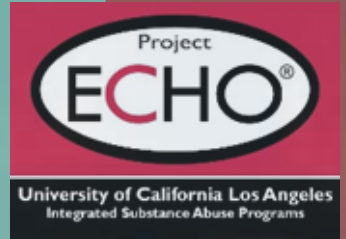




# In Terms of Treatment, Contingency Management is Our Best Hope for Curbing the Stimulant Poisoning Crisis

Tuesday, June 18, 2024



# Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

## Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





**What we say and how we say it inspires the hope and belief that recovery is possible for everyone.**

**Affirming, respectful, and culturally-informed language promotes evidence-based care.**

**PEOPLE FIRST**

**Language Matters**

*in treatment, in conversation, in connection.*



Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration





# JUNETEENTH

FREEDOM DAY

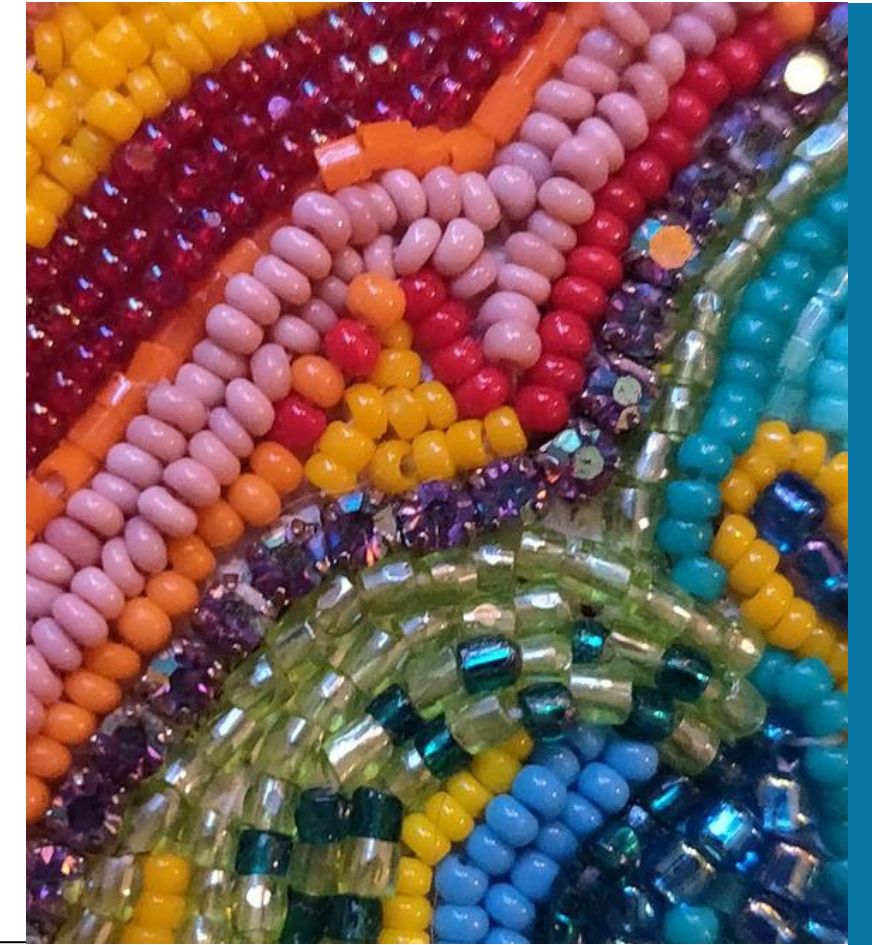


# JUNE ACKNOWLEDGEMENTS

LGBTQ + PRIDE MONTH  
and  
JUNETEENTH



# In Terms of Treatment, Contingency Management is Our Best Hope for Curbing the Stimulant Poisoning Crisis



**Kait Hirchak, PhD**

**Washington State University  
PRISM Collaborative**

**Tribal MAT ECHO  
6/18/2024**



# Disclosures

## FACULTY DISCLOSURE

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, except:

<i>Katya Adachi Serrano</i>	<i>CEO of Serrano Natural Health</i>
---------------------------------	--------------------------------------

All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.

