

The Peers Expanding Engagement in Methamphetamine Overdose Reduction with Contingency Management (PEER-CM) Study

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Contingency management (CM)

01

CM is an **evidence-based behavioral therapy** for substance use disorders that provides **tangible incentives for behavior change**.

02

CM is the **most effective intervention for stimulant use disorder**.

03

CM is not well-studied within non-treatment frameworks but has the potential to **engage people who use stimulants**, especially when delivered by **peer recovery support specialists (peers)**.

De Crescenzo F. *PLoS Med*. 2018;15(12):e1002715.
Khazanov GK. *Addiction*. 2024 Sep;119(9):1505-1514.

Peer-Delivered Services

01

Peers are credentialed professionals in long-term recovery who work with clients across all stages of recovery and can offer **personal connection, motivation, and hope**.

02

Peers encourage **positive change driven by client's goals** and help people stay engaged and connected to services, which can foster longer-term successes.

03

Peers are **increasingly relied on** to deliver a range of traditional psychosocial services.

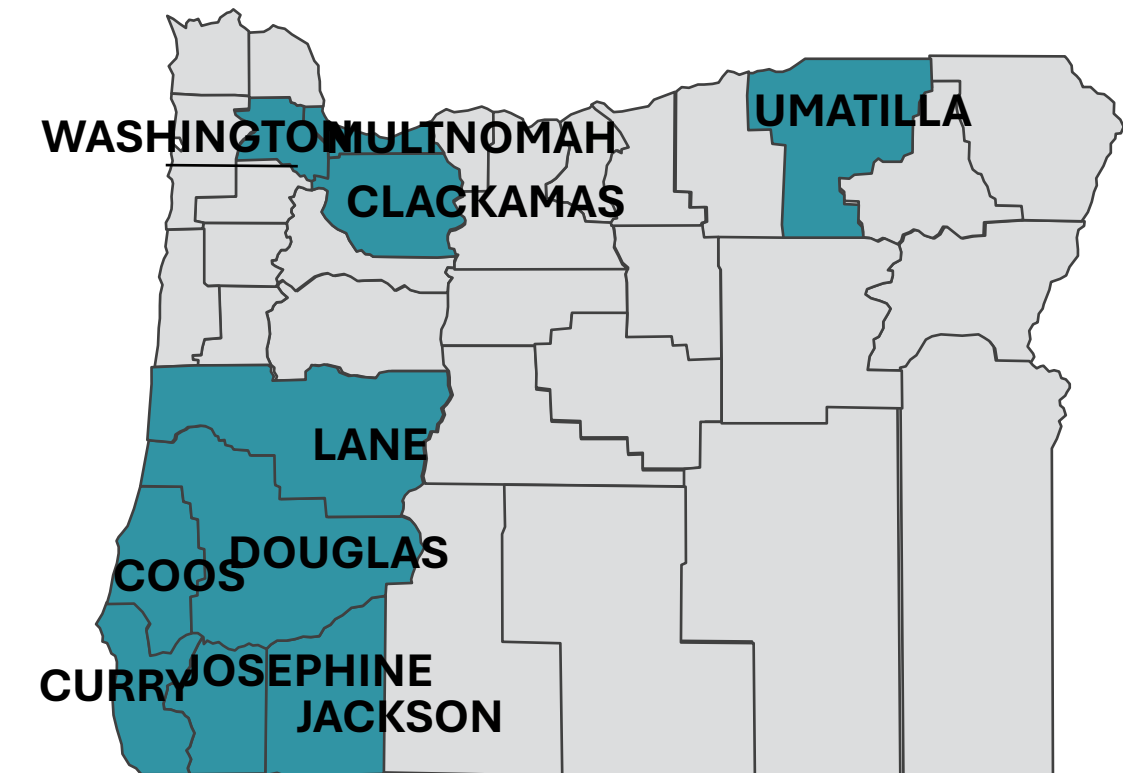
Peer Engagement in Methamphetamine Overdose Reduction with Contingency Management (PEER-CM)

The PEER-CM study aims to examine the impact of peer-delivered CM on reducing overdose and increasing engagement in treatment services among people using stimulants.

