

Can Cultural Adaptation Improve Contingency Management for Black Adults With Stimulant Use Disorder?

The Public Health Problem

Contingency management (CM) is highly effective for stimulant use disorder but remains poorly implemented, particularly in Black communities.

Stimulant-opioid poly-use contributed to an increase in overdose deaths from 0.6% in 2010 to 32.3% in 2021, while Black populations experienced 1.4 times the overdose rate of White populations and only 14% received SUD treatment in 2022.

Background

CM rewards drug-negative urine tests with small incentives. It remains the most effective evidence-based treatment for stimulant use disorder, since no medications are currently FDA-approved for the condition. However institutional and professional barriers have kept CM out of most community treatment programs.

Prior cultural adaptations of CM have focused mainly on American Indian and Alaska Native communities, leaving a gap for other groups disproportionately affected by stimulant use disorder, stimulant-opioid co-use, and related mortality.

What This Article Addresses

This protocol paper describes the Cultural Adaptation of Contingency Management (Cul-CM) study, the first effort to systematically and culturally adapt CM for Black adults with stimulant use disorder and test it in a pilot trial.

What They're Doing



A structured, stepwise process guides cultural adaptation.

The study uses the Assess, Decision, Adaptation, Production, Topical Expert, Integration, Training, Testing (ADAPT-ITT) framework together with the PEN-3 cultural model to guide each phase, from initial assessment through final testing.



Stakeholders help design the intervention from the start.

Community members, clinicians, individuals with stimulant use disorder, and their family members all contribute through surveys, interviews and focus groups.



Core CM elements stay intact while delivery is tailored.

The adaptation process preserves core mechanisms, like the reinforcement structure, while allowing delivery details, such as language, framing and incentive types, to be culturally tailored.

Opportunities for Action

The study findings highlight opportunities for:

Health Care Leaders & Providers

- Implement CM in Black communities while preserving its core elements.
- Provide cultural humility training for staff who deliver CM.

Payors

- Fund and reimburse culturally adapted CM to close access gaps.
- Look to VA and California's Recovery Incentives Program as models.

Researchers

- Test culturally adapted CM using effectiveness-implementation designs in new settings.
- Document stakeholder input and adaptation decisions for future transferability.

Patients & Families

- Ask treatment programs if CM is available and share preferences.
- Since no medications are FDA-approved, ask about contingency management specifically.

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