# → Acknowledgements



## Tribal Partners

### WSU Team

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Diana Tyutyunnyk, BA

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John Roll, PhD

Sterling McPherson, PhD

Andre Miguel, PhD



National Institute  
on Alcohol Abuse  
and Alcoholism



National Institute  
on Drug Abuse



# Land Acknowledgements

Washington State University acknowledges that its locations statewide are on the homelands of Native peoples, who have lived in this region from time immemorial. Currently, **there are 42 tribes, 35 of which are federally recognized, that share traditional homelands and waterways in what is now Washington State. Some of these are nations and confederacies that represents multiple tribes and bands.**

The University expresses its deepest respect for and gratitude towards these original and current caretakers of the region. As an academic community, we acknowledge our responsibility to establish and maintain relationships with these tribes and Native peoples, in support of tribal sovereignty and the inclusion of their voices in teaching, research and programming. Washington State University established the [Office of Tribal Relations](#) and [Native American Programs](#) to guide us in our relationship with tribes and service to Native American students and communities. We also pledge that these relationships will consist of mutual trust, respect, and reciprocity.

**As a land grant institution, we also recognize that the Morrill Act of 1862 established land-grant institutions by providing each state with “public” and federal lands, which are traced back to the disposition of Indigenous lands.** In 1890, Washington State received 90,081 acres of Indigenous Lands designated to establish Washington State University ([see data](#)). Washington State University retains the majority of these lands to this day. We acknowledge that the disposition of Indigenous lands was often taken by coercive and violent acts, and the disregard of treaties. For that, we extend our deepest apologies. **We owe our deepest gratitude to the Native peoples of this region and maintain our commitment towards reconciliation.**