Inclusion criteria: 1) Past 30-day stimulant use and 2) Willingness to engage in peer services

Funding Support

- **Research:** National Institute on Drug Abuse (NIDA)
- **Implementation:** SAMHSA State Opioid Response
- **Incentives:** SAMHSA SOR and 3 CCOs (CareOregon, AllCare Health, Trillium Community Health Plan)



9 Participating Organizations (14 Sites)

- | | |
|---|---|
| <ul style="list-style-type: none">• 4D Recovery• Bay Area First Step• HIV Alliance• The Peer Company• Miracles Club | <ul style="list-style-type: none">• El Jardín• Painted Horse Recovery• Oregon Washington health Network (OWhN)• True Colors Recovery |
|---|---|

Study Design and Flow

Cluster randomized, stepped-wedge pragmatic trial

Standard of Care Arm starts at all sites

- Participants receive a \$20 gift card for completing a peer visit
- Participants can receive up to \$300

Enrollment ends at all sites

February 2024

June 2026

November 2023

December 2025

Intervention Arm starts

- Every 2 months 2 sites join the intervention arm
- Participants receive:
 - \$20 gift card for completing a peer visit
 - \$30 gift card for completing a goal-related activity
- Participants can receive up to \$600 for peer visits AND for completing self-identified goal-related activities

Implementation ends at all sites

PEER-CM Incentivized Goal-Related Activities

6 Domains	Examples of incentivized self-identified goals
Overdose/Overamping Prevention and Risk Reduction Planning	▶ Complete overdose prevention training and create a written plan ▶ Create a written substance use/risk reduction plan
Substance Use/Recovery Supports	▶ Schedule intake or appointment with a treatment program or addiction medicine provider
Daily Living, Routines, and Housing	▶ Complete requirements to get ID card ▶ Complete requirements to sign up for SNAP
Education, Employment, and Finances	▶ Gathering information about certification, trainings, courses, and programs ▶ Submit applications at specific places of employment
Mental, Physical, and Spiritual Health	▶ Make a doctor (primary care or specialist), dentist, eye appointment ▶ Start medication
Social, Recreational, Relationships, and Family	▶ Visit or assist relative. ▶ Attend leisure, recreational, or exercise activities

Primary Outcomes Analysis

Approach 1

Incentivized peer visits

VS.

Approach 2

Incentivized peer visits +
goal completion

Outcome: Time to first overdose or overamp

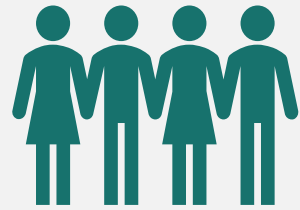
- Data collected by peers during check-ins approximately monthly

Analysis: Cox proportional hazards model

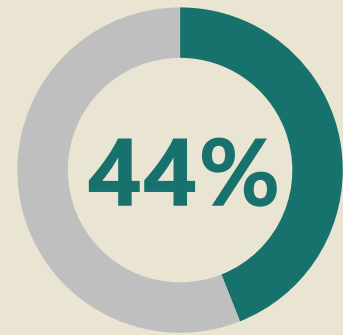
- Time-varying exposure status to account for switching into approach 2
- Stratification by calendar year to account for secular trends in overdose/overamp
- Robust standard errors to account for participant nesting within sites and peers



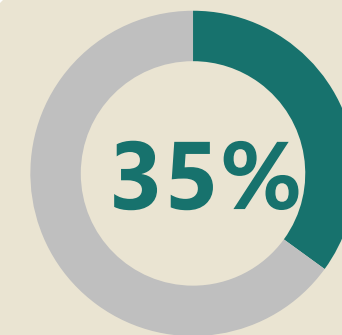
PEER-CM Participants: N = 1,313



Mean age: **41** | **62%** male | **57%** White | **69%** non-Hispanic | **64%** experienced homelessness



