

Rewards treat alcohol abuse in those with mental illness

February 7 2017, by Judith Van Dongen

Researchers at Washington State University have shown that offering prizes - from simple shampoo to DVD players - can be an effective, low-cost treatment for alcohol abuse, the nation's third leading preventable cause of death.

The treatment was studied in Seattle-area participants with serious mental illness. Their lifespan is estimated to be 20-25 years shorter than the average person's.

A surprise benefit of the treatment was that it decreased study participants' tobacco and drug use.

Findings from the study, which appears in the current *American Journal of Psychiatry*, could expand treatment options for an estimated 15 million U.S. adults who abuse [alcohol](#).

Working with native populations

The next proposed study will look at treatment for those with severe alcohol addiction. Researchers also are working with American Indian and Alaska Native groups to determine if rewards could be used to combat [alcohol problems](#) in their communities.

Earlier studies looked at drug abuse

Previous studies have supported the effectiveness of rewards - known in health research as contingency management—as a treatment for [drug abuse](#). But their efficacy for treating [alcohol abuse](#) had not been definitively shown, said lead investigator Michael McDonell, an associate professor in WSU's Elson S. Floyd College of Medicine.

"Our findings suggest that contingency management is a feasible approach for people with alcohol problems," he said. "And it may be particularly effective in those with serious mental illness—such as schizophrenia and bipolar disorder—a high-cost and difficult-to-engage population."

Treating illness, abuse together

McDonell estimates about 12 percent of those with mental illness who abuse alcohol get treatment for both conditions simultaneously. So the majority typically receive separate treatments, which complicates their care and reduces the likelihood of successful outcomes, he said.

As a result, they are more likely to drop out of treatment, become homeless, require expensive psychiatric hospitalizations and have poor physical health.

"Using contingency management, we can treat their addiction at the same time as their [mental illness](#), which can impact not only their alcohol and drug use but also reduce smoking and improve health," he said.

Treatment requires few resources

A system of rewards also could help address the lack of access to [alcohol addiction treatment](#) in rural areas and other low-resource settings, McDonell said, since it is low cost and its administration requires little

investment and training.

"This can be done anywhere and by just about anyone," he said. "All you need to know is how to perform urine testing—which can be done with a simple dipstick - and give out prizes."

Prizes used in the study varied from necessities like shampoo, soap and clothing to \$20 jewelry, cooking supplies and gift cards to \$100 DVD players, microwaves and digital media players.

"The idea is that the prizes should help people who are new to recovery but also be fun and motivating," he said.

Decrease in alcohol use persists after treatment

The study followed 79 outpatients at a community mental health center in the Seattle area. About half received the 12-week rewards intervention, which offered small prizes for addiction treatment attendance and negative urine test results for alcohol use. The other half were assigned to a control group and were rewarded regardless of test results and [treatment](#) attendance.

Results showed that those in the reward group were three times less likely to test positive for alcohol use than control participants. The decrease in alcohol use persisted throughout the study's three-month follow-up period.

In addition, smokers in the intervention group were five times less likely to test positive for tobacco use than control participants. And cocaine use decreased by three times.

More information: Michael G. McDonell et al, A Randomized Controlled Trial of Ethyl Glucuronide-Based Contingency Management

for Outpatients With Co-Occurring Alcohol Use Disorders and Serious Mental Illness, *American Journal of Psychiatry* (2017). [DOI: 10.1176/appi.ajp.2016.16050627](https://doi.org/10.1176/appi.ajp.2016.16050627)

Provided by Washington State University

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