<https://wsu.edu/about/wsu-land-acknowledgement/>



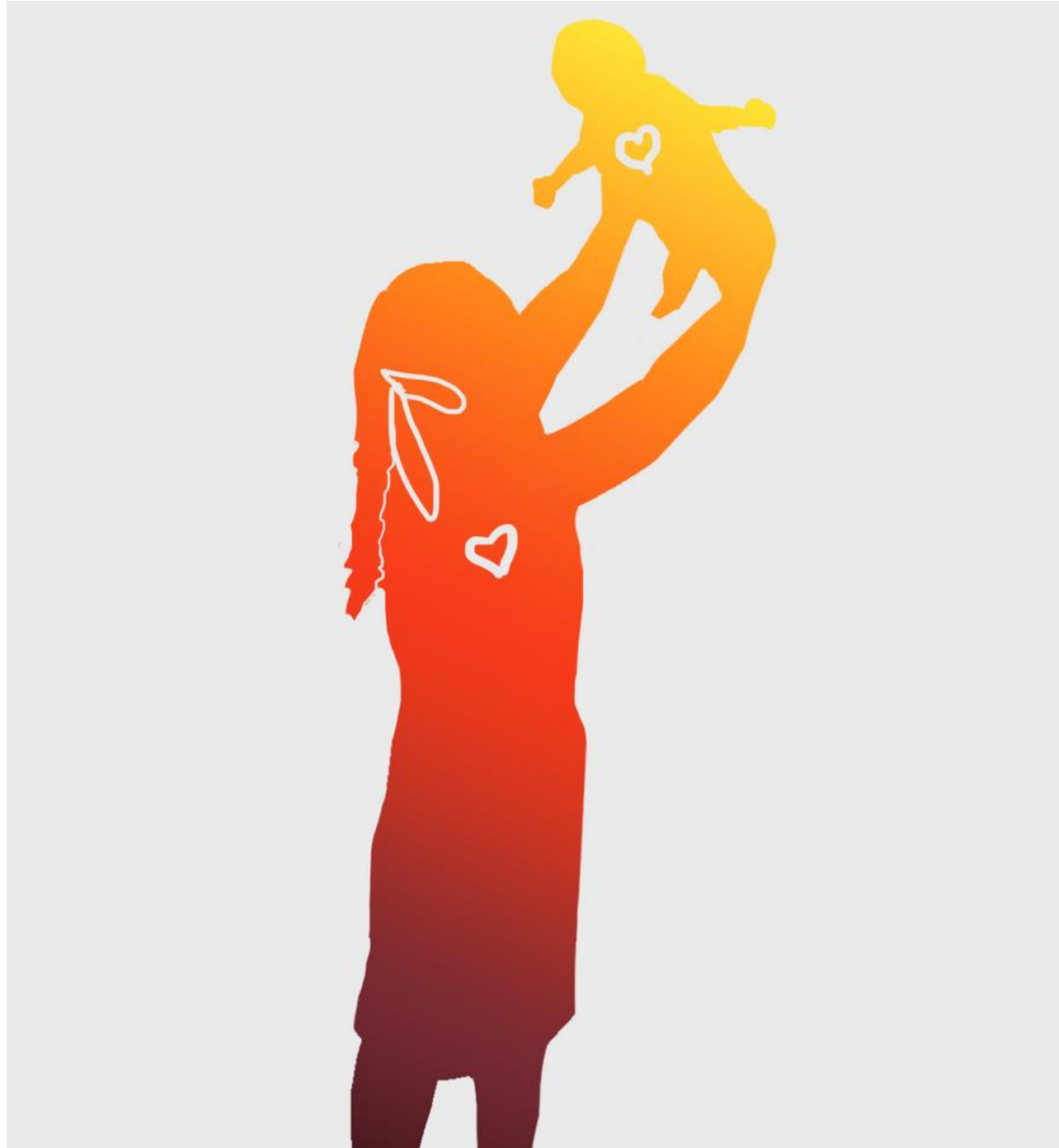
# Learning Objectives

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- Define reinforcement-based substance use disorder interventions
- Discuss the importance of cultural-centering substance use disorder treatments with American Indian/Alaska Native (AI/AN) communities
- Identify ways to be culturally responsive, using the example of contingency management (CM)

# Significance



Alcohol and substance use rates vary between Tribes and regions

American Indian and Alaska Native (AI/AN) adults have high rates of alcohol abstinence

Health-related inequities due to substance misuse higher than the national average

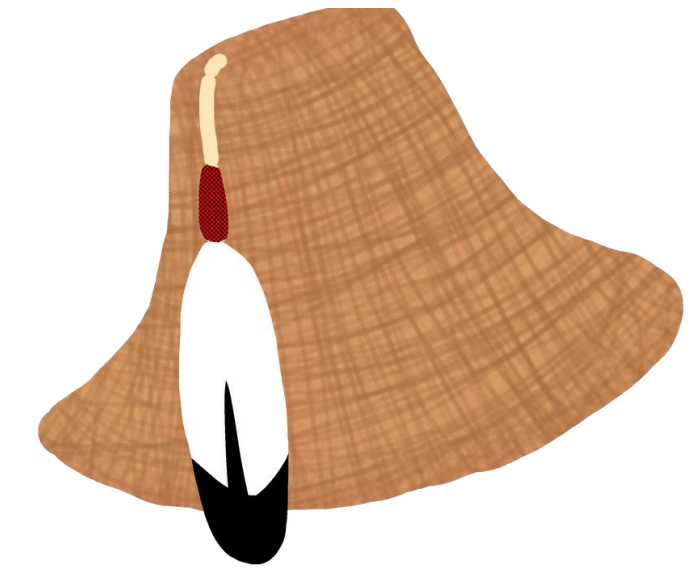
Need for culturally appropriate interventions for substance-related health issues