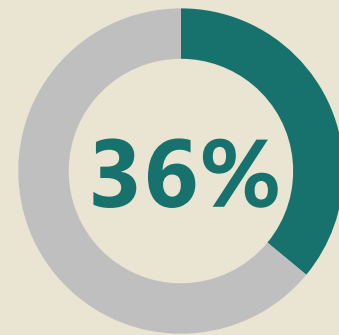
Experienced **overdose** or **overamp** in past 6 months



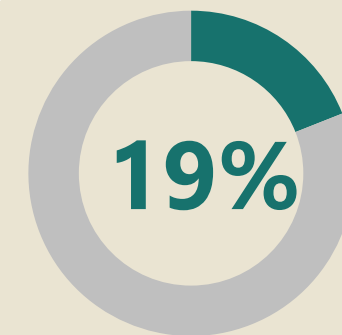
Reported **opioid** use in past 30 days



Experienced **overdose** in past 6 months



Experienced **overamp** in past 6 months



Received **SUD** treatment in past 6 months

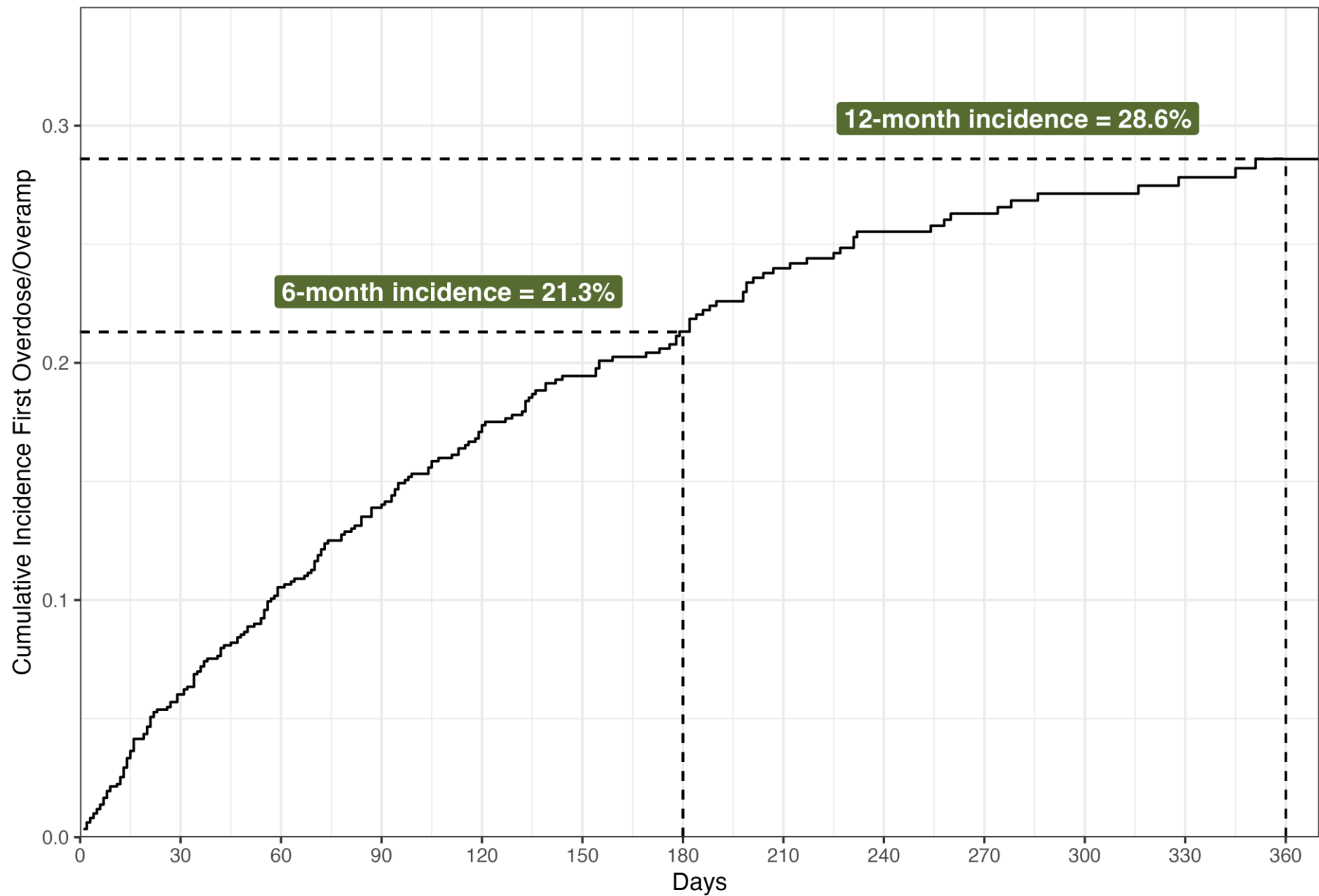


Participants completed **17,095** peer visits

Primary Aim: Reduce overdose/overamp

222 participants reported at least 1 overdose or overamp during the study period

Cumulative incidence of first overdose or overamp	
6 months	21.3% (18.4%, 24.1%)
12 months	28.6% (24.9%, 32.1%)

