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More carrots, less sticks: the role of incentives in drug treatment

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Drug policy often adopts a threat-based approach to encourage drug users to enter treatment. In contrast, incentive-focused approaches offer an alternative way to enhance the motivation of drug users and promote effective long-term outcomes. Whilst appealing, significant ethical, practical and therapeutic complexities surrounding the use of incentives.

More carrots, less sticks: the role of incentives in drug treatment

In response to the finding that despite advances in drug treatment, long-term recovery rates remain stubbornly low, McKay (1) proposes an alternative vision of drug treatment. He argues for a greater focus on incentives to encourage take up and increase the likelihood of long-term abstinence. Acknowledging neuroscientific work on the negative impact of addiction on the executive functions of the brain, McKay (1) suggests that there is a heightened need for incentives. He proposes that these need to be built into national and local drug policies. This commentary reflects critically upon McKay's notion of incentive-based drug treatment. It draws upon political philosophical work on the ethics of incentives, specifically the work of Ruth Grant (2). It also engages with socio-legal and criminological work on compliance (3, 4).

McKay's (1) recommendations are important because so much of drug policy is premised on the threat of 'sticks' rather than the lure of 'carrots'. Two obvious examples in this respect are quasi-compulsory drug treatment for offenders and similar practices for benefit claimants. Both approaches are founded on the premise that drug users are incapable of exercising moral responsibility and therefore overt mechanisms are needed to regulate their behaviour so that they 'choose' the most appropriate course of action; for example, desistance from crime or seeking paid work. Threats – being imprisoned or the loss of state financial support – are perceived as necessary to channel, and arguably coerce, drug users into treatment. These threats loom large to encourage ongoing participation, although this may take the form of formal compliance (i.e. 'going through the motions') rather than substantive compliance based upon active engagement (4). Securing compliance through instrumental mechanisms such as threats may not promote internalised self-regulation in the way that normative mechanisms such as a desire to behave in a particular way might (3).

For McKay (1), incentives are defined broadly as 'positive, reinforcing activities and experiences in daily life – the activities that bring pleasure, enjoyment, engagement, excitement, hope for improvement, and a sense of belonging and purpose' (p.X). He refers specifically to employment and housing but we can add voluntary work or leisure activities related to music, sport and the arts. These appear to be benign and could, as McKay (1) argues make the hard work of recovery more attractive.

Grant's (2) position is that that incentives are a form of power. They are perceived positively as an alternative to coercion and persuasion because individuals choose whether to accept the incentives on offer. Examining this further we start to reflect upon the context in which they are offered. Limitations of space preclude a detailed analysis but we can raise two important questions here. The first to ask how incentive-focused drug treatment might manage 'failure'. Given that addiction is a chronic and relapsing condition, it is likely that those in treatment might struggle to remain abstinent. Will incentives serve as a form of 'social discipline', to be removed if an individual is not engaging in drug treatment?
The second is to ask about the motivations of those entering, and then remaining in, drug treatment. Incentives are intentionally designed to increase motivation through offering rewards for acting in a certain way. Like threats, they encourage extrinsic motivation which may lead to formal (potentially short-lived) compliance rather than substantive compliance

which is necessary for desistence from drug use. McSweeney et al. (5) explored the motivations of those 'coerced' into drug treatment via criminal justice processes and those who 'chose' to refer themselves to drug treatment. For both groups, the role of external influences (for example, family, friends, employers and social services) was important. Short-term treatment outcomes for both groups were broadly similar but little is known about the longer-term impact of using external motivators. There is scope for further research to establish a dynamic understanding of drug users' motivations for entering drug treatment, how they shift over time, and the link between motivation – in its different forms – and treatment outcomes, particular long-term ones.

McKay (1) ends the article by stating that implementing his recommendations would be challenging. Not least this is because it requires a rethinking of the current threat-based approach to drug treatment. As McKay (1) notes, an incentive-based approach requires financial investment and securing local and national support, both of which are difficult to secure in an era of austerity and when drug users are so highly stigmatised (6). In sum, it is a more problematic approach than it first appears and needs to be accompanied by consideration of the ethical, practical and therapeutic complexities raised when proposing the use of incentives in the context of drug treatment.

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