Source: IHS, 2024; NSDUH, 2021

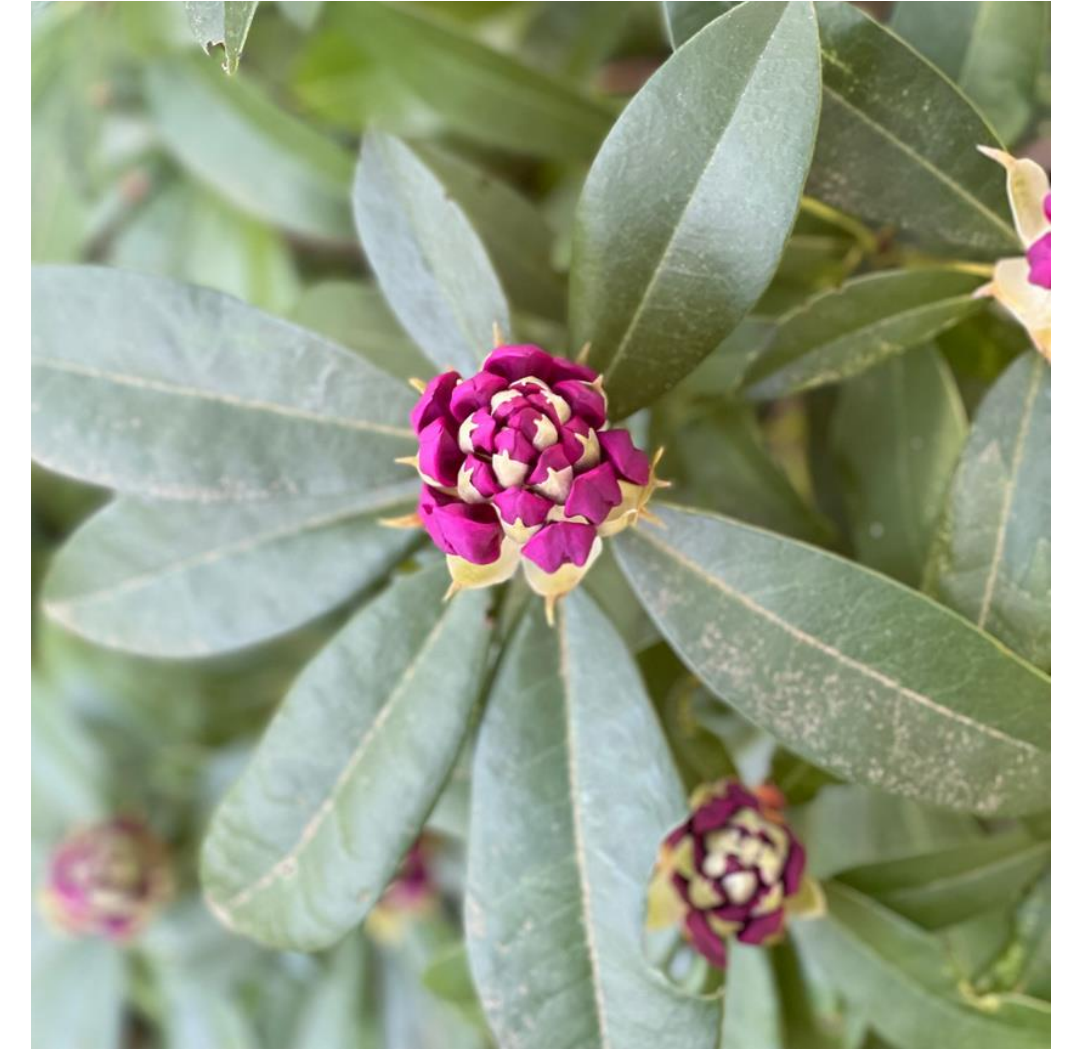




# Contingency Management



CM offers a **positive tangible reinforcer** in exchange for evidence of **substance use abstinence** across a specified period.





# Background



## History 2012-2019

In partnership with four American Indian and Alaska Native communities, the WSU Team culturally adapted and implemented two clinical trials of CM

- Studies included 514 participant-relatives
- Combined randomized n=272 participant-relatives

Reductions in stimulants, alcohol and cannabis use

### JAMA Psychiatry | Original Investigation Effect of Incentives for Alcohol Abstinence in Partnership With 3 American Indian and Alaska Native Communities A Randomized Clinical Trial

Michael G. McDonnell, PhD; Katherine A. Hirsch, PhD; Jalene Herron, MS; Abram J. Lyons, MSW; Karl C. Alcover, PhD; Jennifer Shaw, PhD; Gordon Kordas, MS; Lisa G. Dirks, MSS, MEd; Kelley Jensen, MS; Jordan Avey, PhD; Kate Lillie, PhD; Dennis Donovan, PhD; Sterling M. McPherson, PhD; Denise Dillard, PhD; Richard Ries, MD; John Rost, PhD; Debra Buchwald, MD, for the HONOR Study Team

**IMPORTANCE:** Many American Indian and Alaska Native communities are disproportionately affected by problems with alcohol use and seek culturally appropriate and effective interventions for individuals with alcohol use disorders.

**OBJECTIVE:** To determine whether a culturally tailored contingency management intervention, in which incentives were offered for biologically verified alcohol abstinence, resulted in increased abstinence among American Indian and Alaska Native adults. This study hypothesized that adults assigned to receive a contingency management intervention would have higher levels of alcohol abstinence than those assigned to the control condition.

**DESIGN, SETTING, AND PARTICIPANTS:** This multisite randomized clinical trial, the Helping Our Native Ongoing Recovery (HONOR) study, included a 1-month observation period before randomization and a 3-month intervention period. The study was conducted at 3 American Indian and Alaska Native health care organizations located in Alaska, the Pacific Northwest, and the Northern Plains from October 10, 2014, to September 2, 2019. Recruitment occurred between October 10, 2014, and February 20, 2019. Eligible participants were American Indian or Alaska Native adults who had 1 or more days of high alcohol-use episodes within the last 30 days and a current diagnosis of alcohol dependence. Data were analyzed from February 1 to April 29, 2020.

**INTERVENTIONS:** Participants received treatment as usual and were randomized to either the contingency management group, in which individuals received 12 weeks of incentives for submitting a urine sample indicating alcohol abstinence, or the control group, in which individuals received 12 weeks of incentives for submitting a urine sample without the requirement of alcohol abstinence. Regression models fit with generalized estimating equations were used to assess differences in abstinence during the intervention period.

