

CDUHR news

Center for Drug Use and HIV Research

in the Institute for AIDS Research at the National Development and Research Institutes, Inc.

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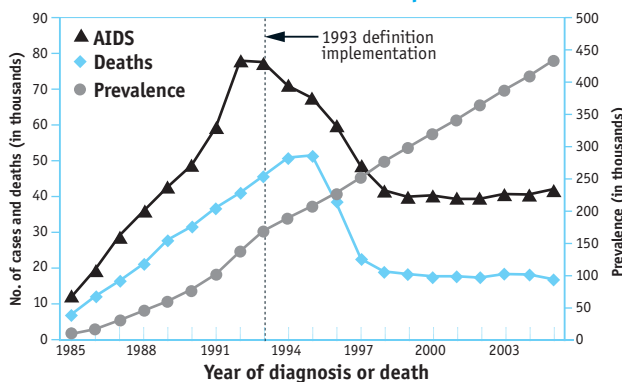
Major themes which emerged in the conference included: the clinical challenges of dealing with co-occurring disorders and the long-term side effects of HAART, issues of adherence, and disparities in access to care.

New York HIV Research Centers Consortium 2007 Scientific Conference

The New York HIV Research Centers Consortium held its fourth scientific conference entitled “Living with HIV: Challenges for Interdisciplinary Research” on November 27, 2007 at the Kimmel Center, New York University. Funding for the conference was provided by amfAR, The Foundation for AIDS Research and the New York/New Jersey AIDS Education & Training Center (AETC).¹ The conference was attended by 130 researchers, clinicians and community-based service providers.

With the advent of highly active antiretroviral therapy (HAART) in the U.S., the numbers of AIDS cases and deaths have declined while the number of individuals living with HIV has risen and it has been estimated that this number will increase over time. The goals of the conference were to: 1) educate and update the HIV research and service communities about the challenges for these individuals and their health care providers in managing HIV infection, maximizing quality of life and minimizing unsafe sexual and drug-related risk behaviors; and 2) provide a forum to discuss potential areas for interdisciplinary research. Following is a summary of some of the major points presented by the panel speakers.*

AIDS Cases, Deaths, and Persons Living with AIDS, 1985–2005—United States and Dependent Areas



Note. Data have been adjusted for reporting delays.

Source: CDC

Panel I - Behavioral and Medical Perspectives on HIV Infection

Prevention with Positives: A Critical Literature Review *Ron Stall, PhD, MPH*

- It is most effective to intervene and conduct prevention activities with the small minority of HIV-infected individuals than the population as a whole.
- Interventions with positives have been shown to be effective when they incorporate skills building, are delivered by health care providers or professional counselors, in settings where HIV-positive individuals receive care, are delivered for longer duration (more than 20 hours over at least 3 months of time), and address multiple HIV issues (e.g., adherence, HIV risk).
- Recommendations were made for intervention “cocktails” that include multi-level strategies to reduce risk and also address access to HAART treatment, co-morbid conditions, and supportive policies to reduce risk (e.g., syringe exchange).

HIV and Aging *Robert S. Klein, MD*

- There are increasing numbers of older individuals with HIV. In general, older Americans know less about how HIV is transmitted than younger people and are less likely to discuss sex or drug use with their physician or health care provider.
- Studies suggest an increased rate of bone density loss among individuals with HIV. Those taking protease inhibitors showed significantly lower bone density.
- Early in the AIDS epidemic, dementia was common (over 50%) in advanced cases prior to death. HAART has decreased the prevalence of dementia but increased the proportion of individuals living with milder neurocognitive impairment.