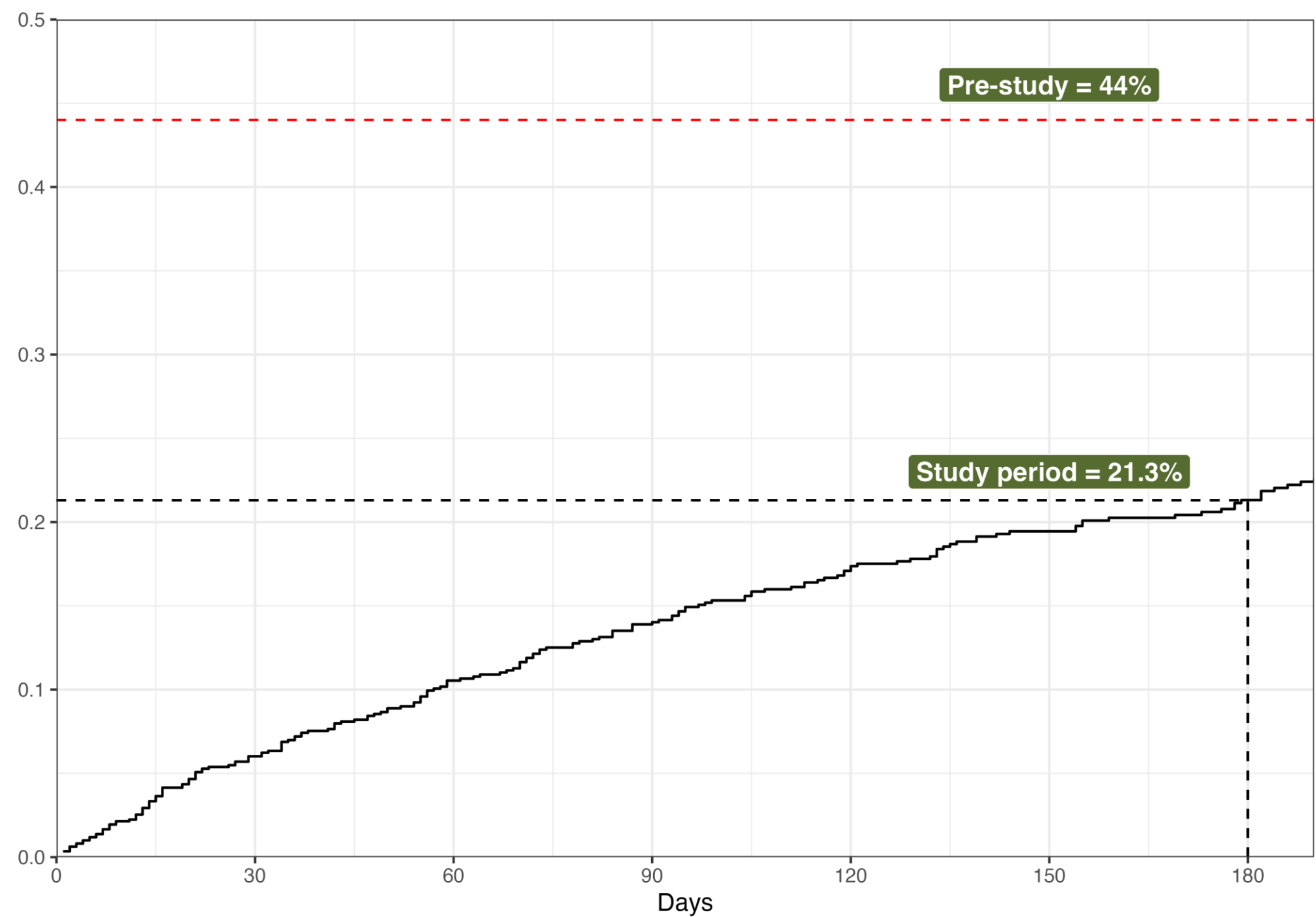


Primary Analysis

Approach 2 vs. 1	HR (95% CI)	<i>p</i>
Primary Outcome	0.75 (0.39, 1.43)	0.39
Overdose only	0.52 (0.20, 1.38)	0.19
Overramp only	0.91 (0.50, 1.63)	0.74

- There was **not a statistically significant** reduction in overdose/overramp in Approach 2 compared to Approach 1
- However, overdose/overramp rate was approximately **25% lower in Approach 2**
 - Driven by ~50% reduction in overdoses in Approach 2