**MAIN RESULTS AND MEASURES:** Alcohol-negative ethyl glucuronide (EtG) urine test result (defined as EtG >150 ng/mL).

**RESULTS:** Among 1003 adults screened for eligibility, 400 individuals met the initial criteria. Of those, 158 individuals (39.5%, mean [SD] age, 42.1 [11.4] years, 83 men [52.5%]) met the criteria for randomization, which required submission of 4 or more urine samples and 1 alcohol-positive urine test result during the observation period before randomization. A total of 75 participants (47.5%) were randomized to the contingency management group, and 83 participants (52.5%) were randomized to the control group. At 16 weeks, the number who submitted an alcohol-negative urine sample was 19 (59.4%) in the intervention group vs 18 (38.3%) in the control group. Participants randomized to the contingency management group had a higher likelihood of submitting an alcohol-negative urine sample (averaged over time) compared with those randomized to the control group (odds ratio, 1.70; 95% CI, 1.05-2.76; P = .03).

**CONCLUSIONS AND RELEVANCE:** The study's findings indicate that contingency management may be an effective strategy for increasing alcohol abstinence and a tool that can be used by American Indian and Alaska Native communities for the treatment of individuals with alcohol use disorders.

**TRIAL REGISTRATION:** ClinicalTrials.gov Identifier: NCT02174315

JAMA Psychiatry. doi:10.1001/jamapsychiatry.2020.4768  
Published online March 3, 2021.

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Editorial  
Supplemental content

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Source: Hirschak et al., 2018, 2019 & 2023; Hirschak, 2024; McDonnell, Hirschak et al., 2021; McDonnell et al., 2021b



- Elders and community leaders guided our changes
- Native languages were used
- Celebrations and ceremony was used to reward success (smudging, gifting medicines/ sweetgrass, prayer)
- Native Elders/clinicians/community members delivered the intervention
- Rewards included things that bring families together (fishing supplies, movie tickets)
- Cultural resources were offered (sweats, invitations to cultural events)



# Examples of How Culture Was Centered



Fig. 1. Medicine wheel contingency management treatment visit workflow.



### Lance's Story\*

Lance is a 43-year-old living on a rural reservation. Growing up, Lance was very close to his father who helped him connect to his culture and taught him to play basketball. His father taught him how to find the sacred rocks for sweat lodges and taught him about spirituality. However, when Lance was 18, his father passed away. He stopped playing basketball and going to sweats. One of his cousins saw how depressed he became and introduced drugs and alcohol to help him feel better. Lance continued to use drugs and alcohol to cope with his father's loss until he ended up in the hospital. Lance has a strong family support system to help him stay in recovery and he is close with his children and extended family. For example, during the winters, he helps his family collect firewood and helps anyone whenever he can. At times, Lance goes to sweats and speaks with Elders to reconnect with his spirituality. Though these strengths keep him from using drugs and alcohol, Lance sometimes has periods of high use.

**Prompt:**

- How could you engage Lance into your CM program?
- What other resources could help engage Lance?
- How has trauma impacted Lance?
- What are Lance's strengths?
- How can clinicians help Lance rely on his many strengths?

\*Please note this is a fictionalized, composite account of the experiences some of our clients may have had.

### CM EXAMPLE

**INITIAL VOUCHER**  
 INITIAL CM VISIT  
 Hope is in a CM program targeting stimulant abstinence. She begins by receiving a \$5 voucher for each stimulant drug negative urine drug test (UDT).

**ESCALATION BONUS**  
 7 WEEKS OF NEGATIVE TESTS  
 After 7 weeks of consecutive stimulant negative UDTs, Hope was earning an extra \$7.50 escalation bonus for each stimulant negative UDT. So today, she earned a total of \$12.50.

**NO VOUCHER**  
 A STIMULANT POSITIVE TEST  
 Today, Hope submitted a stimulant positive UDT, so she doesn't get a voucher.

**RESET**  
 THE NEXT NEGATIVE TEST  
 The next visit, Hope submits a stimulant negative UDT. She only gets \$5.

**RECOVERY**  
 A WEEK OF NEGATIVE TESTS  
 After a week of stimulant negative UDTs, she recovers her previous escalation bonus, plus one more! That makes a \$8.75 bonus on top of the \$5 base, for a total of \$13.75!

### Contested Results

Sorry Jackie, Your urine test is positive for stimulant use. You don't get a voucher today, but you still have a chance for next time!

This can't be right! I haven't used!

I understand this might feel confusing. As part of the guidelines for our CM program, we only test once...

Though this might not align with your experience right now, we ask that you trust the process...

We are in no way saying that you did something that you say you did not do. Please stick with it and come back...

Even if you're disappointed now, there's always a chance that it'll be different next time and you'll resume your current voucher amount after your next 2 negative UDTs.

**No Reward**

Brian, it looks like your UA was consistent with recent meth use, so sorry but no gift card for you today...

I'm still really glad you came in today. You've been doing great...