*Panel Presentations may be downloaded at: <http://cduhr.ndri.org/nyhiv/pastConference.aspx?confID=1005>

(Continued next page)

Cardiac Disease and Cancer Among HIV Infected Persons *Judith A. Aberg, MD*

- Life expectancy for persons treated with HAART now approximates that of the general population. The challenge is to avoid cardiovascular risks that can increase with hypertension and diabetes.
- Results from studies on cardiovascular risk (e.g., LDL levels and triglycerides) for patients with HIV and those on HAART are inconsistent. However, there is an increased risk for coronary heart disease among those with HIV compared with the general population.
- There is an increased risk for certain types of cancer (Kaposi's sarcoma, Non-Hodgkin's lymphoma, cervical cancer) among HIV-infected individuals.

Panel II - Access to HIV Care

Delay from Testing HIV Positive until First Receipt of Care and Consequences of Fragmented Care for HIV *Barbara J. Turner, MD*

- About one-third of patients delayed initiating HIV care for more than three months after testing HIV-positive. Characteristics associated with delayed care included being African-American or Latino, or being an injection drug user. In addition, heavy alcohol use and cocaine or heroin use in the past year were associated with delaying HIV care.
- Recommendations included the need for greater integration of services (e.g., onsite medical care in drug treatment programs, and onsite drug treatment in medical settings).

Access to Care and Health Disparities in New York City *M. Monica Sweeney, MD, MPH*

- In the U.S., 1 in 250 are living with HIV; in NYC, 1 in 70 are infected. Among African-Americans in NYC, 1 in 40 are infected; 1 in 5 African-American men in Manhattan are infected

with HIV. HIV/AIDS is generally concentrated in the poorest neighborhoods of NYC.

- Approximately 1 in 6 New Yorkers lack health insurance. Hispanics have the highest proportion of individuals without health insurance (25%). Those who lacked health insurance were more likely to have household incomes of less than \$25,000 a year and live in poorer neighborhoods; they were also more likely to be born outside the U.S.
- African-Americans and Latinos were more likely to use the emergency room for regular care regardless of insurance coverage.

Structural Models of Entry and Maintenance in HIV Care *Terri D. Jackson, MA*

- Studies show that individuals in coordinated care have better medical indicators, greater positive changes in health-related quality of life measures, were more satisfied with overall service quality and were more likely to remain in care.
- GMHC provides a coordinated care model including: case finding, assessment, case management, and a broad range of services (e.g., substance abuse and mental health treatment, HIV treatment and adherence counseling, workforce development, financial management and nutrition counseling).
- Recommendations for coordinating care with primary medical care settings include having an interdisciplinary staff participate in workgroups with primary care providers and providing opportunities for both groups to learn about each other's environments and tradition of service delivery.

Panel III - Adherence and Continuity of HIV Care: Special Populations

Adherence with Antiretroviral Therapy among Substance Users *Julia Arnsten, MD, MPH*

- Adherence measures can include self-report, pill counts or electronic monitoring; each method has strengths and weaknesses and has been found to be related to viral load.
- Barriers to adherence include: active (not former) drug or alcohol use, inadequate substance abuse treatment, lack of social stability or support, lack of belief in medications, poor "fit" with routine, mental illness and medication side effects.
- Directly Observed Therapy (DOT), where patients are observed taking their HIV medication, has



Panel II Speakers: Terri Jackson, Barbara Turner & M. Monica Sweeney

shown some promise in improving adherence among drug users and should be based on individual adherence behavior.

Transitional Care for HIV and AIDS from Adolescence to Adulthood

Jeffrey M. Birnbaum, MD, MPH

- There are differences between adolescents infected perinatally versus those infected behaviorally. The former are more likely to be in more advanced stages of HIV disease, have a history of opportunistic infections with complications, and had HAART exposure and are therefore more likely to have multi-drug resistance.
- Models of HIV care for adolescents tend to be multidisciplinary and teen-focused with primary care integrated into HIV care. Transitioning into adult care is difficult because it is based on a strict medical model which does not account for issues faced by adolescents transitioning into adulthood.
- Skills needed for a successful transition into adult care include knowing when to seek medical care, being able to identify and describe symptoms, negotiating multiple provider visits, establishing a relationship with a new case manager, and understanding entitlements and health insurance.

