

CDUHR news

Center for Drug Use and HIV Research in the New York University College of Nursing

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“Infectious disease/global public health is one of our four main areas of research concentrations. The addition of CDUHR to the NYUCN will propel us forward in ways that will help make us a top tier leader in this area of science.”

Terry Fulmer, PhD, RN, FAAN, and Dean, NYU College of Nursing

CDUHR Moves to the New York University College of Nursing

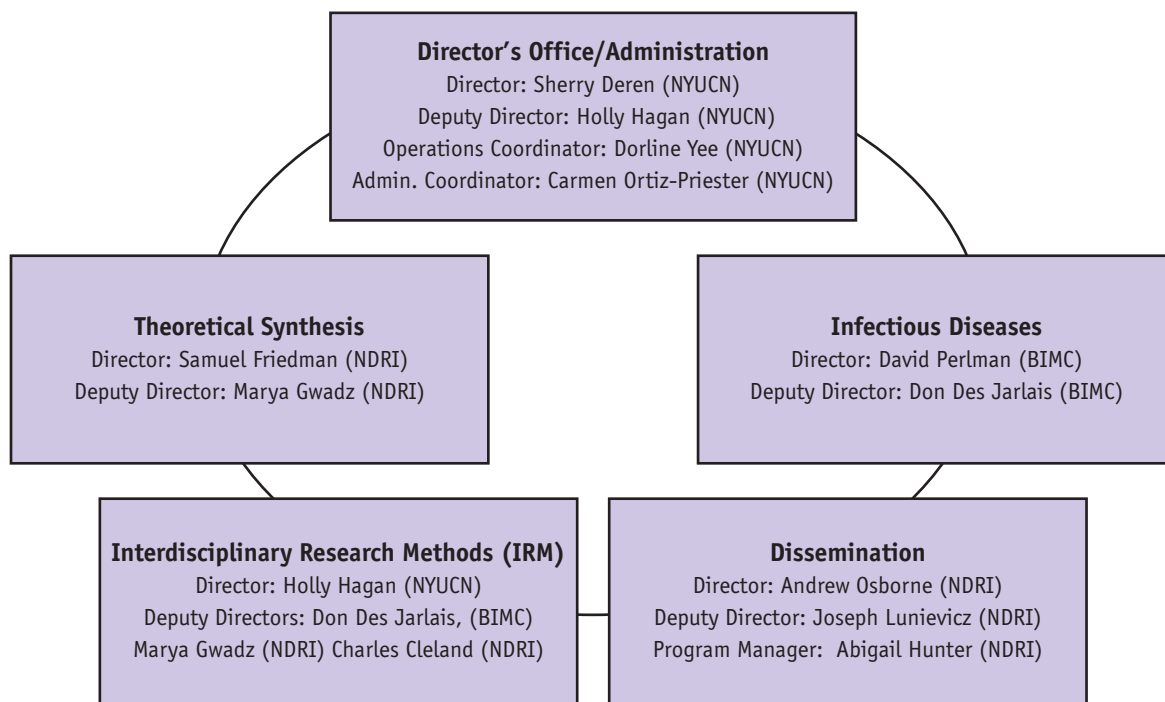
On April 1, 2009, the Center for Drug Use and HIV Research moved to the New York University College of Nursing. With this move, CDUHR has increased the number of affiliated investigators and institutions and expanded the opportunities for collaborations. CDUHR Core personnel and affiliated investigators, faculty and staff are now located at three locations. The Director’s Office/Administration Core for the Center (Sherry Deren, Ph.D., and Holly Hagan, Ph.D., Director and Deputy Director of CDUHR, respectively) is located at NYU. The Theoretical Synthesis and Dissemination Cores remain at the National Development and Research Institutes, Inc. (NDRI). The Infectious Diseases Core is located at Beth Israel Medical Center’s Chemical Dependency Institute (BIMC), and the

Interdisciplinary Research Methods Core is at all three institutions.

