

# CDUHR news

Center for Drug Use and HIV Research

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

**“Our challenge in the 21st century will be to provide feasible intervention models and skill-based trainings, based on the most up-to-date research findings, to an ever expanding provider network serving a widely diverse population.”**

Andrew Osborne, M.S.,  
C.H.E.S, Director, Training  
and Dissemination Core

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## CDUHR Initiates Dialogue Between Service Providers and Researchers

CDUHR sponsored an interactive one-day conference in May to discuss ways to improve and enhance communication between service providers and researchers.

The meeting had three goals: to identify the best ways to furnish service providers with data and research findings that are relevant to their practice, to create avenues for keeping researchers abreast of new issues observed by service providers, and to foster research-service collaborations and partnerships.

One of the highlights of the event was a lively discussion of interdependent research and service needs. Service providers, with representation from CDUHR's local service providers advisory board, generated a list of needs including: proposal development assistance, creating a centralized resource for research findings, assistance with interpreting statistical data and developing collaborations in conducting program evaluations. Researchers' list of needs included: how to design studies that can be implemented by service providers, gaining access to organizations and clients, information on what should be studied, and evaluating the interventions being used by service providers.



(From left to right) Andrew Osborne, M.S. CHES, Director, Training and Dissemination Core, Beatrice Krauss, Ph.D., Director, Project Development Core, Joseph Luniewicz, Assistant Director, Training Institute, CDUHR facilitators at the recent meeting of service providers and researchers.



Michelle Bacon, New York City Department of Corrections, SAID Program, Rikers Island

In preparation for the meeting, CDUHR surveyed conference participants about access to and experience with various information sources. Based on what we received, all have e-mail access and the majority have internet access at the office or at home. We found significant divergence in the types of materials accessed and utilized. Service providers rated newsletters, fax updates, clients, and health department publications as important sources of information, while researchers rated journals and abstracts as their primary sources of information. The utilization of different information sources by researchers and service providers is indicative of “the underlying philosophy driving their respective efforts, that is, theory development and collection of data for researchers versus delivery of services for community organizations.”<sup>1</sup>

There are fundamental differences in our respective cultures that can pose challenges to effective communication. Different agendas, dissimilar terminology and distinct funding sources topped the long list of barriers to communication. The lack of time and funding needed to disseminate findings to service providers was mentioned several times by researchers. Service providers also expressed frustration about being research-ready with no research skills. The expectation that each side will naturally change and adapt to the other's culture is a source of tension. Ely Fontanez, Coordinator of the East Harlem HIV CARE Network commented that “instead of bridging the gap, we need to fill the gap through the development of common language and goals.” (Continued next page)

In order to provide participants with other New York City sources of epidemiological and educational information, CDUHR invited six panelists to summarize local information resources. Panelists were Blanche Frank, Ph.D. (New York State Office of Alcohol and Substance Abuse Services), Mary Ann Chiasson, Dr.P.H. (Assistant Commissioner of Disease Intervention Research, New York City Department of Health), Debra Dewey, M.A. (AIDS Institute, New York State Department of Health), John Leung, M.A. (AIDS Institute, New York State Department of Health), Nabila El-Bassel, D.S.W. (Social Intervention Group, Columbia University), and Mike Palij, Ph.D., (Assistant Director, Methods Development and Data Analysis Core, CDUHR). Participants were informed of resources for information on drug use and HIV/AIDS, including useful internet sites.

Creating the initial groundwork for forming research and service provider partnerships and collaborations was the intended goal for the day. The discussions that took place highlighted our differences, but also reinforced our common goals, contributing to knowledge about high-risk drug use and HIV/AIDS, and integrating and disseminating findings that can help benefit prevention and treatment efforts. Future meetings, where researchers and services providers can continue the dialogue, are being planned.



Orlando Roman,  
Harm Reduction Coalition

1 Altman, D. (1995). Sustaining interventions in community systems: On the relationship between researchers and communities. *Health Psychology*, 14(6), 526-536.

