

# Peers Expanding Engagement in Stimulant Harm Reduction with Contingency Management (PEER-CM)

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## Background

- Fentanyl and stimulant use made 2021 the deadliest year ever for people using drugs in the United States
- Contingency management (CM) uses rewards to incentivize behaviors and remains the most effective strategy for improved retention in treatment and reduced stimulant use
- Most CM trials are conducted in controlled treatment settings, incentivize visit attendance and abstinence, which fail to reach people who are not seeking care

## Why Oregon?

- Oregon leads U.S. in methamphetamine use
- The Oregon State Medical Examiner annual reports showed a 70% increase in methamphetamine-related overdose and a 297% increase in fentanyl-related overdose between 2019 and 2020
- Oregon Health Authority supports CM
- Oregon's peer harm reduction network well-established

## Outcomes

**FATAL OVERDOSE**  
Peer report

**NONFATAL OVERDOSE**  
Client self-report

**HARM REDUCTION, SUD TX ENGAGEMENT**  
Client self-report

## Study Overview

**GOAL** To compare two different approaches to implementing peer-facilitated contingency management with people who use stimulants.

**DESIGN**

- Hybrid type 1 effectiveness-implementation framework
- Stepped-wedge design to compare:
  - Standard of care:** Reinforcers for visits with peer
  - Intervention:** Reinforcers for visits with peer AND completing self-identified goals

**PARTICIPANTS**  
People who use stimulants in community  
80 participants/site, total N = 1,440

**DATA SOURCE**  
RecoveryLink dataset

## DATA COLLECTION ELEMENTS

<b>Client Characteristics</b>	<b>Intake</b>	Demographics, referral/engagement source
<b>Revised GPRA</b>	<b>Intake &amp; 6 Months</b>	30-day substance use, SUD treatment, overdose/amping, employment, legal, housing, mental/physical health and treatment, social connectedness
<b>Action Plan &amp; Goals</b>	<b>Monthly</b>	Client-driven harm reduction goals, priority level for goals, action steps toward goals, goals status
<b>Peer Service Encounters</b>	<b>At each encounter</b>	Peer services activities, engagement in harm reduction, recovery support, SUD treatment

INCENTIVE STRUCTURE	Standard Incentives	Intervention Incentives
Intake and action plan with peer	\$15	\$15
Initial peer encounters (Weeks 1+2, Month 2)	3 @ \$15	3 @ \$15
Maintenance peer encounters (Months 3-6)	4 @ \$10	4 @ \$10
Completing self-identified goals* (4 @ \$25 each + swag for smaller steps)	--	4 @ \$25
<b>Total Possible</b>	<b>\$100</b>	<b>\$200</b>

\*goals are identified within various domains including overdose / overamping prevention planning, daily life, treatment & care, and relationships & social support

## Study Aims

- Test the impact of reinforcers for achieving self-identified, personal harm reduction goals on the **likelihood of overdose** among people using stimulants.
- Determine whether reinforcers for achieving self-identified, personal harm reduction goals increases **engagement with harm reduction and treatment services**.
- Use qualitative interviews to understand the **optimal context and implementation strategies** for peer-facilitated CM.

## Study Setting



- 4D Recovery
- Bay Area First Step
- HIV Alliance
- Mental Health & Addiction Association of Oregon
- Miracles Club
- NW Instituto Latino
- Oregon Washington Health Network
- Painted Horse Recovery
- True Colors Recovery

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## Slide 1

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**LJM1** LEAHY Judith M, 2/1/2023

**TK1** OK to dispense with  
department and section of  
addiction medicine if short on  
space  
Todd Korthuis, 2/2/2023