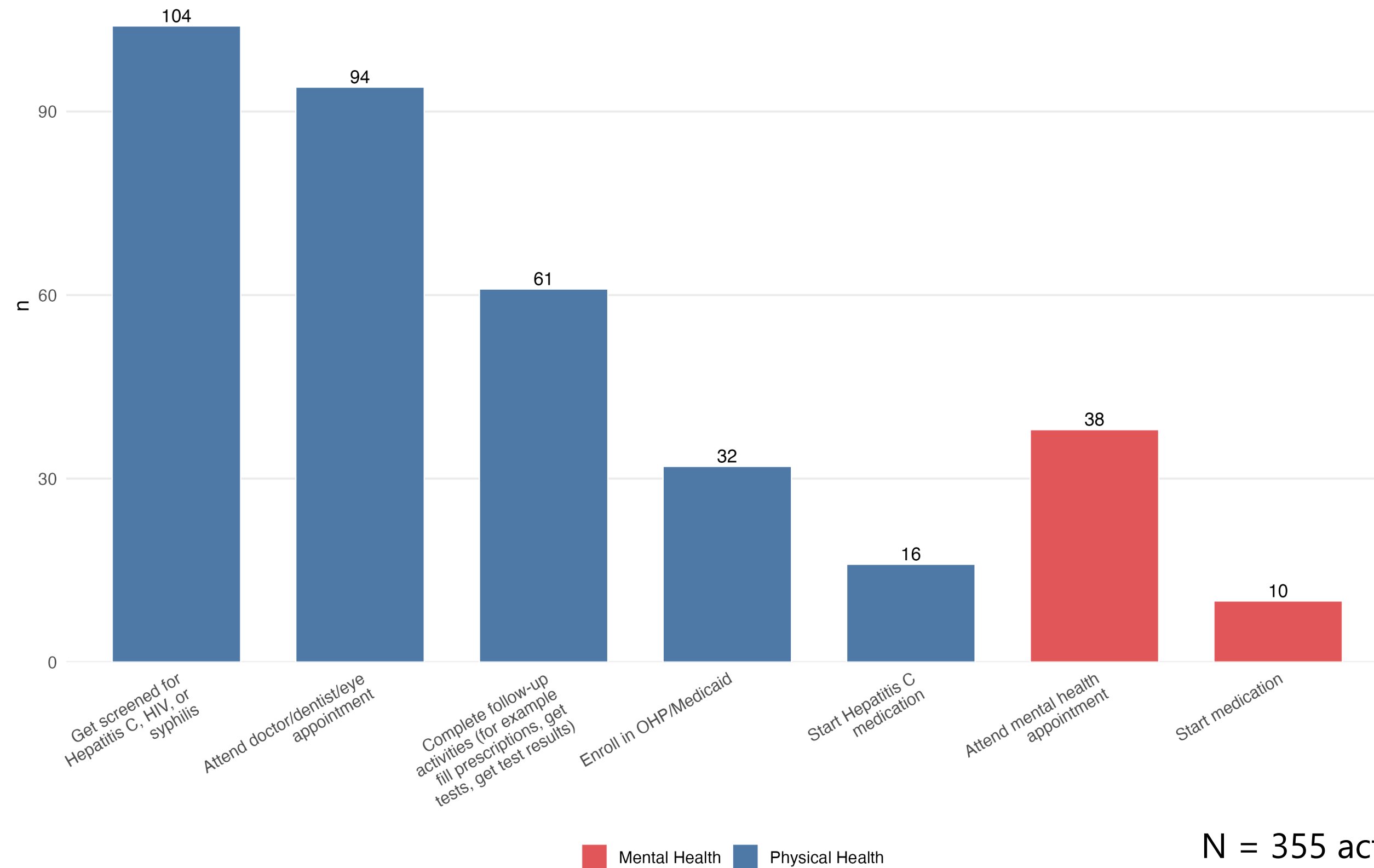
Comparison vs. Baseline



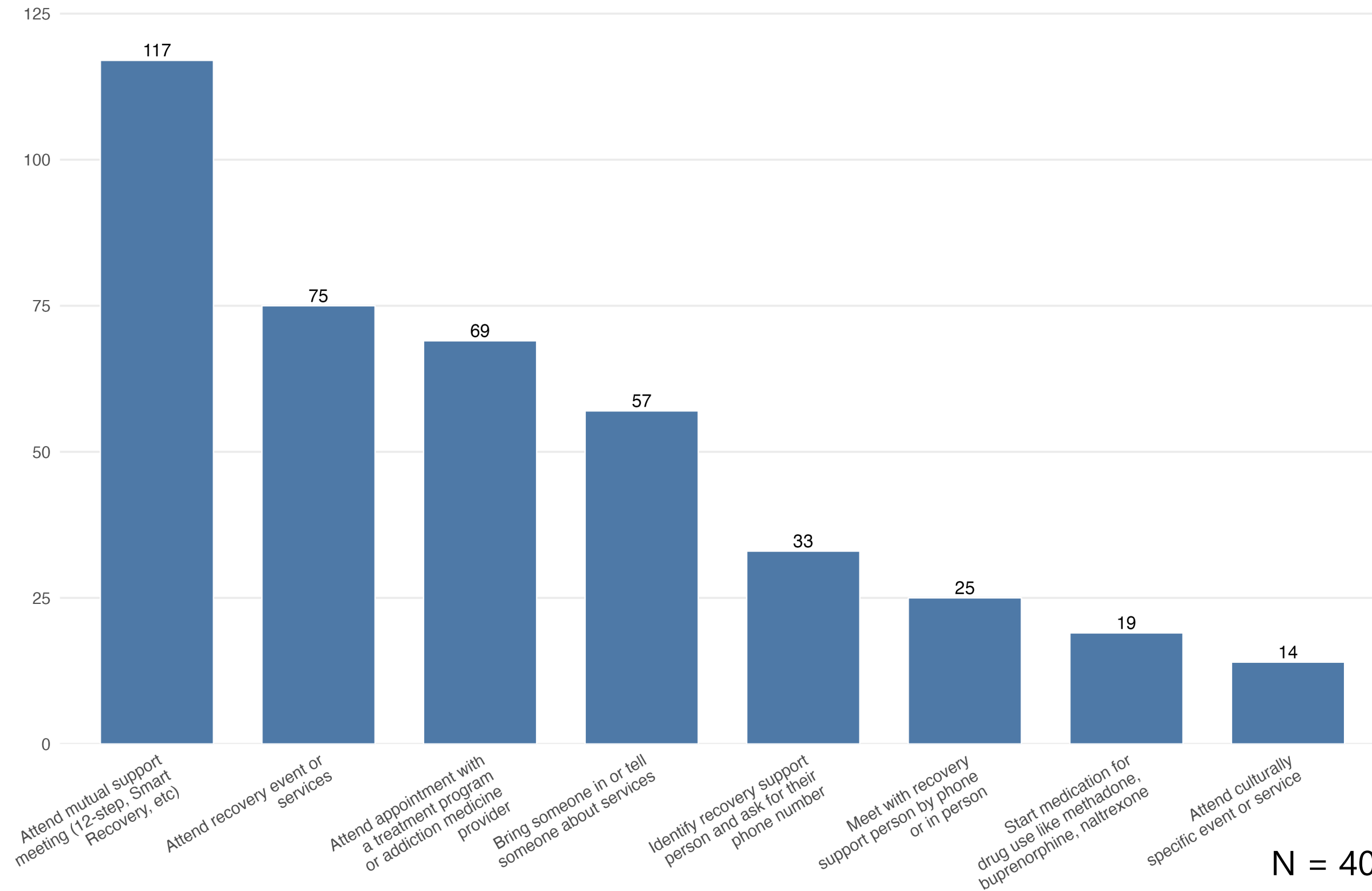
	Pre-Study	During study
Primary Outcome	44%	21.3% (18.4%, 24.1%)
Overdose	14%	6.3% (4.5%, 8.1%)
Overamp	36%	16.5% (13.9%, 19%)