## INFORMATION FOR SERVICE PROVIDERS

*In this section of the newsletter, sources of information particularly helpful to service providers will be identified.*

### Web sites with HIV/AIDS information:

<p><b>Centers for Disease Control and Prevention</b> National Center for HIV, STD and TB Prevention, Division of HIV/AIDS Prevention</p>	<p><a href="http://www.cdc.gov/nchstp/hiv_aids">http://www.cdc.gov/nchstp/hiv_aids</a></p>	<p>This site offers up-to-date information on HIV/AIDS including epidemiological data, testing, treatment, funding information and CDC publications and slide sets that can be downloaded from the site.</p>
<p><b>Journal of the American Medical Association (JAMA)</b> HIV/AIDS Information Center</p>	<p><a href="http://www.ama-assn.org/special/hiv">http://www.ama-assn.org/special/hiv</a></p>	<p>This site is maintained by JAMA under the direction of leading HIV/AIDS authorities. It features links to HIV/AIDS conferences, journal articles, treatment reviews and resources, and JAMA reviewers' top HIV/AIDS web sites.</p>
<p><b>University of California, at San Francisco (UCSF)</b> HIV InSite</p>	<p><a href="http://hivinsite.ucsf.edu">http://hivinsite.ucsf.edu</a></p>	<p>The UCSF site offers links to medical information, prevention and education, social issues of HIV/AIDS, maps on the epidemic and links to Spanish language sites. There is also an "Ask HIV InSite" section organized by topic.</p>
<p><b>AEGIS</b></p>	<p><a href="http://www.aegis.com">http://www.aegis.com</a></p>	<p>AEGIS, which bills itself as the largest HIV/AIDS site in the world, provides links to numerous internet-based information sources. Updated hourly, it provides the latest research articles and news reports from the mass media.</p>
<p><b>Critical Path AIDS Project</b></p>	<p><a href="http://www.critpath.org">http://www.critpath.org</a></p>	<p>This site was founded by persons with AIDS (PWAs) to provide other PWAs access to treatment, prevention and other resources. It provides links to numerous internet resources including newspapers, worldwide library catalogs, and general references (e.g., encyclopedias).</p>

CDUHR provides these web sites for informational purposes only and does not necessarily endorse the points of view expressed in them.

“To understand further the dynamics of the AIDS epidemic in the U.S., it is important for researchers to investigate and document how the social context influences an individual's risky and self-protective behaviors”.

Stephanie Tortu, Ph.D.,  
Principal Investigator,  
Women Drug Users, AIDS  
and Social Context

## Women Drug Users, AIDS, and Social Context

Principal Investigator: Stephanie Tortu, Ph.D.  
Funding Agency: NIDA

### Background

In the United States, the number of women drug users diagnosed with AIDS continues to increase, thus emphasizing the need for prevention efforts tailored specifically to their needs. Those with HIV/AIDS are more likely to be African-American or Latina women in large cities, and recent data have indicated the increasing importance of heterosexual transmission of HIV for women. Current models of transmission and interventions have been derived primarily from studies on gay men and male injection drug users, and may not be applicable to women. Two major issues are: women appear to be at higher risk than men for heterosexual transmission, and women drug users are far more likely than male drug users to exchange sex for drugs or money.

### Objectives

Given the social nature of HIV transmission and the effect of situational context on behavior, the study's specific aims are to: 1) evaluate the relationship of social contextual factors (e.g., drug use, sexual networks, peer norms) to HIV risk behavior, 2) assess the interaction of social contextual factors and individual attributes (e.g., sociodemographic, drug use and sexual behavior variables) on HIV risk behaviors, and 3) determine the relationship of situation-specific variables to HIV risk. The prevalence of HIV, HBV and HCV infections will also be documented.

### Subjects and Methods

In this ongoing project, over 500 women have thus far been recruited from the streets of East Harlem in New York City. To be included, women must be at least 18 years old, report having sex with a man in the six months prior to recruitment, and report heroin, cocaine, or crack use in the 30 days prior to participation in the study. The average age of the women is 39; 56% are African-American, 38% are Latina; 40% are married or living with a main partner.