Challenges of Adhering to Multiple Treatment and Care Regimens: The Example of Severe Mental Illness

Francine Courmos, MD

- Almost half of HIV-positive medical patients also have a psychiatric disorder. Individuals with severe mental illness engage in high rates of unsafe sexual behaviors and are more likely to have comorbid alcohol or drug use.
- Some treatments for severe mental illness could be adapted in improving adherence to HIV care. They include: residential care which would afford

opportunities for supervision and interventions (e.g., DOT); assertive community treatment where there is outreach and treatment can be provided in the home or community; or involuntary outpatient commitment where failure to adhere to recommended treatment results in transfer to a health care facility.

- Additional approaches requiring research include long-acting injectable medication, care and treatment alternatives to incarceration and use of inpatient commitment as an alternative to incarceration.

Panel IV - Trends in Funding Research on HIV-Positive Populations

Representatives from amfAR, the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA) and the National Institute of Allergy and Infectious Diseases (NIAID) presented research priorities for their respective organizations. This was followed by a discussion and question and answer session with conference participants. Information on funding opportunities may be found on their websites:

- amfAR – www.amfar.org
- NIMH – www.nimh.nih.gov
- NIDA – www.nida.nih.gov
- NIAID – www.niaid.nih.gov

Summary and Recommendations

The need to integrate medical and sociobehavioral perspectives in the management of long-term HIV infection was highlighted across panel presentations. Some major themes emerged including the clinical challenges of dealing with co-occurring disorders and the long-term side effects of HAART, issues of adherence (particularly among drug users, the homeless and those with severe mental illness), and disparities in access to care. Addressing these challenges will require interdisciplinary models of care and research.

1. Additional sponsorship for the conference was provided by the following Centers:
 - Center for Drug Use and HIV Research at NDRI (Sherry Deren, Ph.D., Director)
 - HIV Center for Women and Children at SUNY Downstate Medical Center (Jack A. DeHovitz, M.D., M.P.H., Director)
 - HIV Center for Clinical and Behavioral Studies at the NYS Psychiatric Institute and Columbia University (Anke A. Ehrhardt, Ph.D., Director)
 - Center for Health, Intervention and Prevention at the University of Connecticut (Jeffrey Fisher, Ph.D., Director)
 - Center for Health, Identity, Behavior & Prevention Studies at NYU (Perry Halkitis, Ph.D., Director)



Panel IV: Jane Silver (Chair), Rowena Johnson(amfAR), Christopher Gordon (NIMH), Jacques Normand (NIDA) & Nabila Wassef (NIAID)



Travis Wendel

Dynamics of Retail Methamphetamine Markets in New York City (NIJ)

Principal Investigator: Travis Wendel, J.D.

New York City methamphetamine markets have received little attention until recently, with increasing levels of methamphetamine use in the MSM community and associated HIV risk behaviors. Law enforcement agencies confirm that methamphetamine markets exist in New York City. Published research on methamphetamine use has largely focused on MSM with little information on markets and distribution, or use outside MSM communities. To better understand these markets, the current study will recruit NYC methamphetamine users and distributors using respondent driven sampling. The study will: 1) document and describe the demographics and drug use behaviors of participants in the NYC methamphetamine markets; 2) analyze data on the social networks of users, buyers and sellers of methamphetamine; and 3) examine the market behaviors of users, buyers and sellers. To accomplish these aims, the project will conduct secondary data review, focus group and key informant interviews and ethnographic observation in settings where sellers and users congregate. Structured individual interviews will be conducted with users and distributors to obtain quantitative and qualitative data. A one month follow-up interview will explore changes in membership and distribution networks and the short-term dynamics of the market. Findings from the study will provide information for policymakers and practitioners.



