

# Contingency management for reducing heavy drinking among driving while intoxicated offenders

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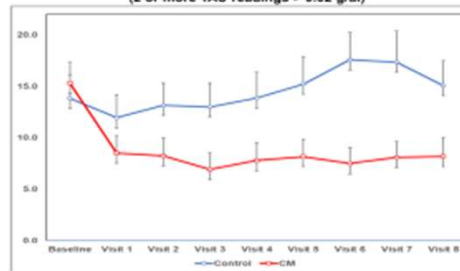
## BACKGROUND

- Driving while intoxicated (DWI) has been one of the most intractable public health problems associated with alcohol use, which accounts for considerable public health costs (≥\$236 billion; ≥ 10,000 deaths; ≥ 30% of fatal crashes).
- Limited treatment options for DWI in Bexar County, despite a high arrest rate (about 6,000/year).
- Transdermal alcohol monitoring (TAM) has been widely used in criminal justice systems for AID, while its clinical utility has not been well-understood.
- Partnership with Bexar County Pretrial Services and Recovery Healthcare, the regional provider of TAM, this study examines how contingency management (CM) combined with TAM technology reduces heavy drinking among DWI offenders.

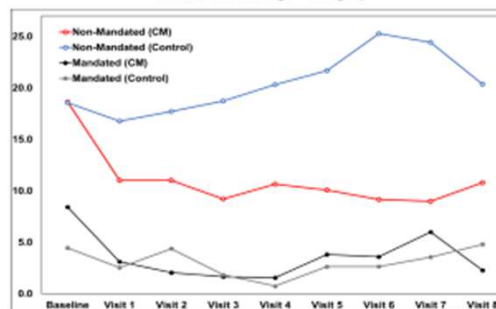


## RESULTS

Main effects of CM: percentage of heavy drinking days (2 or more TAC readings > 0.02 g/dl)



CM effects by supervision conditions: percentage of heavy drinking days (2 or more TAC readings > 0.02 g/dl)



## CONCLUSIONS

- **Clinical effectiveness of CM using TAM:** this study showed that CM using TAM can be effective in reducing problematic drinking among DWI offenders.
- **Adaptability of TAM-informed CM:** The advantage of the TAM-informed CM is its adaptability to be delivered as part of the routine pretrial supervision process rather than relying on costly specialty care.
- **Advantages for DWI arrestees:** Effect of CM reducing heavy drinking days was greater among non-mandated arrestees who voluntarily participated in the study. The result suggests that the TAM-informed CM can be effective for addressing problematic alcohol use for the majority of people in pretrial supervision who are not mandated to TAM monitoring.
- This has the potential to overcome the current access barriers for a large population of DWI arrested each year in Bexar County.

## METHODS

Recruitment	8-week intervention with TAM	Outcomes
<p><b>N = 217</b></p> <p>DWI arrestees</p> <p>(mandated = 73; non-mandated = 144)</p>	<p><b>CM group (n = 110)</b></p> <p>\$50 per week for no drinking (TAC level ≤ 0.02 g/dl)</p> <p><b>Control group (n = 107)</b></p> <p>Incentive deliveries yoked to contingency management group.</p>	<p>Reduction in the percentage of heavy drinking (2 or more TAC reading &gt; 0.02b/dl) days</p>

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