### Preliminary Findings

*Past 30 day drug and sexual risk behaviors*—30% reported injection drug use, 56% used crack cocaine, and 16% used crack and injected drugs; of those who



(Top, from left to right) Jeanne Campbell, Interviewer, Rahul Hamid, Research Associate, Lee Wengraf, former Administrative Assistant, James McMahon, Ph.D., Principal Research Associate (Bottom, from left to right) Leilani Torres, Assistant Project Director, Audrey Grandy-Lampkin, Interviewer, Hanifah Burns, HIV Counselor, Stephanie Tortu, Ph.D., Principal Investigator

injected, 16% shared needles. Over 79% were heterosexually active, 20% engaged in sex with a partner who is an injection drug user, and 24% exchanged sex for money or drugs.<sup>1</sup>

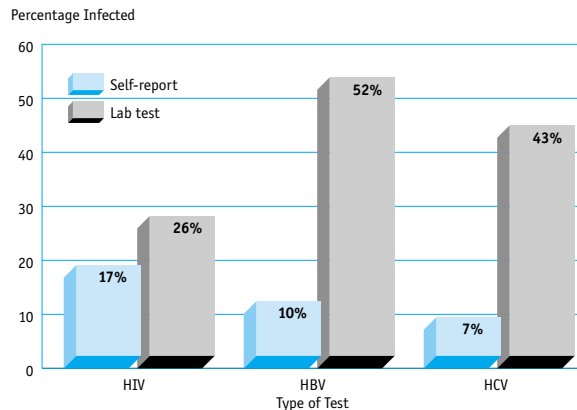
*Relationship and event factors associated with most recent safe and unsafe sex events*—A variety of variables were analyzed, including women and partners' age, race or ethnicity, whether drugs were used during the event, and attitudes toward HIV prevention. None of these factors were predictors of condom use.

However, safe sex events were significantly more likely when condom use had been discussed and when the woman had the perception of control over condom use.<sup>2</sup> In addition, condoms were more likely to be used by serodiscordant couples, in which the male was HIV positive. Unsafe sex events were associated with women performing oral sex on their partners, or engaging in sex with their main partners.

*HIV, HBV, and HCV rates*—As part of the structured interviews, women reported their HIV, HBV and HCV status. In addition, they were offered biological testing and counseling.<sup>3</sup> The results, based on the analysis of data from 400 women, indicate that self-reported knowledge of infection is significantly lower than indicated by test results. (See graph, page 4).

### Implications and Recommendations

With the majority of women now becoming infected through heterosexual transmission, intervention strategies are critical to reduce high risk sex behavior. Interventions are needed for couples with long-standing sexual relationships to help (Continued next page.)



**Comparison of self-report and laboratory test results for HIV, HBV, and HCV infections**

them incorporate condom use into their sexual repertoire. The high rates of HIV, hepatitis B, and hepatitis C, and the fact that many women were unaware of their infections, suggest an urgent need to inform drug users of their substantial risk, to promote testing, and to encourage treatment for HBV and HCV, as well as HIV.

1 McMahon, J., & Tortu, S. (1998, November). Sexual risk behavior and condom use among women at high risk for HIV infection. Presented at the American Public Health Association Annual Meeting, Washington, D.C.  
 2 Tortu, S., McMahon, J., Hamid, R., & Neaigus, A. (1998, July). The social ecology of drug using women's sexual risk in East Harlem, NYC: An event analysis. Presented at the 12th World AIDS Conference, Geneva, Switzerland.  
 3 Tortu, S., McMahon, J., Hamid, R., & Neaigus, A. (1999, June). Predictors of hepatitis C among drug using women in East Harlem, NYC. Presented at the College on Problems of Drug Dependence Conference, Acapulco, Mexico.  
 For additional information on this study you may contact Stephanie Tortu, Ph.D. E-mail: stephanie.tortu@ndri.org, Fax: 212-845-4698.