CDUHR continues to be dedicated to increasing the understanding of the drug use-HIV/AIDS epidemic, particularly among high-risk individuals. The Center will provide consultation and assistance to its affiliated members at the NYU College of Nursing, NDRI and BIMC for their research activities and will continue mentoring and developing new investigators.

The overall scientific aim of CDUHR is to facilitate interdisciplinary research on HIV and other infectious diseases among high-risk individuals by integrating expertise across multiple disciplines. The move to the NYU College of Nursing increases the probability for interdisciplinary research by creating opportunities for linkages between CDUHR-affiliated investigators and other NYU researchers who focus on HIV/AIDS and related topics. *(Continued next page)*

CDUHR Core Structure





Terry Fulmer

Among health care providers, nurses play a significant role in providing direct care to patients. Their breadth and depth of clinical experience has the potential to help widen the scope of research questions addressed by CDUHR-affiliated investigators, and to bring new investigators and a unique perspective into the area of HIV/AIDS research.

The Dean of the NYU College of Nursing, Dr. Terry Fulmer, has identified four areas of research to be developed in the College: 1) infectious diseases (including HIV and HCV) and global health, 2) chronic disease management, 3) geriatrics, and 4) nursing workforce.

This further expands the potential research areas to be explored by CDUHR-affiliated investigators since there are many topics that overlap across these focal areas.

With the move to the NYU College of Nursing, several faculty members have become re-affiliated or newly affiliated with CDUHR:

Michele Shedlin, Ph.D., Professor, will be a qualitative methods advisor to the IRM Core. Her current projects include:

- Substance Abuse and Health Vulnerability: Colombian Refugees in Ecuador (NIDA)
- ARV Adoption & Adherence in a US-Mexico Border Community-Based Clinic (NCMHD)

Shiela Strauss, Ph.D., Associate Professor and Co-Director of the Statistics and Data Management Core for the Colleges of Dentistry and Nursing, will be a quantitative methods advisor to the IRM Core. Dr. Strauss is Principal Investigator of a NIDA-funded study (since 2000) "Increasing HCV Knowledge and Service Use in Drug Treatment Programs" and "A Survey of Alcohol Reduction Policies in U.S. Opioid Treatment Programs," funded by the Robert Wood Johnson Foundation.

Ann Kurth, Ph.D., CNM, Professor and Director of Global Health Initiatives, is a newly-affiliated CDUHR investigator. Her current projects include:

- Computerized Counseling to Promote Positive Prevention and HIV Health in Kenya (NIMH)
- Reproductive Health Decisions and HIV Infection Risk (NICHD, J. Kiarie, Co-Principal Investigator)
- Translating an Evidence-Based Intervention into Spanish for a High-Need Population (Inst. Translational Health Sciences, U. Washington)
- Reducing HIV Disparities: Sexual Concurrency Communication (NICHD)
- Vaginal Health: An Innovative Biobehavioral Approach for HIV/STI Prevention (Puget Sound Partners for Global Health – Gates Foundation)

M. Katherine Hutchinson, Ph.D., RN, FAAN, Associate Professor, is a newly-affiliated CDUHR investigator. Dr. Hutchinson is the Principal Investigator on a NINR-funded four-year project "Development and Testing of a Jamaican Mother-Daughter HIV Risk-Reduction Program."

CDUHR will be enhancing the membership of its Advisory Boards to include nurses who will help develop recommendations on how the Center can integrate nursing research into its overall aims. Loretta Sweet Jemmott, Ph.D., RN, FAAN, Director of the Center for Health Disparities Research at the University of Pennsylvania School of Nursing has joined the Scientific Advisory Board.

HIV/AIDS Trainings at NDRI

The NDRI Training Institute (Andrew Osborne, Director) provides HIV/AIDS training for the NYS Department of Health AIDS Institute at no cost. The full schedule of courses from July–December 2009 is available at their website at www.training.ndri.org. CDUHR-sponsored training courses are scheduled to take place in October 2009. Check the Training Institute website in August for the complete schedule of these courses.

