



Analysis of SMMGP Membership Contingency Management Consultation

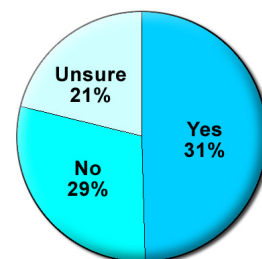
SMMGP recently conducted a consultation of its membership on contingency management. This approach, which involves the giving of financial rewards to patients in return for treatment compliance, has been recommended in the draft NICE psychosocial guideline and to a lesser extent in the draft NICE detoxification guideline. It has a robust evidence base, from the US and Australia but not as yet from within the UK. In the US it has been proven to be cost effective, but the drug treatment system is very different there. Here it remains a matter of debate within the field. We felt that it would be of value to the field for the views of SMMGP members to be published. Here are the results:

Notes

- Total number of responses analysed 63.
- Comments have been collated into groups, these are not respondents' actual words.
- Only comment groups with 3 or more responses have been included.
- Percentages have been included for comment groups over 10.
- No comment groups were suggested to respondents (see questionnaire).
- Job titles have been generalised (e.g. GPSI has been listed as GP).
- Secondary analysis was done regarding GP responses as they were by far the largest group

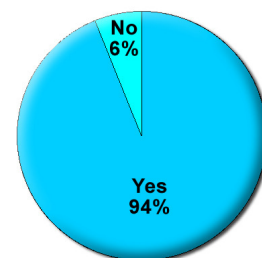
Do you think contingency management will be of benefit to the drug treatment field?

Yes	31	(49%)
No	18	(29%)
Unsure	13	(21%)



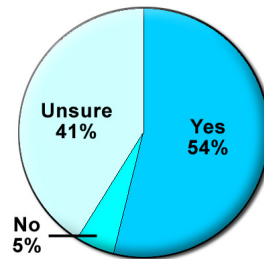
Can you see any obstacles to the implementation of contingency management?

Yes	59	(94%)
No	4	(6%)



In your opinion will contingency management be welcomed by patients?

Yes	34	(54%)
No	3	(5%)
Unsure	26	(41%)



Respondents were able to comment after all these questions but after analysis it has seemed more useful to just report all these comments as either positive, or highlighting potential problems/negative responses.

Comments

Positive:

- Reinforces benefit of treatment (9)
- Will engage stimulant users (5)
- International evidence base (3)
- Seeing tangible reward (4)
- Positive rather than punitive (3)
- Effective motivational tool (3)
- Initially would be popular (4)

Potential problem/negative responses:

- 37 (59%) respondents said that there would be problems with monitoring and giving out rewards, especially with people trying to cheat the system and the organisational difficulties of implementing it.
- 27 (43%) felt there would be a backlash from the general public/media with some saying this would greatly damage the drug treatment field.
- 21 (33%) had concerns about funding, how it would be paid for and what other services would suffer as a result
- Treats patients like children/disempowers/is patronising (11)
- Resentment if not seen as fair (7)
- Undermines open, honest patient-centred relationships and co-operation (7)
- People give up when ready (5)
- Bribery (5)
- Discriminatory against other chronic disease patients (6)
- Failure not always clients fault (3)
- We should be reinforcing other psychosocial options (3)
- Should be done on an individual basis (3)

Other Comments

- Needs to be tailored to the individual (5)
- Needs to be consistent across services and across the country (5)
- Needs to be piloted/trialed (4)

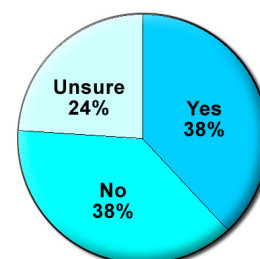
Job Titles

Nurse	10
DAT Officer	3
GP	29
Psychiatrist	2
DIP worker	1
Forensic physician	2
Service manager	2
Medical officer criminal justice	4
Shared care co-ordinator	5
Drug worker	1
Pharmacist	2
Service user	1
Not identified	2

Analysis of GPs only

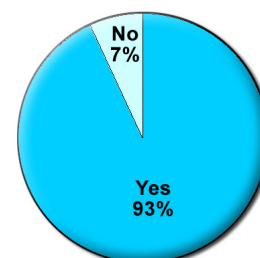
Do you think contingency management will be of benefit to the drug treatment field?

Yes	11	(38%)
No	11	(38%)
Unsure	7	(24%)



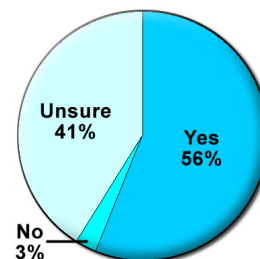
Can you see any obstacles to the implementation of contingency management?

Yes	27	(93%)
No	2	(7%)



In your opinion will contingency management be welcomed by patients

Yes	16	(56%)
No	1	(3%)
Unsure	12	(41%)



Comments

- 18 (62%) GPs said that there would be problems with monitoring and giving out rewards, especially with people trying to cheat the system and the organisational difficulties of implementing it.

- 13 (45%) felt there would be a backlash from the general public/media with some saying this would greatly damage the drug treatment field.
- 8 had concerns about how this was to be funded
- 5 thought it was patronising
- 5 thought it was discriminatory against people with other conditions
- 3 thought it an effective motivational tool
- 3 said it had a robust evidence base
- 3 said it would be seen as punitive
- 3 said more research and/or piloting was needed

To read the full NICE guideline see <http://www.nice.org.uk/page.aspx?o=397260>