Marjorie Goldstein &
Corrine Munoz-Plaza

Enhancing HIV Partner Notification through Peer Educators (NIMH)

Principal Investigator: Marjorie F. Goldstein, Ph.D.
Project Staff: Corrine Munoz-Plaza, M.P.H.,
Principal Research Associate

It has been estimated that over 40,000 individuals in the U.S. become infected with HIV annually and that approximately one-quarter of them are unaware of their infection. Partner notification (PN) may potentially be an effective strategy for reaching those who are unaware of their HIV exposure. However, little research has been conducted on how to enhance partner notification. This study will modify an existing curriculum for training HIV+ peers to communi-

cate about partner notification. The PN education program will train peers to impart PN information, address motivational issues and help develop skills. The program will be implemented and evaluated in three different types of venues: a drug treatment program, an HIV primary care medical clinic and a community service agency for HIV+ individuals. Feasibility of the program will be assessed through observation of education activities and interviews with staff. Efficacy data will be obtained by assessing changes in knowledge, attitudes and use of PN for the trained peers and the clients/patients in the three venues. In addition, trends in PN reports to the New York City Department of Health and Mental Hygiene will be examined. Results of this study will be used to develop a large-scale trial to assess the effectiveness of a peer education program on enhancing partner notification among HIV+ persons.



Sung-Yeon Kang

Gender Differences in Healthcare and Drug Treatment Utilization among Drug Users (NIDA)

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

Research has shown that there are gender disparities in healthcare and drug treatment utilization. For example, compared to men, drug using women have lower retention and completion rates in drug treatment programs and receive less medical and psychiatric services, despite having poorer physical and mental health. They are also less likely to receive HIV medications, and when they receive HAART, are less likely to adhere to treatment regimens. Factors contributing to these differences are not fully understood. This project will examine factors related to gender differences in utilization of healthcare and drug treatment through secondary analysis of data from an earlier CDUHR two-site study on Puerto Rican injection drug users and crack smokers.* The two sites studied, New York and Puerto Rico, provide a comparison for the same ethnic group in two communities with different levels of healthcare and drug treatment availability. In addition to examining factors related to gender disparities in health care, and how they vary in NY and PR, the study will

also assess whether predictors of HIV medication use differ between men and women over time. Findings will be useful in developing gender-specific interventions to improve healthcare and drug treatment utilization among drug-using women.

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

Reducing HIV Transmission by Promoting Sexual Health among Drug Users (NIDA)

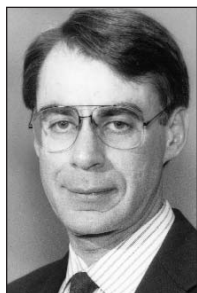
Principal Investigator: Holly Hagan, Ph.D.

Sexual transmission of HIV among heroin, cocaine and crack users has been of concern since the beginning of the epidemic. Even as drug injection-related HIV transmission has declined in the U.S., sexual transmission has persisted. Recent findings show HIV prevalence rates of 12-17% among non-injecting users (NIUs) of heroin and cocaine, which is equal to current HIV prevalence rates among NYC injecting drug users. In addition, sexually transmitted infections (STIs) are important facilitators for HIV transmission. For example, there is a

strong association between herpes simplex type 2 (HSV-2) and HIV infection in NIUs. The current system for controlling STIs among drug users is passive, relying primarily on symptomatic patients seeking care at publicly-funded clinics. Addressing HIV through STI control requires innovative strategies to encourage drug users to seek periodic STI screening and treatment and to maintain sexual health by increasing knowledge regarding STIs and the link to sexually acquired HIV, and improving motivation and skills to practice safer sex. Using respondent driven sampling, the study will: 1) test methods to recruit drug users for STI screening and enrollment in an intervention to reduce sexual risk behavior; and 2) test the efficacy of the intervention designed to increase STI-related knowledge and self-efficacy to practice safe behavior, reduce sexual risk, and increase medical follow-up visits. Data from this study will be used to inform the development of a larger randomized study.