Staying Safe: Long-Term IDUs Who Avoided HIV and HCV

Principal Investigator: Sam Friedman, Ph.D.
 Project Staff: Pedro Mateu-Gelabert, Ph.D.,
 Co-Investigator/Project Director; Milagros Sandoval,
 Ethnographic Research and Analysis Coordinator;
 Peter Meylakhs, Postdoctoral Fellow
 Funding Agency: NIDA and FIC (through SUNY
 Downstate Medical Center)

Background and Objectives

Efforts to prevent HIV and hepatitis C virus (HCV) transmission among injection drug users (IDUs) have included increasing access to sterile needles through syringe exchange programs (SEPs) and behavioral interventions. These programs, particularly SEPs, have been effective in reducing HIV transmission. However, increasing sterile needle access has been less effective at preventing HCV transmission.¹

This study was developed to help understand how long-term IDUs have managed to remain uninfected with either HIV or HCV. The Staying Safe project aims to discover strategies, resources, practices, and prevention tactics that help IDUs to remain uninfected.

Participants and Methods

Thirty-five long-term IDUs, who have been injecting drugs between 8-15 years, were referred to the current study by other research projects or community based organizations (CBOs) in New York City. The projects, or CBOs, tested for HIV and HCV and subsequently notified the participants of their test results. Of the 35 long-term injectors, 21 were negative for HIV and HCV, three were infected with both HIV and HCV, and 11 were infected with HCV, but not HIV.¹

A positive deviance control case life history design² was used to compare qualitative life history data for these participants to identify strategies that seem to have reduced infection-related risks directly or indirectly.

Life history interviews were conducted by experienced qualitative interviewers/ethnographers. Life histories were elicited in two steps: 1) collaborating with the participants to draw a visual timeline of



Milagros Sandoval, Pedro Mateu-Gelabert, Peter Meylakhs, Sam Friedman

milestones in their lives. (This would serve as a reference for the remaining part of the interview); and 2) constructing a detailed biographical narrative about their history and experience with drug use. This included information on access to drugs, sexual experiences and relationships, medical history, institutional experiences (e.g., hospitalization, incarceration) knowledge and practices of HIV and HCV, and strategies and tactics to avoid stigma, high risk situations, other problems that drug users face, and infection. Interviews were transcribed and analyzed using qualitative software and grounded theory.²

Preliminary Findings

Reducing risk by avoiding withdrawal symptoms – During periods of heroin withdrawal, IDUs are more likely to engage in risky injection practices. Withdrawal can undermine the willingness and ability to inject safely, lead to injection in risky settings, increase the number of injection partners and seeking ad-hoc partners for drug or syringe sharing.³

One strategy was to sniff heroin when clean syringes were unavailable, another was to store “backup” bag(s) of heroin in places that were inaccessible or unknown to other users. Many made sure to have a “morning bag” or “wake up bag”, setting aside heroin the night before for their morning dose. Not having a sufficient dose of heroin after awakening often lead to full symptoms of withdrawal.³

“...It’s a back-up. See what I always do, I take a couple of bags put them on the side, put them somewhere where I can’t reach them... in case I don’t have money...”³ (Continued next page)

Finding ways to manage withdrawal when it occurs – When one user was unable to avoid withdrawal symptoms, he reported using prescription psychiatric medications as a backup. Another described “toughing it out” while he obtained clean syringes. A third user coped by working out at the gym; he began using methadone when his drug use increased and he suffered with more painful symptoms. These three users were HCV-positive, and HIV negative.¹

Reducing risk in risky settings – Some IDUs were aware of the increased risk of sharing syringes in certain situations and took precautions. For example, one participant carried multiple clean syringes when he attended shooting galleries. By carrying clean needles, he would have safe needles for his own use and could trade extras for drugs.³