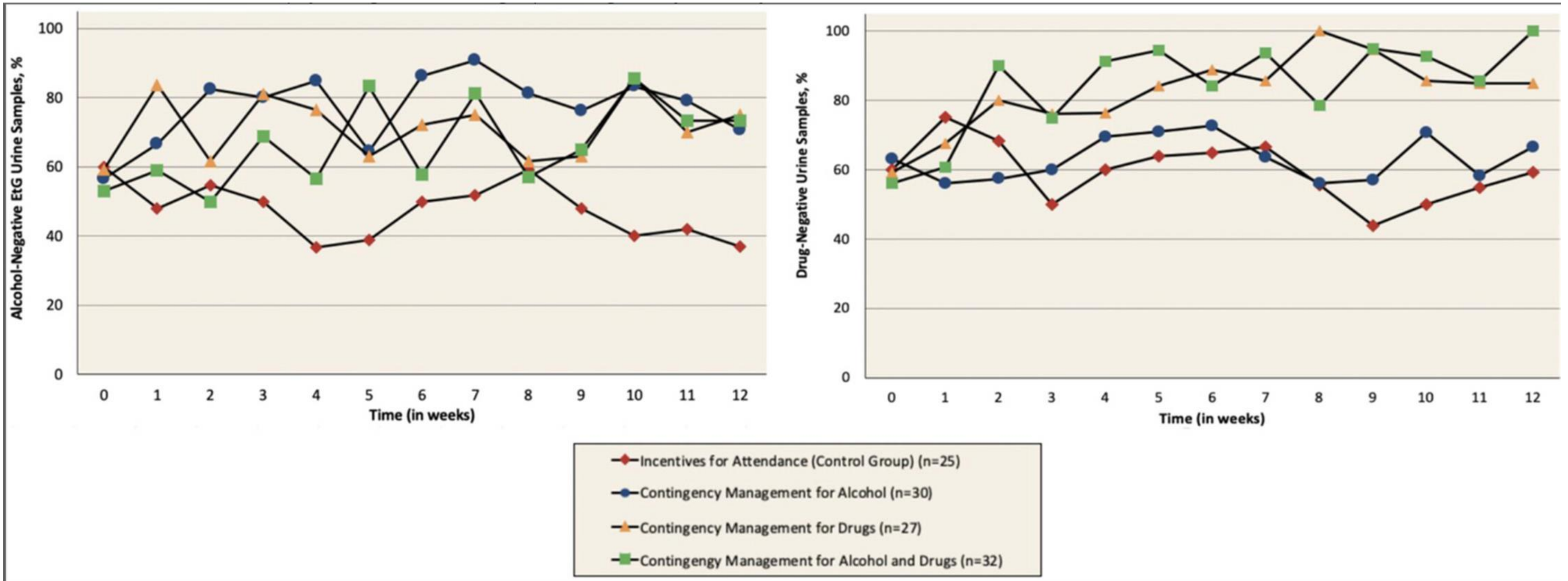
Is there anything I can do to support you in helping get back on track?...

Remember you can get right back to the \$20 per sample after just a couple negative UDTs...

I know you did it before and you can do it again!



## Rewarding Recovery Study (N=114; McDonnell et al., 2021)







**Fig. 2.** The number and type of contingency management training activities completed by the university team from 2021 to 2023.