CURRENT RESEARCH

In this section of the newsletter, information regarding a CDUHR research project will be featured.



Don Des Jarlais

National Study of Syringe Exchange Programs

Principal Investigator: Don Des Jarlais, Ph.D.

Co-Investigator/Project Director: Naomi Braine, Ph.D.

Funding Agency: NIDA

Background and Objectives

Three types of programs have been shown to be effective in reducing HIV risk behavior among injection drug users (IDUs): community outreach, drug treatment, and syringe exchange programs (SEPs). National assessments have been conducted of community outreach and drug treatment, but there has not been a similar assessment of SEPs in the U.S.

The objectives of the study were to:

- Describe demographic characteristics and risk behaviors of SEP participants and identify individual factors associated with continued or persistent risk behavior

- Describe organizational characteristics of SEPs and identify those characteristics associated with risk behaviors among participants
- Determine HIV prevalence among participants in very large SEPs

This report provides a summary of findings on prevalence and risk behaviors. For information on organizational characteristics of SEPs, see McKnight et al., 2007.¹

Programs and Methods

The North American Syringe Exchange Network compiled a list of known SEPs in the U.S. (N=154 in 1999). Programs that exchanged fewer than 60,000 syringes annually and programs that conducted exchange through delivery services were excluded as too small or infeasible for study aims. This left 103 SEPs, of which 23 programs were selected. Programs were selected randomly after factoring in program size. Of the 23 programs, six (Continued next page)

were very large (exchanging more than 500,000 syringes per year); 17 were moderate to large (exchanging between 60,000 to 500,000 syringes per year).² Research participants were randomly selected from among SEP participants on any given day. The only inclusion criteria was active participation in the SEP. Data were collected from 2000 to 2005. Respondents were recruited after conducting an exchange. Risk behaviors were assessed using audio computer-assisted self-interviewing (ACASI). There was a great deal of diversity among participants across SEPs which in all likelihood reflected the different geographic settings of the programs.

Study Findings

HIV prevalence — Testing for HIV was conducted at the six very large SEPs. Two of the SEPs were located on the West Coast, three were on the East Coast, and one was in the Midwest. HIV prevalence across all six SEPs (N=1799) was 10.6%, ranging from 2% to 21%; prevalence was lower in the West Coast programs.³ There was higher HIV prevalence among long-term injectors (injecting more than five years) compared to new injectors (12% vs. 4.9%).⁴

Injection risk behaviors — Approximately 70% of the participants injected drugs at least once a day. The most frequent drug injected was heroin and just under half reported smoking cocaine or crack.⁴ There were significant differences across SEPs in receptive sharing (10% to 27%) and distributive sharing (12% to 31%), with higher rates of sharing in the West Coast SEPs.³ Across all six programs, new injectors were more likely to engage in receptive and distributive sharing than long-term injectors.⁴ HIV prevalence, across all six programs, was negatively correlated with receptive or distributive syringe sharing.³

Additional factors associated with risk — Substantial parts of the total sample reported being in unstable housing situations in the previous six months (homeless, living in shanty, shelter or SRO), with percentages varying from 35% to 74% across programs. Unstably housed participants were twice as likely, compared to those stably housed, to report receptive syringe sharing.² Amphetamine injectors have somewhat different patterns of drug use and HIV risk behaviors than other SEP participants. For example, they are more likely to: report recep-

tive and distributive sharing, inject cocaine, and to report having a sex partner in the previous 30 days (but not more likely to engage in unsafe sex). Amphetamine injection is a significant predictor of injection risk, although homelessness, depression and having a recent same sex partner are also contributing factors.⁵

Implications and Recommendations

In an analysis of the long-term effects of syringe exchange on risk behavior, rates of injection risk remained stable across a four-year period, despite increases in factors associated with syringe sharing (homelessness, depression, injection of amphetamines).⁶ Studies on SEPs have consistently shown that they play a significant role in reducing HIV risk behaviors. However, it is also clear that there are some groups that continue to be at elevated risk. For these groups, additional services, new approaches and outreach are needed to address their risk behaviors.