Symbiotic goals maintaining social and resource support – Many of those uninfected with HIV and HCV seem to have protected themselves by pursuing “symbiotic” goals such as maintaining their economic and social support systems that had a side-effect of helping them to avoid risk.^{1,4} This support helped them retain employment and/or housing; for those who were homeless, it helped to maintain social respectability and to avoid high-risk injection situations. One user was able to spend an

occasional night with family or friends by being sure to treat them well. Another user had access to credit from owners at local bodegas.¹ Other users developed a system of credit with family or regular drug dealers. These relationships were maintained by always making sure to repay loans.³

Implications and Recommendations

Previous reports document users’ own micro-organization in the “streets” and/or formally organized harm reduction activities which mitigated the spread of HIV in several locations, including New York, Rotterdam, Central Asia and Buenos Aires.⁵ These results further demonstrate that IDUs are capable of formulating strategies and tactics which reduce their injection risk behaviors. Teaching such strategies to IDUs may help reduce HIV and HCV infection. Future research should investigate whether these strategies and tactics help keep IDUs uninfected.

Based on these findings, a curriculum was devised to help IDUs implement long-term staying safe strategies. These include avoiding high-risk contexts (e.g., shooting galleries) and circumstances of risk (e.g., heroin withdrawal), as well as remaining safe while in high-risk situations (e.g., carrying clean needles to shooting galleries).

1. Friedman, S. R., Sandoval, M., Mateu-Gelabert, P., Meylakh, P., & Des Jarlais, D. C. (in press). Symbiotic goals and the prevention of blood-borne viruses among injection drug users. *Substance Use and Misuse*.

2. Friedman, S. R., Mateu-Gelabert, P., Sandoval, M., Hagan, H., & Des Jarlais, D. C. (2008). Positive deviance control-case life history: A method to develop grounded hypotheses about successful long-term avoidance of infection. *BMC Public Health*, 8 (1), 94.

3. Mateu-Gelabert, P., Sandoval, M., Meylakh, P., Wendel, T., & Friedman, S. R. (in press). Strategies to avoid opiate withdrawal: Implications for HCV and HIV risks. *International Journal of Drug Policy*.

4. Mateu-Gelabert, P., Friedman, S., & Sandoval, M. (2007). Pinchase sin infectarse: Estrategias para prevenir la infección por el VIH y el VHC entre usuarios de drogas inyectables. *Trastornos Adictivos*, 9 (4), 260-268.

5. Friedman, S. R., de Jong, W., Rossi, D., Touze, G., Rockwell, R., Des Jarlais, D. C., & Elovich, R. (2007). Harm reduction theory: Users’ culture, micro-social indigenous harm reduction, and the self-organization and outside-organizing of users’ groups. *International Journal of Drug Policy*, 18 (2), 107-117.

Sam Friedman Receives the International Rolleston Award

Samuel R. Friedman, Ph.D., Director of the Theoretical Synthesis Core in CDUHR, was presented with the International Rolleston Award by the International Harm Reduction Association. This

award is given annually at their international conference to an individual “who has made an outstanding contribution to reducing harms from psychoactive substances at an international level.”



Sung-Yeon Kang

Gender Differences in Healthcare and Drug Treatment Utilization among Drug Users

Principal Investigator: Sung-Yeon Kang, Ph.D.

Co-Investigator: Sherry Deren, Ph.D.

Funding Agency: NIDA

Background and Objectives

Drug-using women and men differ in their health status, and their access and utilization of healthcare and drug treatment. HIV-positive drug-using women report more HIV-related symptoms and HIV-medication side effects, and greater difficulties in accessing healthcare and delays in initiating HIV treatment.¹ Drug-using women also receive less psychiatric services despite having more psychiatric or psychological problems (e.g., depression and anxiety).