**PRISM**  
COLLABORATIVE

# Takeaways

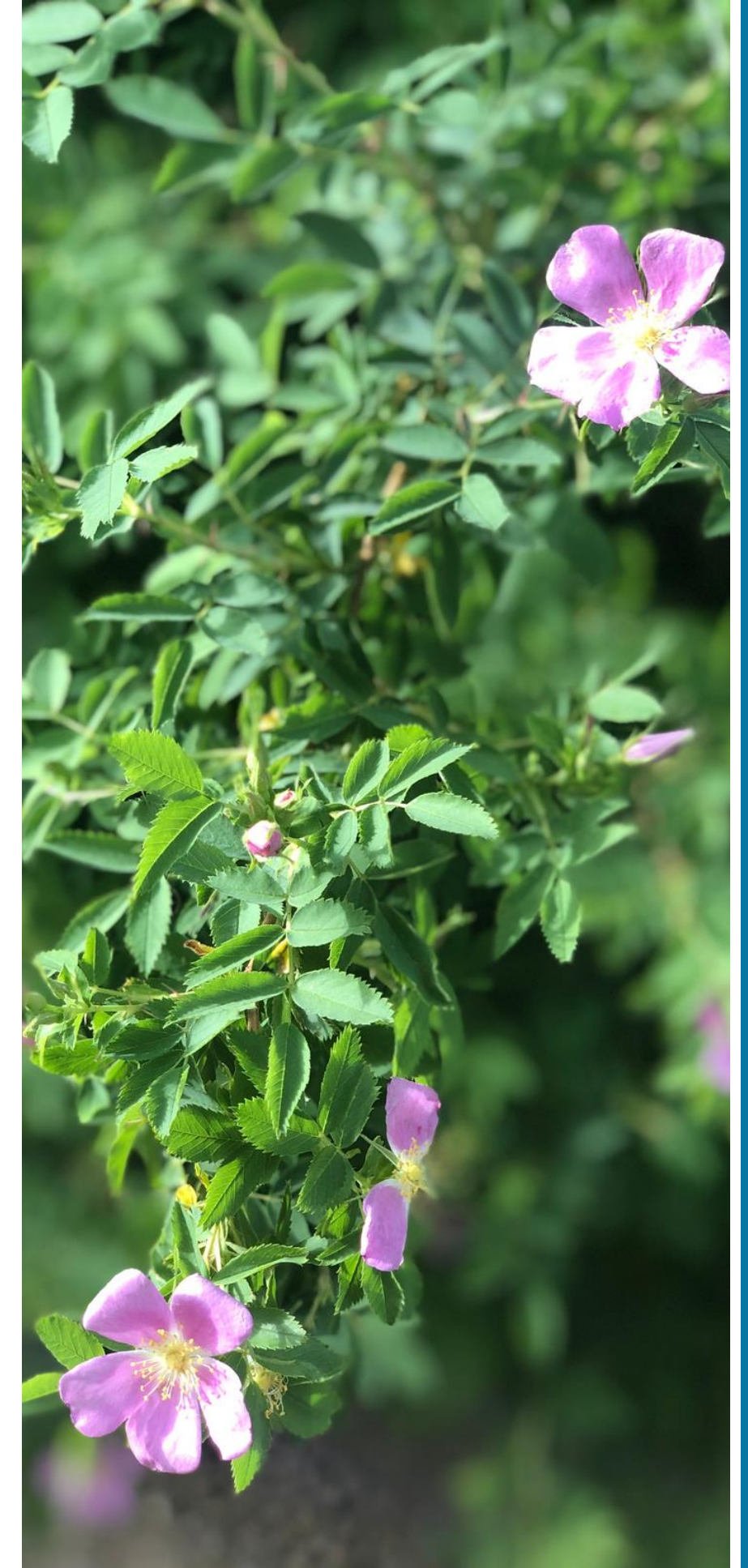
- 01** Indigenous communities have the cultural and traditional knowledge to heal from settler-colonialism
- 02** CM is a culturally responsive treatment that AI/AN communities can continue to adapt
- 03** Enhancing community capacity is essential to prevention and treatment success with AI/AN communities
- 04** Supportive tools, resources & policy changes are needed



# Next Steps & Future Directions

---

- 01** Continue to partner to provide TTA to SAMHSA Tribal Opioid Response grantees
- 02** Developing and maintaining training partnerships with AI/AN communities
- 03** Submitting proposals to NIDA





# Thanks for joining!



Contact: Kait Hirchak

[katherine.hirchak@wsu.edu](mailto:katherine.hirchak@wsu.edu)



# References & Resources

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Hirchak KA, Echo-Hawk H, Parent S, Peavy MK, Webb K, Bajet K, Richardson M, Granbois A, Herron JL, Catron K, King K, Parsells E, Echo-Hawk A, Freese T, Lane D, Thomas LR, Rawson R, Clark HW, Roll J, & McDonell M. The Urgent need for contingency management in Tribal communities: Considerations for implementation, policy, and sovereignty. *Preventive Medicine*. 2023.

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McDonell MG, Skalisky J, Burduli E, Foote A, Granbois A, Smoker K, Hirchak KA...McPherson SM. The rewarding recovery study: A randomized controlled trial of incentives for alcohol and drug abstinence with a rural American Indian community. *Addiction*. 2021;116(6):1569-1579. doi: 10.1111/add.15349. Epub 2021b Jan 14. PMID: 33220122; PMCID: PMC8131263.