1. McKnight et al. (2007). Syringe exchange programs—United States, 2005. *MMWR*, 56 (44), 1164-1167.
2. Des Jarlais, D. C., Braine, N., & Friedmann, P. (2007). Unstable housing as a factor for increased injection risk behavior at US syringe exchange programs. *AIDS and Behavior*, 11 (Supplement 2), S78-S84. [Subsample from 15 SEPs where there were at least 50 participants who reported unstable housing.]
3. Des Jarlais, D. C., Braine, N., Yi, H., & Turner, C. (2007). Residual injection risk behavior, HIV infection, and the evaluation of syringe exchange programs. *AIDS Education and Prevention*, 19 (2), 111-123.
4. Braine, N., Yi, H., Des Jarlais, D.C., Goldblatt, C., & Turner, C. (in press). Injection risk behavior among new and long-term injectors at 6 U.S. syringe exchange programs. *Substance Use and Misuse*.
5. Braine, N., Des Jarlais, D. C., Goldblatt, C., Zadoretzky, C., & Turner, C. (2005). HIV risk behavior among amphetamine injectors at U.S. syringe exchange programs. *AIDS Education and Prevention*, 17 (6), 515-524. [Subsample from 13 SEPs where at least 10% reported injecting amphetamines.]
6. Braine, N., Des Jarlais, D. C., Ahmad, S., Purchase, D., & Turner, C. (2004). Long-term effects of syringe exchange on risk behavior and HIV prevention. *AIDS Education and Prevention*, 16 (3), 264-275.

Sam Friedman Receives Career Award

Samuel R. Friedman, Ph.D., Director of the Social Theory Core in CDUHR, was the first recipient of the American Sociological Association's Sociologists AIDS Network (SAN) Career Award for contributions to the sociology of HIV/AIDS. Dr. Friedman was recognized for "outstanding dedication to the fight against HIV/AIDS, timely and insightful research in the field and notable influence on public policy."

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The NDRI Training Institute

The NDRI Training Institute (A. Osborne, Director) provides training for the New York State Department of Health AIDS Institute and conducts courses by special request. Following are courses available from January – June 2008, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted. Please note: the schedule is subject to change. Go to www.training.ndri.org for the complete schedule, course requirements and to register for courses.

Date	Course
1/8-1/10	Reducing the Risk and Harm of HIV (Three days)
1/25	HIV & STDs (3 hours)
1/25, 4/18	HIV/AIDS Confidentiality Law (3 hours)
1/29-1/30	◆ Mental Health Services (Two days)
2/13-2/14, 5/7-5/8	◆ It's Time: Integrate Viral Hepatitis Into Your Work (Two days)
2/21-2/22, 6/3-6/4	Methamphetamines & HIV (Two days)
2/27 ^a	◆ Basic Information about Domestic Violence (One day)
2/29, 3/25	HIV Disclosure (3 hours)
2/29, 3/25	◆ Overview of HIV Infection and AIDS (3 hours)
3/4-3/6	Skills Practice and Implementation of Stage-Based Behavioral Counseling (Three days)*
3/11	◆ Building Bridges to Cultural Competency (One day)
3/13	Addressing Prevention in HIV Case Management (One day)
3/18	HIV/AIDS Treatment Update (3 hours)

◆ Training courses are provided under NYS OASAS Education and Provider Certificate Number 0305 and are acceptable for CASAC credits.

* Visit the website at www.training.ndri.org for requirements before registering for this course.

For a complete listing of courses, the curriculum of Special Request courses, CDUHR-sponsored Training Institute courses, and information on the courses listed above, call the Training Institute at (212) 845-4550.