Women who use drugs are more likely than their male counterparts to have partners who use drugs, to use heroin with their partners and to have partners at risk of being HIV-infected. Women enter into substance abuse treatment with higher addiction severity scores and receive less support from their spouses and families when they enter into treatment. Furthermore, women have lower retention and treatment completion rates in substance abuse treatment programs.¹

Using data collected from a dual-site study on Puerto Rican drug users, the current study examined factors related to gender differences in healthcare utilization and drug treatment utilization, and explored how relationship and social network characteristics impact drug treatment utilization.

Data and Methods

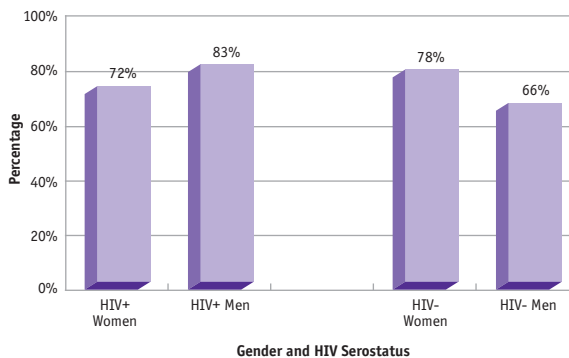
Data were analyzed from a study on the determinants of HIV risk behaviors among injection drug users (IDUs) and crack smokers recruited in East Harlem, NY and Bayamón, Puerto Rico.² The Alliance for Research in El Barrio and Bayamón (ARIBBA) study collected data between 1998 and 2003. The ARIBBA sample consisted of a total of 1799 participants (1200 from NY and 599 recruited from PR); 425 were women (308 in NY, 117 in PR) and 1374 were men (892 in NY, 482 in PR).³

All participants were recruited using street-outreach methods in the two communities. Inclusion criteria were: self-identification as Puerto Rican, age 18 or over, use of heroin or crack in the 30 prior days. Urinalysis was used to verify recent use of either drug. Data were collected using computer assisted interviews.

Findings

Factors associated with medical service utilization in NY – For women and men, having health insurance, depression, chronic medical problems, being HIV-positive and living with a spouse were related to utilization of medical services. Compared to men, women were more likely to utilize medical services when they were not depressed (77% vs. 68%). Among those who were HIV-positive, women were less likely than men to be accessing medical services in the past year (72% vs. 83%). However among those who were HIV-negative, women were more likely to be utilizing medical services (78% vs. 66%).⁴

Percentage of Men and Women Utilizing Medical Services in the Past Year



Factors associated with mental health service utilization in NY – For women and men, having health insurance, reporting sexual abuse, depression and chronic medical problems were associated with utilization of mental health services. Compared to men, women were less likely to be engaged in mental health services when depressed (27% vs. 37%), and more likely to be utilizing these services when they were not depressed (27% vs. 16%).⁴

Factors associated with drug treatment utilization in NY and PR – For women and men, being in NY (vs. PR), having health insurance and having previously been enrolled in

methadone treatment were related to current drug treatment utilization. Education was a significant predictor of drug treatment utilization among women, with those completing high school or GED less likely to be enrolled in drug treatment compared to women with less education. Education was not a significant factor among men for drug treatment utilization.³

Drug treatment utilization and relationship characteristics in NY and PR – For women, having had a physically abusive partner and having had sex with an IDU (typically a spouse), were related to drug treatment utilization. This association was not found among men. For men, those who were IDUs were more likely (compared to non-IDUs) to be

enrolled in drug treatment if they reported spending time with an IDU friend (41% vs. 17%).³

Implications and Recommendations

Medical and mental health services were underutilized by women and men despite high levels of chronic health problems and depression in this sample. The finding that 28% of HIV-positive women and 17% of HIV-positive men were not using medical services indicates the need for additional efforts to engage HIV-positive drug users in healthcare. Findings on gender differences on the utilization of medical and mental health service and drug treatment show the need for gender-specific research and interventions.

