RESEARCH SNAPSHOT

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A review of contingency management for substance use and addictive behaviours in the UK

What this research is about

Contingency management (CM) is a behavioural intervention. It uses positive reinforcement, such as gift cards and vouchers, to motivate people to make change to their behaviour. The incentives are provided upon evidence of positive behaviour change. CM has been shown to be a promising way to improve the outcomes of substance use treatment. The purpose of this scoping review was to explore the use of CM in the United Kingdom (UK) for substance use and addictive behaviours. The review also aimed to identify factors that prevent or facilitate the adoption of CM within UK clinical settings.

What the researchers did

The researchers conducted a scoping review following Arksey and O'Malley's five-step framework. Reporting of the review was guided by the Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist.

The researchers searched the following databases: Embase, Ovid MEDLINE(R) ALL, APA PsycArticles and APA PsycInfo. They also searched the Registered Controlled Trial Registers and pre-prints. They looked at the reference lists of previous reviews to identify additional studies. Studies were eligible for the review if they explored the effectiveness, feasibility, or acceptability of CM to improve treatment-related outcomes in the UK. Studies had to peer-reviewed original studies published in English.

What the researchers found

What you need to know

This scoping review explored the use of contingency management (CM) for substance use and addictive behaviours in the UK. A total of 29 studies were included in the review. Most studies found CM to be effective, particularly in promoting treatment adherence and abstinence. CM was generally viewed positively by service users and professionals. The researchers identified factors that prevent or facilitate the adoption of CM in clinical settings at the micro, meso, and macro levels.

In total, 2018 articles were identified. After screening, 29 studies were included in the review. Most of the studies (97%) were conducted within primary or secondary care settings.

Effectiveness: Nine studies evaluated CM in treatment populations, and eight studies reported positive outcomes. When CM was part of a psychosocial intervention, it promoted abstinence from cocaine and smoking, increased participation in recovery activities, improved vaccination completion rate, and improved appointment attendance. Only one study targeting cannabis use reported that CM did not lead to significant benefit. Six studies evaluated the cost-effectiveness of CM. These studies found that CM was cost-effective during treatment and/or led to better outcomes at lower cost than standard treatment.

Feasibility: Six studies looked at the feasibility of implementing CM. These studies found that staff were concerned about limited resources, time, costs, training, and unclear guidance. Other challenges

included low engagement and retention, as well as challenges with verifying if a client had really abstained.

Acceptability: Fourteen studies looked at the acceptability of CM. Service users typically had positive experiences and saw CM as a motivator that supported treatment adherence, reduced substance use, and increased wellbeing. The use of CM could help foster trust in service providers. Among people with no experience of CM, there was general support for CM as a tool to motivate people to stay in treatment. However, there were concerns about misuse or ethical risks.

Professionals saw CM as a useful tool with benefits like increased job satisfaction and improved therapeutic relationships. But there were concerns about CM's complexity, its low awareness among service providers, and resource limitations.

One study explored the general public's opinions about CM in the context of gambling. Most participants felt that CM could help people who experienced problem or harmful gambling. But there were concerns that CM could promote gambling or fraud-related activities.

Factors influencing CM adoption: The researchers applied the "Context and Implementation of Complex Intervention" (CICI) framework to identify factors that prevent or facilitate the adoption of CM. At the micro level, studies highlighted challenges such as limited staff time and training, as well as concerns that CM may undermine intrinsic motivation or be misused. There are also doubts about sustainable behavioural change after incentives have ended. Facilitators include increased job satisfaction, improved therapeutic relationships, positive attitudes towards CM, and openness to training. The use of digital tools can reduce administrative burden and ease the delivery of CM.

At the meso level, there are concerns that CM is not compatible with treatment philosophy focusing on intrinsic motivation and personal responsibility. Studies found that professionals were worried that CM would shift their focus to monitoring behaviours rather than harm reduction. Clear ethical guidelines, objective ways to verify the target behaviour, and structured decision making to ensure CM is delivered as intended can facilitate the implementation of CM.

At the macro level, barriers include limited resources, costs, and negative media portrayals. There is also an ongoing debate regarding whether CM is compatible with harm minimization approaches. A strong evidence base and development of national guidelines on CM can facilitate its implementation.

How you can use this research

This review can inform researchers, policy makers, and professionals on the use of CM.

About the researchers

Carol-Ann Getty and **Eileen Brobbin** are affiliated with the National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience at King's College London in London, UK. **Tricia McQuarrie** is affiliated with the Department of Mental Health and Social Work in the Faculty of Health, Social Care and Education at Middlesex University in London, UK. For more information about this study, please contact Carol-Ann Getty at carol-ann.getty@kcl.ac.uk.

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About Greo Evidence Insights

Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit our website.