



*"Research & Training to Improve Clinical Care"*

**Principal Investigator:** Rick Ries, MD

**PI Title:** Medical Director Outpatient Psychiatry and Addictions Programs, Harborview Medical Center

Director, Addictions Division- Department of Psychiatry, University of Washington

**Affiliation:** Harborview Medical Center

**Short Name:** Contingency Management of Psychostimulant Abuse in the Severely Mentally Ill

**Date:** 7/1/06-6/30/08 Pending

**Sponsor:** National Institute of Drug Abuse (NIDA)

**Abstract:**

This proposal is a randomized Clinical trial of a contingency management (CM) paradigm focused on the treatment of methamphetamine, amphetamine, and/or cocaine abuse in severely mentally ill (SMI) patients attending an urban community mental health Center (CMHC). Despite a great deal of interest in the treatment of co-occurring disorders as well as in the growing problems of both methamphetamine (and its movement from more rural to urban settings) and cocaine abuse, there have been no published randomized trials of CM for the treatment of psycho-stimulant use disorders in the SMI population. The CM paradigm to be used is one which has been shown effective in several recent large clinical trials, using the variable magnitude of reinforcement procedure. The reinforcers will be vouchers or actual items useful for day to day living in this population. 200 SMI participants with co-occurring methamphetamine or cocaine abuse will be recruited from an urban CMHC and randomized to receive either the active CM paradigm plus treatment as usual (TAU), or TAU which will include the delivery of reinforcement for study involvement. The primary outcome is change in psycho-stimulant use (methamphetamine, amphetamine and/or cocaine). Secondary outcomes include: changes in use of other illegal drugs or alcohol; changes in CMHC treatment adherence; changes in psychiatric symptoms, quality of life, and community outcomes (homelessness, incarcerations, etc.). Additional outcomes to be measured include changes in drug craving, stage of change, nicotine use, and HIV risk status. This proposal is responsive to the NIDA Behavioral Therapies Development Program (PA-03-126) and its recent addendum encouraging development of behavioral and integrative treatment of methamphetamine abuse and dependence.

**Collaborators:** John Roll, PhD; Robert Short, PhD; Debra Srebnik, PhD

**Contact:** Rick Ries, MD, [rries@u.washington.edu](mailto:rries@u.washington.edu)