1. Kang, S. Y., Goldstein, M. F., & Deren, S. (2008). Gender differences in health status and care among HIV-infected minority drug users. *AIDS Care, 20* (9), 1146-1151.

2. NIDA-funded project: Puerto Rican Drug Users in NY and PR: HIV Risk Behavior Determinants (S. Deren, PI).

3. Kang, S. Y., Deren, S., & Colon, H. (2009). Gender comparisons of factors associated with drug treatment utilization among Puerto Rican drug users. *American Journal of Drug and Alcohol Abuse, 35* (2), 73-79.

4. Kang, S. Y., & Deren, S. (2009). Factors mediating and moderating the relationship between gender and utilization of health care among Puerto Rican drug users in New York. *Drug and Alcohol Dependence, 102* (1-3), 138-143.

NEW CDUHR PROJECTS

In this section of the newsletter, information regarding new CDUHR-affiliated projects are described.



Elizabeth A. Eckhardt

A Culturally and Linguistically Appropriate Deaf Depression Screener

Principal Investigator:

Elizabeth A. Eckhardt, Ph.D.

Project Staff:

Marjorie F. Goldstein, Ph.D., Co-Investigator;

Patrice Joyner, M.S.W., Project Director;

Roberta Berry, M.F.A., Senior Research Assistant;

Heather Paradise, Administrative Assistant

Funding Agency: National Institute of Mental Health

The purpose of this study is to develop a computerized, self-administered, culturally and linguistically accessible depression screener in American Sign Language (ASL) for use with deaf adults. Depression is the most common mental health condition managed in primary care settings. Early identification and treatment significantly decrease the negative impact of depression in most patients.

While there are several written depression screeners available for the general population for use in primary care settings, these screeners are not suitable for use with deaf persons who identify as culturally deaf and who use ASL as their first and most comfortable language. A pilot study conducted by the current research team has demonstrated that individuals who are culturally deaf may not share the same concept of depression as developers of depression screeners. Therefore, even in settings where interpreters or signing practitioners are available, these screeners may not yield meaningful results. Deaf persons are further disadvantaged in having cultural barriers that influence the likelihood that they will seek mental health screening and treatment. The depression screener will be linked to DSM-IV criteria and will be available for use by primary care physicians, emergency room physicians and other health and service agency staff who serve deaf patients.

December 2008 – June 2009

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CDUHR-Affiliated Investigators' Projects

New York University College of Nursing

ARV Adoption & Adherence in a US Mexico-Border Community-Based Clinic (NCMHD)
PI: Michele Shedlin, Ph.D.

Computerized Counseling to Promote Positive Prevention and HIV Health in Kenya (NIMH)
PI: Ann E. Kurth, Ph.D.

Development and Testing of a Jamaican Mother-Daughter HIV Risk-Reduction Program (NINR)
PI: M. Katherine Hutchinson, Ph.D.

HIV Prevention Trials Network Study 064 (NIAID)
Subcontract PI: Holly Hagan, Ph.D. (W. El-Sadr, PI)

Increasing HCV Knowledge and Service Use in Drug Treatment Programs (NIDA)
PI: Shiela M. Strauss, Ph.D.

An Intervention for Migrant Puerto Rican Drug Users (NIDA)
PI: Sherry Deren, Ph.D.

National HIV Behavioral Surveillance: New York City (CDC)
PI: Holly Hagan, Ph.D.

Reducing HIV Disparities: Sexual Concurrency Communication (NICHD)
PI: Ann E. Kurth, Ph.D.

Reducing HIV Transmission by Promoting Sexual Health among Drug Users (NIDA)
PI: Holly Hagan, Ph.D.

Reproductive Health Decisions and HIV Infection Risk (NICHD)
PI: Ann E. Kurth, Ph.D. (J. Kiarie, Co-Principal Investigator)

Substance Abuse and Health Vulnerability: Colombian Refugees in Ecuador (NIDA)
PI: Michele Shedlin, Ph.D.