- 6-month incidence rate of 21.3% across both approaches is **less than half** the self-reported baseline past 6-month rate of 44%

Completed Health-Related Goals



Completed Treatment-Related Goals



Other Important Preliminary Findings

Among the **534** participants with baseline and 6-month follow-up survey completed

Past 30-day drug use, homelessness, and negative mental health symptoms

- Any stimulant: 98% at intake → 81% at follow-up
- Methamphetamine: 94% at intake → 80% at follow-up
- Cocaine: 12% at intake → 5% at follow-up
- Experience homelessness: 62% at intake → 46% at follow-up
- Experienced serious anxiety/depression: 89% at intake → 80% at follow-up

Infectious disease testing

- Tested for HIV: 76% at intake → 87% at follow-up
- Tested for HCV: 75% at intake → 83% at follow-up
 - Completed/receiving HCV tx: 50% at intake → 71% at follow-up

Considerations and future direction

- PEER CM was truly "real-world" research
 - Peers, participants, data systems were intentionally not selected to be "optimal" for research. *These are real-life, not laboratory results.*
 - Approach 1 is not a placebo; study was powered to detect a larger effect than was observed.
- Goals set and achieved have not been fully analyzed or compared between Approaches.
- Future studies using peer-delivered CM have the potential to better understand under what conditions clients are most likely to achieve their self-identified goals.



Panel Discussion



Can you describe a specific example of what success looked like for one of your clients?



How did PEER-CM impact your ability to reach clients that are often described as hard-to-reach?



What concerns did you hear about peers delivering CM prior to starting PEER-CM?

What are your thoughts about those concerns now?



What is the benefit to CCOs investing in this work?



How could CCOs support PEER-CM?

Conclusions

CM can potentially serve as motivation for establishing and maintaining client relationships with peers.

Peer-delivered CM can help engage people who use stimulants and are at high risk of overdose/overamp in setting and achieving their goals.

Lower overdose and overamp rates during follow-up suggests both approaches may be effective.

THANK YOU

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Thank you to all the PEER-CM participants, peers, peer supervisors, researchers, and implementation staff who engaged in and supported this work! We are grateful for the amazing team who came together to make this project a success.
