



 Voices

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There's an effective way to treat drug addiction — but you may not like it



In some programs, participants who provide a negative drug test receive vouchers, small amounts of cash or the opportunity to draw from a prize bowl. (John Moore / Getty Images)

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The Department of Health and Human Services recently [sought](#) advice from patients, clinicians and public health experts on addiction treatments supported by “rigorous, empirical evidence of effectiveness.” Health and Human Services endorses medications to address opioid addiction, but there are actually no medications to address addiction to stimulants such as cocaine and methamphetamine.

Three decades of pharmaceutical testing have come up empty, and with half of all fatal overdoses in the U.S. now involving stimulants, and with standard counseling frequently falling short, we have a pressing need for new and effective interventions.

The answer may come from a [proven](#) nonmedical remedy. A Stanford team’s examination of 157 clinical trials of treatments for cocaine, including both psychotherapy and medications, found little clinical benefit with one notable exception: [contingency management](#), a program that leverages motivational incentives, or “carrots,” to help shift an addict’s behavior. According to the Stanford analysis, these methods more than doubled the odds of someone testing negative for cocaine.

Methamphetamine — despite its [reputation](#) as being more addictive than cocaine and certainly more damaging to the brain — was shown to be [similarly responsive to contingency management](#).

In a typical scenario, a participant who provides a negative drug test receives a reward — a “reinforcer” — such as vouchers, small amounts of cash or the opportunity to draw from a prize bowl. Reward schedules are sometimes arranged so that each subsequent reinforcer is slightly larger than the last. If a drug test is returned positive, the value of the reward for that person is reset to a lower value.

Data suggest that the effects of contingency management programs are fortified when [administered together](#) with cognitive behavioral therapy or counseling. A review of 50 clinical studies of patients addicted to stimulants found that a reward system combined with a [community reinforcement approach](#) — where therapists encourage patients to extract gratification from their families and jobs as substitutes for the gratifications of drug use — reduced cocaine-positive drug tests by more than a third when compared with rewards alone.

Although contingency management has been studied in the context of stimulant addiction for more than 30 years, it wasn't applied at scale until 2011, when the Department of Veterans Affairs developed a [program](#) that's now administered in more than 110 VA medical centers.

Patients in these programs could receive vouchers for \$1, \$20 or \$100 that are redeemable in VA-run shops and canteen services. On average, participants received around \$200 in coupons over 12 weeks. From July 2018 through December 2020, stimulant-addicted patients in the Veterans Health Administration who [received](#) rewards were 41% less likely to die within a year versus a well-matched comparison group that was not part of a contingency management program.

Starting in 2021, states could apply for waivers that allow Medicaid funds to underwrite contingency management vouchers as part of their pilot programs. California was the first to jump in, launching a 24-week outpatient program in 2023. An interim evaluation found that the testing program reached about a quarter of all California Medi-Cal members who were in outpatient treatment for stimulant use. These programs proved to be [successful](#), as 75% to 95% of their drug tests came up negative for stimulants over 24 weeks.

As of early 2025, Delaware, Hawaii, Montana and Washington have also been [approved](#) for Medicaid waivers to experiment with rewards as intervention. Meanwhile, according to the [National Academy of State Health Policy](#), Michigan,

Vermont, Virginia and Arizona's Maricopa County have started contingency management programs with opioid settlement funds.

An [analysis](#) by the Washington State Institute for Public Policy found that programs offering total rewards of more than \$500 had a 78% chance of generating benefits that exceeded costs.

These optimistic results have led the American Society of Addiction Medicine and the American Academy of Addiction Psychiatry to [name contingency management](#) as the frontline treatment for stimulant-use disorder. In January 2025, the Biden administration [raised the cumulative cap](#) on federal grants from the Substance Abuse and Mental Health Services Administration for rewards to \$750 from \$75 per patient per year, provided that these awards are issued as gift cards or services rather than as cash.

Some believe we shouldn't be using tax dollars to "[pay](#)" those who use drugs to do what most of us do every day. Others worry that incentives may quash someone's internal motivation to quit, or that [patients](#) will relapse once an incentive-based treatment ends. Ideally, patients will eventually internalize the desire to stay off drugs because the rewards of recovery are more motivating than material incentives.

As one woman with a methamphetamine problem who participated in a rewards program in Portland, Maine, told the [New York Times](#): "I feel like being sober is payment enough, not waking up sick is payment enough, being trusted is payment enough."

However, the systematic data on the sustained effects of contingency management are mixed. Some [evidence](#) suggests that rewards lead to better long-term outcomes than other treatments, even after the incentives end. One study found that the effects of may ebb over time, but are more [durable](#) than changes seen from traditional treatments.

A 2023 [report](#) from the Office of the Assistant Secretary for Planning and Evaluation, part of Health and Human Services, concluded that the reward approach “is among the most effective treatments for promoting lengthier periods of abstinence during treatment, which is associated with a greater likelihood for long-term abstinence following treatment.”

Steps can be taken to prevent fraud and abuse by patients. Some programs in California have engaged tech companies to block debit card purchases related to gambling, tobacco, alcohol or firearms and some programs use mouth swabs to [prevent](#) substitution of a friend’s urine sample for one’s own.

We recognize that both clinicians and the general public have [misgivings](#) about “bribing” addicts to stop using drugs. To date, contingency management is the only treatment that yields consistently positive outcomes in combating the heavy abuse of stimulants and its devastating toll on mental and physical well-being.

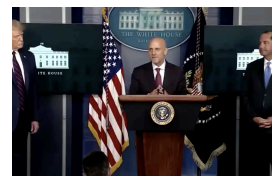
The strategy may challenge traditional views on who deserves public funds, but we urge the public and politicians to bite the utilitarian bullet. They should support generous funding for incentives to help addicted individuals regain control of their lives and become productive workers, citizens and family members.

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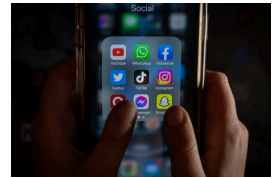
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