A Survey of Alcohol Reduction Policies in U.S. Opioid Treatment Programs (RWJF)
PI: Shiela M. Strauss, Ph.D.

Translating an Evidence-Based Intervention into Spanish for a High-Need Population (Inst. Translational Health Sciences, U. Washington)
PI: Ann E. Kurth, Ph.D.

Vaginal Health: An Innovative Biobehavioral Approach for HIV/STI Prevention (Puget Sound Partners for Global Health – Gates Foundation)
PI: Ann E. Kurth, Ph.D.

National Development and Research Institutes, Inc.

Adaptation to High School among Affluent Youth: Stress and Effective Coping Strategies (Engelhard Foundation)
PI: Marya Viorst Gwadz, Ph.D.

Community Vulnerability and Response to IDU-Related HIV (NIDA)
PI: Samuel R. Friedman, Ph.D.

Computer Delivery of Effective, Psychosocial Interventions in Methadone Treatment (NIDA)
PI: Lisa A. Marsch, Ph.D.

A Culturally and Linguistically Appropriate Deaf Depression Screener (NIMH)
PI: Elizabeth Eckhardt, Ph.D.

Dynamics of Retail Methamphetamine Markets in New York City (NIJ)
PI: Travis Wendel, J.D.

Enhancing HIV Partner Notification Through Peer Educators (NIMH)
PI: Marjorie F. Goldstein, Ph.D.

Feasibility of Recruiting Nondisclosing Black MSM/W for Drug/HIV Research (NIDA)
PI: Ellen Benoit, Ph.D.

Gender Differences in Healthcare and Drug Treatment Utilization among Drug Users (NIDA)
PI: Sung-Yeon Kang, Ph.D.

HIV Knowledge and Risk among Deaf Adolescents (NIDCD)
PI: Marjorie F. Goldstein, Ph.D.

HIV/STD Infection in an Urban High Risk Population (NIDA)
PI: Larry Nuttbrock, Ph.D.

Peer-Driven Intervention to Enroll Minorities/Women in HIV/AIDS Clinical Trials (NIAID)
PI: Marya Viorst Gwadz, Ph.D.

Prevention Intervention for Drug Use & Related Behaviors with Incarcerated Youth (NIDA)
PI: Noelle R. Leonard, Ph.D.

Science-Based Treatment for Opioid-Dependent Adolescents (NIDA)
PI: Lisa A. Marsch, Ph.D.

Staying Safe: Long-Term IDUs Who Avoided HIV & HCV (NIDA)
PI: Samuel R. Friedman, Ph.D.

Beth Israel Medical Center

HIV and Hepatitis Care Coordination in Methadone Treatment (NIDA)
PI: David C. Perlman, M.D.

HIV Infection in Ethnic Minority IDUs: An International Systematic Review (NIDA)
PI: Don C. Des Jarlais, Ph.D.

Risk Factors for AIDS Among IDUs (NIDA)
PI: Don C. Des Jarlais, Ph.D.

Secondary Analysis of Alcohol and Sexual and Injection HIV-Risk Behaviors (NIAAA)
PI: Kamyar Arasteh, Ph.D.

WHO Survey Coordinating Center, Drug Injecting Study- Phase 2 (WHO)
PI: Don C. Des Jarlais, Ph.D.

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Carmen Priester, Administrative Coordinator

Dorline Yee, Operations Coordinator, Managing Editor, Writer

Josh Orlean, Designer

For information, or to be added or removed from our mailing list, contact:

Center for Drug Use and HIV Research
New York University College of Nursing
726 Broadway, 10th Floor
New York, NY 10003

Telephone: 212-998-5300

Fax: 212-995-3143

Website: <http://www.cduhr.org>

E-mail: cduhr.nursing@nyu.edu