The Center for Drug Use and HIV Research is funded by the National Institute on Drug Abuse (Grant # P30 DA011041) to provide an infrastructure to support the HIV/AIDS-related research projects at NDRI. It is the first center for the socio-behavioral study of drug use and HIV in the United States and is dedicated to increasing our understanding of the drug use-HIV epidemic.

CDUHR Core Directors

Administration Core
Sherry Deren, Ph.D.

Biomedical Core
David C. Perlman, M.D.

International Research Core
Don C. Des Jarlais, Ph.D.

Research Methods Core
Holly Hagan, Ph.D.

Social Theory Core
Samuel R. Friedman, Ph.D.

Training and Dissemination Core
Andrew Osborne, M.S. Ed., CHES

Date	Course
3/18	What's New in HIV/AIDS? (3 hours)
4/2	HIV Testing in NYS: 2005 Guidance (3 hours)
4/3	HIV Testing Skills: Practice Session (One day)
4/8	◆ Introduction to Case Management (One day)
4/15	◆ Enhancing the Partnership Between Client and Case Manager (One day)
4/18	◆ Promoting Adherence to HIV Treatment (3 hours)
4/24-4/25	Serving Families: From Assessment to Service Plan (1½ days)
5/1-5/2 & 5/15-5/16	Developing Skills for Enhanced Outreach (Four days)*
5/21 ^b	◆ Domestic Violence in Lesbian, Gay, Bisexual & Transgender Communities (One day)
6/19-6/20	VOICES/VOCES (Video Opportunities for Innovative Condom Education and Safer Sex) (Two days)*
Date To Be Announced	HIV Counseling & Testing for Occupational Post Exposure Prophylaxis (PEP) (One day)*

a Samaritan Village, Queens
b Bronx AIDS Services

Sherry Deren, Ph.D., *Center Director*
Holly Hagan, Ph.D., *Center Deputy Director*
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
National Development and Research Institutes, Inc.
71 W 23rd Street, 8th Floor
New York, NY 10010
Telephone: (212) 845-4400
Fax: (917) 438-0894

Website: www.cduhr.ndri.org
E-mail: cduhr@ndri.org

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

Etiology and Prevention of Blood-Borne Viruses in IDUs (NIDA)
PI: Holly Hagan, Ph.D.

Evaluation of Implementation of Harm Reduction Services in MMTP (amfAR & NYCDOHMH)
PI: Naomi Braine, Ph.D. (BIMC)

Expanding Computer-Based Drug Abuse Prevention (NIDA)
PI: Lisa A. Marsch, Ph.D. (CTH)

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

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

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

HIV Risk and Substance Use in Adolescent Couples (NIDA)
PI: Noelle R. Leonard, Ph.D.

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

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

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

MSM Communities in NYC Respond to HIV and Methamphetamine (NIDA)
PI: Naomi Braine, Ph.D. (BIMC)

National HIV Behavioral Surveillance Among High-Risk Heterosexuals: New York City (NYCDOHMH)
PI: Holly Hagan, Ph.D.

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

Recent Changes in HIV Testing Recommendations: Impact on Youth at Risk (amfAR)
PI: Marya Viorst Gwadz, Ph.D.

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

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

The Science of Addiction for Deaf High School Students – Phase 2 (NIDA)
PI: Marjorie F. Goldstein, Ph.D.

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

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

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

Supporting Alcohol Reduction in HIV+ Patients: A Training for HIV Care Providers (NIAAA)
PI: Shiela M. Strauss, Ph.D. (ITSR)

Synthesis: HCV Epidemiology and Prevention in Drug Users (NIDA)
PI: Holly Hagan, Ph.D.

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

CDUHR Projects

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. (CTH)

Couples HIV Intervention Randomized Controlled Trial (NIDA)
PI: James M. McMahon, Ph.D. (IRYAR)

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