## HIV Risk Among Street Recruited Drug Injectors

Principal Investigator: Don Des Jarlais, Ph.D.  
 Funding Agency: Centers for Disease Control and Prevention

### Background

Despite widespread knowledge of the AIDS epidemic in New York City, large numbers of individuals continue to initiate drug injection in the city. Young and new injectors are of particular concern for three major reasons: 1) many studies have observed higher rates of HIV risk behavior and HIV incidence among young or new injection drug users (IDUs) compared to older/long-term drug injectors, 2) initiation into drug use provides a mechanism for the continuation of the epidemic, and 3) new injectors are likely to be an important component in the future of the epidemic.<sup>1</sup>

**“In order to intervene effectively to help protect newer IDUs from HIV infection, knowledge of how and why individual HIV risk behaviors develop or change over time is essential”.**

Don Des Jarlais, Ph.D.,  
 Principal Investigator  
 HIV Risk Among Street  
 Recruited Drug Injectors



(From left to right) Russell Rockwell, Ph.D., Assistant Project Director, Carole Johnson, Research Associate, Leonard Wright, Interviewer

### Objectives

This study is part of the multi-site CDC Collaborative Injection Drug Users Studies (CIDUS) which is in its second phase. The current aims are to:

- Monitor trends in risk behaviors, network characteristics, and HIV infection among street recruited IDUs;
- Estimate HIV, hepatitis B (HBV), and hepatitis C (HCV) incidence and prevalence among newer/younger IDUs;
- Identify predictors of high and/or increasing HIV risk behaviors among newer/younger IDUs;
- Compare participation in HIV prevention programs, HIV risk behaviors and HIV infection levels among newer/younger injectors in New York City with other collaborating sites.

### Subjects and Methods

New/young injectors (those injecting drugs for three years or less or those under 30 years of age) and older/long term injectors (at least 30 years old and injecting for more than three years) were recruited through street outreach and peer referral on the Lower East Side of Manhattan, a high drug use neighborhood. Thus far, 560 initial interviews have been conducted with follow-up interviews planned at 6 and 12 months after the baseline interview.

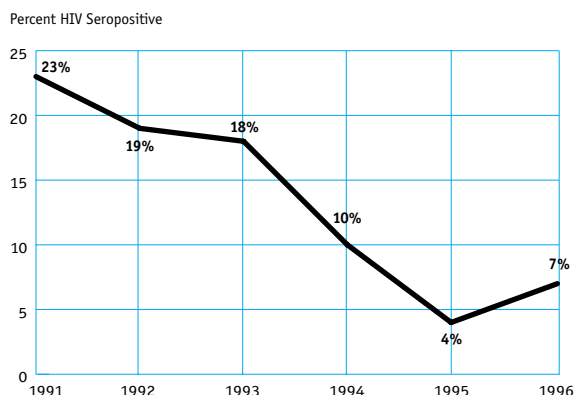
The data analyses reported here are based on several related studies, and define “new injectors” as those injecting six years or less. These projects are: a parallel

project of subjects recruited from a detoxification program and from the street (Risk Factors for AIDS Among IDUs), an earlier CIDUS study and the current CIDUS project.

### Preliminary Findings

**Risk behaviors**—In the six months prior to the baseline interview, 29% of new injectors (recruited in the current study) engaged in receptive needle or syringe sharing and 68% had unsafe injections. Regarding sex risk behavior, 43% of new injectors had unsafe sex with their primary partners, 11% had unsafe sex with casual partners.<sup>2</sup>

**HIV, HBV and HCV rates**—Based on preliminary analysis, the prevalence rates for new injectors are 3% for HIV, 18% for HBV and 32% for HCV. Analyses based on the related data sets collected by these investigators indicate that HIV rates for new injectors have significantly declined since 1991.<sup>2</sup> (See graph).



