Abstract
The current coronavirus disease (COVID-19) pandemic has rapidly spread across the world. Individuals with stimulant use disorder (SUD) are a vulnerable population, who are particularly at risk of negative outcomes during this pandemic due to several risk factors, including mental and physical comorbidities, weakened immune responses, high-risk behaviors, and barriers to healthcare access.

Engaging patients with SUD in regular treatment has become even more difficult during this pandemic, which has resulted in many cuts to addiction treatment programs. The most effective treatment options for stimulant use disorder are psychosocial interventions, which rely heavily on in-person interactions, which poses an added challenge during physical distancing. In particular, contingency management (CM) is a behaviour therapy that utilizes tangible reinforcements to incentivize targeted behavior changes, and is an effective treatment intervention used for SUD.

This poster highlights the treatment challenges for individuals with SUD and the importance of adapting CM programs during COVID-19. We present strategies for how CM can be adapted and its role expanded in a safe way during the COVID-19 pandemic to help prevent infection spread, stimulant use relapse, and worsened psychosocial consequences.

Effectiveness of contingency management (CM)
CM is a behavioral therapy based on operant conditioning, in which behavior is modified through rewards and/or consequences for target behaviors. Psychosocial interventions are first-line treatment for SUD, with pharmacological interventions being largely ineffective. There is strong evidence that CM is an effective intervention for SUD.

Need for CM during the COVID-19 pandemic
• The COVID-19 pandemic is likely to precipitate an increase in drug relapse, exacerbated by cuts to many drug treatment services. An increase in overdose deaths has already been noted.
• Utilizing and adapting CM to treat SUD can help to mitigate these negative effects.
• Individuals with SUD also have additional risk factors for contracting and developing complications of COVID-19, including health comorbidities, high-risk behaviors, weaker immune responses, and decreased healthcare access.

Adapting CM during COVID-19
• Increased staff support and communication.
• Frequent hand hygiene and wear appropriate personal protective equipment.
• Increased protocol flexibility and a phased approach to CM program adaptation as the pandemic continues to evolve.
• Reduce potential infection transmission points:
  – One staff member drawing prize from fishbowl instead of each patient.
  – Replace stores with prize delivery to unit.
  – Group sizes and duration decreased, with increased physical distancing.
  – Cognitive behavioral therapy worksheets in exchange for vouchers, can be considered in place of meetings.
• Consider virtual CM: Research has shown Internet and phone-based CM to be beneficial for treating nicotine and alcohol use disorders.
  – Prize incentives by using text message reinforcements.
  – Prepaid debit cards, which can be electronically loaded once the target behavior is completed.
  – Replace stores with prize delivery to unit.

Expanding CM during COVID-19
1. CM to incentivize hand hygiene and infection control protocols.
2. CM to aid in money management:
   • Many low-income individuals are receiving government subsidies during the pandemic.
   • Influx of money is a known risk factor for stimulant use relapse.
   • At our inpatient CM program, during the pandemic, patients develop an individual plan prior to receiving the subsidy, including specific goals for the money, and they receive vouchers if they adhere to these goals. Following this intervention, there was a reduction in AWOLs and relapses, although other factors may also be contributing to this outcome.

Reference / Bibliography
Full reference list available upon request.

Higgins, S. T., et al. (2000). Contingent reinforcement and relapses, although other factors may also contribute to this outcome.

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