CM Digital Success Stories: <https://www.youtube.com/watch?v=sx4nAkWG9lM&t=296s>

# Questions and Discussion



**Tribal MAT ECHO Clinic**  
— WELLNESS WHEEL —



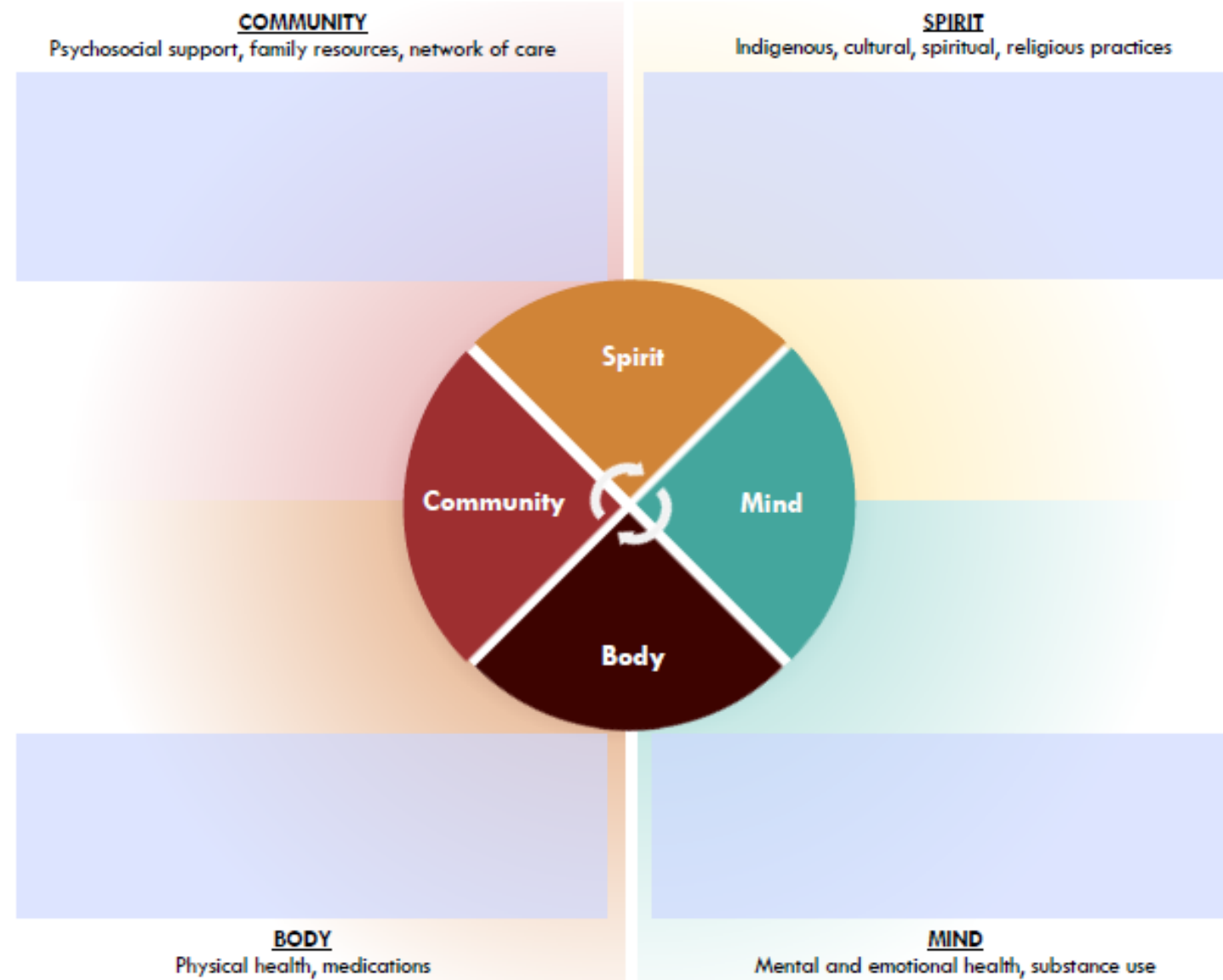
TRIMAT-2-11

Date:  /  /  Presenter:  /  Tribal Affiliation:

Patient Pseudonym:  Gender:  Age:  Tribal Affiliation:

ECHO ID:  Check if follow-up to a previously presented case

Clinical Question:



Care plan:



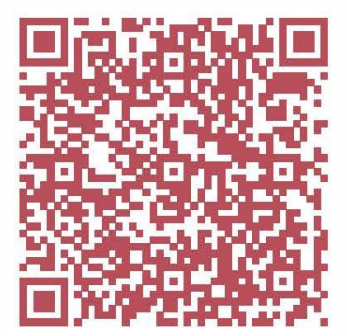


# Self-Paced Learning Opportunities

## Stigma

Courses for clinicians interested in addressing stigma related to addiction  
*Claim up to four (4.0) credit hours of CE/CME*

- Dismantling Stigma: Addiction, Treatment, and Policy (1.0 credit hour)
- Stigma in Healthcare (1.0 credit hour)
- Social Determinants of Health and Cultural Competency in Substance Use Treatment (1.0 credit hour)
- Understanding the Impact of Structural Racism on Clinical Care: Lessons from HIV and COVID-19 (1.0 credit hour)



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or visit  
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Accredited  
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Qualifies for  
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