### Trends in HIV Prevalence Among Newer Injectors Recruited from the Lower East Side Storefront

**Needle exchange use**—Approximately 83% of all IDUs have participated in a syringe exchange program in the last six months. In the earlier CIDUS study, it was determined that 81% of IDUs who lived within a 10 minute walk of the needle exchange utilized the exchange, compared to 59% of those who lived further away. In addition, those who lived close to a needle exchange program were less likely to engage in receptive syringe sharing.<sup>3</sup>

### Implications

New injectors appear to be adopting the reduced risk injection practices of long-term injectors which may be reflected in the declining rates of HIV. However,



(Top, from left to right) Martin Blasco, Interviewer, Mary Floyd, Interviewer, Ivette Moloney, Interviewer, Theresa Perlis, Ph.D., Project Director

(Bottom, from left to right) Martha Nelson, Interviewer, Sam Friedman, Ph.D., Co-Investigator, Geerte Frenken, Recruiter

the high rates of HBV, and particularly HCV, are cause for concern. New injectors are engaging in unsafe sex with primary partners at relatively high rates. Interventions are needed to stress the importance of reducing sexual risk behavior even with primary sex partners. In addition, locating syringe/needle exchange services in areas convenient to a large number of IDUs may play a critical part in prevention strategies for HIV.

1 Des Jarlais, D.C., Friedman, S.R., Perlis, T., Chapman, T.F., Sotharan, J.L., Paone, D., Monterosso, E., & Neaigus, A. (1999). Risk behavior and HIV infection among new drug injectors in the era of AIDS in New York City. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 20 (1), 67-72.

2 Des Jarlais, D.C., Chapman, T.F., Perlis, T.E., Friedman, S.R., Paone, D., & Rockwell, R. (1998, November). New drug injectors in New York City. Presented at the American Public Health Association Annual Meeting, Washington, D.C.

3 Rockwell, R., Des Jarlais, D.C., Friedman, S.R., Perlis, T., & Paone, D. (in press). Geographic proximity, policy and utilization of syringe exchange programs. *AIDS Care*.

For additional information on this study you may contact Theresa Perlis, Ph.D., Project Director - E-mail: [theresa.perlis@ndri.org](mailto:theresa.perlis@ndri.org), Fax: 212-845-4698.

## December 1998 – May 1999

Beardsley, M., Deren, S., Tortu, S., Goldstein, M. F., Ziek, K., & Hamid, R. (1999). Trends in injection risk behaviors in a sample of New York City injection drug users: 1992-1995. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 20 (3), 283-289.

Case, P., Beckett, G. A., & Jones, T. S. (1998). Access to sterile syringes in Maine: Pharmacy practice after the 1993 repeal of the syringe prescription law. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 18 (Supplement 1), S94-S101.

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Des Jarlais, D. C., Hagan, H., Friedman, S. R., & Ward, T. P. (1999). HIV among injecting drug users: Epidemiology and emerging public health perspectives. In T. C. Merigan, Jr., J. G. Bartlett, & D. Bolognesi (Eds.), *Textbook of AIDS Medicine*. (2nd ed., pp. 179-190). Baltimore, MD: Williams & Wilkins.

Des Jarlais, D. C., & Hubbard, R. (1999). Treatment for drug dependence. *Proceedings of the Association of American Physicians*, 111 (2), 126-30.

Des Jarlais, D. C., Paone, D., Milliken, J., Turner, C. F., Miller, H., Gribble, J., Shi, Q., Hagan, H., & Friedman, S. R. (1999). Audio-computer interviewing to measure HIV risk behavior among injecting drug users: A quasi-randomized trial. *The Lancet*, 353 (9165), 1657-1661.

Des Jarlais, D. C., Perlis, T. E., Friedman, S. R., Deren, S., Chapman, T. F., Sotheran, J. L., Tortu, S., Beardsley, M., Paone, D., Torian, L. V., Beatrice, S. T., DeBernardo, E., Monterroso, E., & Marmor, M. (1998). