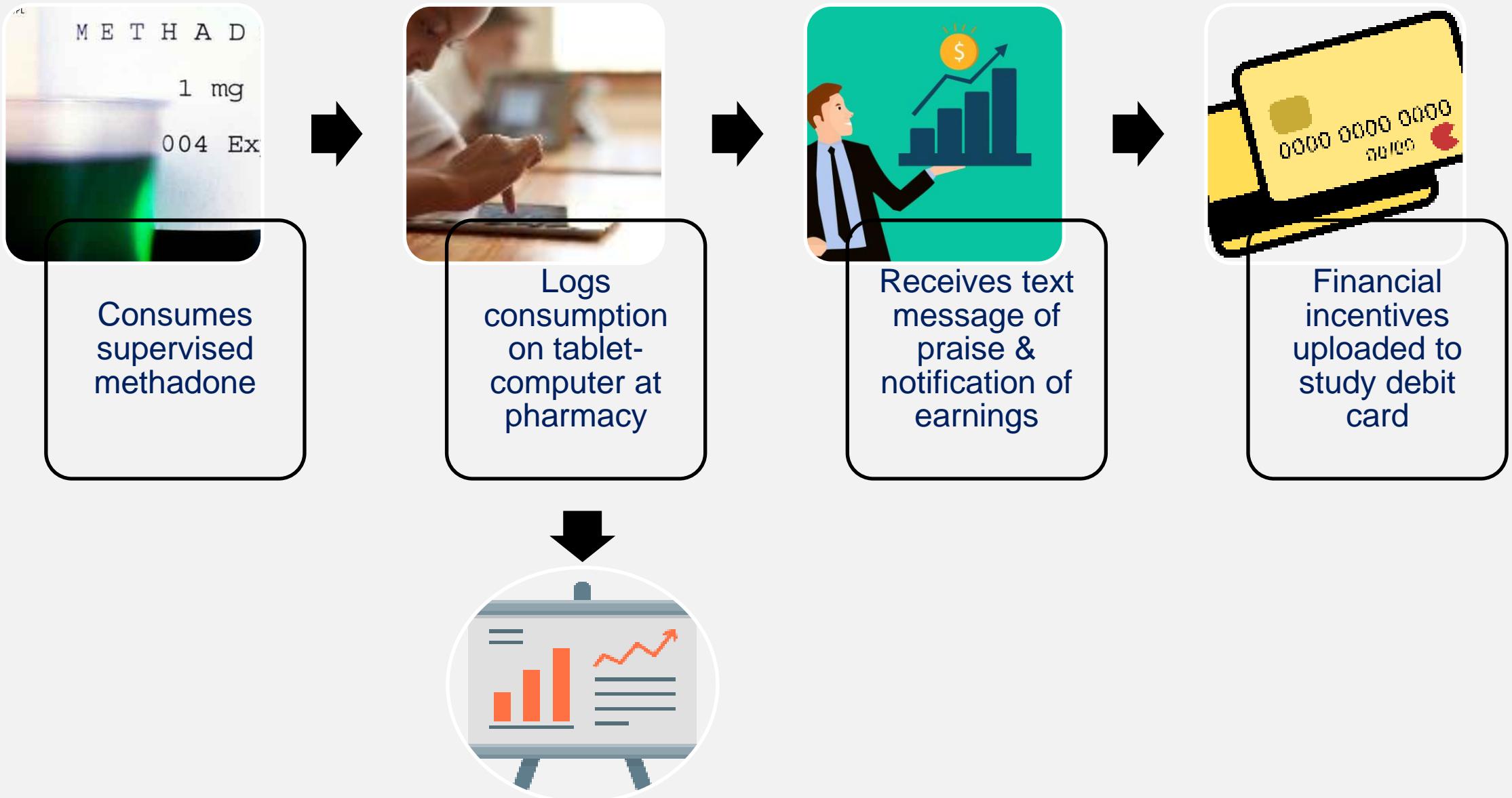
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Abstract

Introduction. Contingency management interventions are among the most efficacious psychosocial interventions in promoting abstinence from smoking, alcohol and substance use. The aim of this study was to assess the beliefs and objections towards contingency management among patients in UK-based drug and alcohol services to help understand barriers to uptake and support the development and implementation of these interventions. **Methods.** The Service User Survey of Incentives was developed and implemented among patients ($N = 181$) at three UK-based drug and alcohol treatment services. Descriptive analyses were conducted to ascertain positive and negative beliefs about contingency management, acceptability of different tar-

Qualitative exploration of patients' experience of mobile-telephone Contingency Management



RESEARCH

Open Access

Mobile telephone delivered contingency management for encouraging adherence to supervised methadone consumption: feasibility study for an RCT of clinical and cost-effectiveness (TIES)



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Abstract

Background: Prescription methadone or buprenorphine enables people with opioid use disorder to stop heroin use safely while avoiding withdrawal. To ensure methadone is taken as prescribed and to prevent diversion onto the illicit market, people starting methadone take their daily dose under a pharmacist's supervision. Many patients



Service users' experience of mobile telephone-delivered CM and the extent to which contextual factors impact upon both treatment experience and outcomes



UK drug & alcohol treatment service (South London & Maudsley)



Receiving supervised methadone in community pharmacies (N=9)
Male; 32-61 years old ($M = 38.96$); White (N=7); homeless (N=5)



Semi-structured qualitative interviews:
Early intervention (2 weeks) & End of intervention (12 weeks)

Received: 5 May 2022

Revised: 8 August 2022

Accepted: 7 September 2022

DOI: 10.1111/dar.13555

ORIGINAL PAPER

Drug and Alcohol REVIEW
APSA

WILEY

A qualitative exploration of patients' experience of mobile telephone-delivered contingency management to promote adherence to supervised methadone

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Abstract

Introduction: Despite an increasing evidence base for mobile telephone-delivered contingency management (mCM), there had been no previous qualitative exploration of patients' experience of receiving mCM and the factors that might influence that experience and outcome in a UK setting. The aim of this study was to understand patients' views and experience of receiving mCM by exploring their beliefs, expectations and perceived benefits within the context of

Principles of Contingency Management

Remote Contingency Management

Perceived outcomes

Principles of Contingency Management

The value of the financial incentive

“

Like I remember when I used to do criminally, I used to spend it... But when you go to work and make your money on a proper manner, it's different, you spend the money differently, because you've earned it... There's a difference between making money and earning money. And I feel like I earned it. Made me feel good

”

Money was a motivator

“

It will help me get the maintenance, yeah, definitely...it's going to help me, the issue regarding that sometimes I just stop going. But because of the text messages, and because of this money, yeah, it helps me a lot

”

“

It was definitely a game changer. Especially my situation nowadays...so it's £10, £5, 50p, everything counts, do you know what I mean? Every little helps

”

Validation of achievement

“ Made me feel good, *I have achieved it, so tomorrow I want to achieve it again.* So, if you want to achieve it again you have to go again. Just that sense of purpose, sense of achievement. ”

“ I know if I don’t go, my mum’s going to see the text, so *I wanted her to know that I’m doing the best to make myself a better person and to help myself.* ”

Remote Contingency Management

Simple & genuine interaction

“ A person that says *it* to you... for me it depends who the person is. It depends how good the relationship with the person... but then there might be something wrong between us, or I'm not going to take my medication just because I'm going to see her.

”

“ But yeah, because every day it's not really going to mean that much, is it. Every day, well done, well done! You know, *might feel a bit patronising after a while*. Well done, yeah. Feel like they might be talking down to you or whatever.

”

Private

“ Much *more private*, because this is still not an acceptable thing in society. Is it? No. They look at you like junkie, they look at you like lesser human. It’s not acceptable. ”

“ I think it’s better that way, in a way, because it can be a bit awkward sometimes, like receiving a bit of praise off someone you don’t know. You know, you’re going to get your methadone, sometimes it can be a bit embarrassing. Yeah, I think it’s good like that, because *it’s for you, only you can see it, only you know about it.* ”

Sufficient

“

*Like me, it's not that I don't want to talk to you, it's nothing to do with that, it's just **I don't see the need**. But for some people, it might be just what they need. For some people that phone call telling them yo, you done good, that might be everything.*

”

“

*A message just **does the trick**, because it's something that's there, you know, you read it.*

”

Perceived Outcomes

Enhanced methadone adherence

“

No, *I would still be going anyway because I need my methadone.*
It's just a bonus, it's just a nice, another incentive to collect it basically.

”

“

I mean if there wasn't any of that with the reward and the text messages, who knows what the outcome would be. May be totally different, I may not even be on a script now, who knows.

”

Reduced drug use

“

I smoked less and less [heroin]. Honestly. Because I was going to the pharmacy more and more. Maybe before that, two, three days a week at least I wouldn't bother...But that made me go there more regularly, that went in my system more regularly, so I smoked much much less after three months. Much less. Extremely much less’.

”

Therapeutic alliance

- “ For the time being I want maintenance, and I think that's what the text message wanted as well, because it gives me a bonus, like if I go every day. So *they want me to go every day, that's why they give me more money.* ”
- “ To me, regardless of what I get at the end of it. *It doesn't talk back to you!* It's acknowledging you and saying thank you. It says thank you. ”

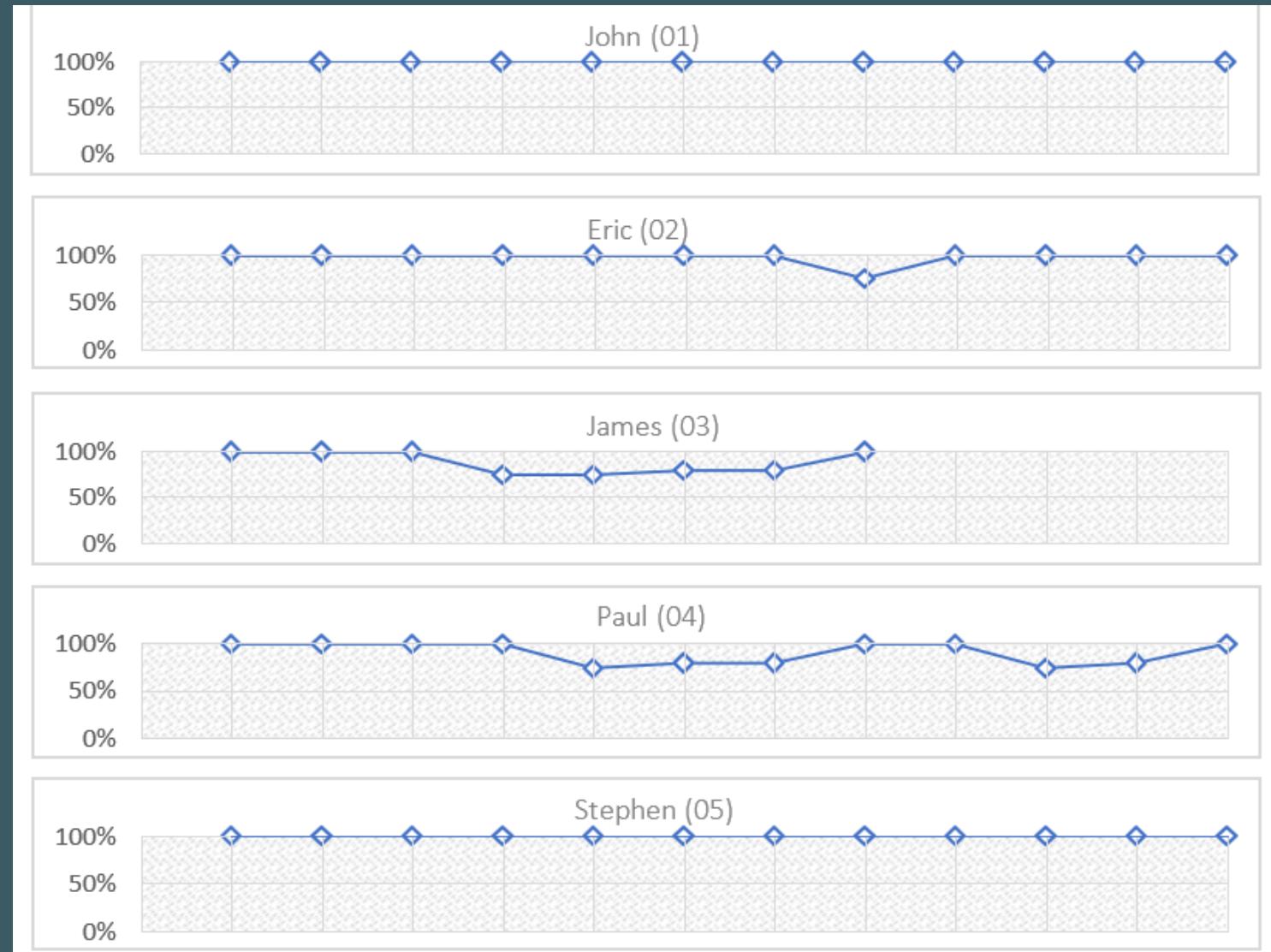
Future directions

- Acceptable, well-received and experienced as beneficial
- The mechanisms of CM appear to operate as intended
- Effectiveness of mCM in reducing illicit substance use
- Therapeutic alliance in generating treatment outcomes
- Cost effectiveness
- Clinical priorities



“ We don’t have much
kindness in our lives,
so any kindness is very
valuable... ”

Proportion of days attended, and dose consumed during the 12-week TIES intervention



Proportion of days attended, and dose consumed during the 12-week TIES intervention

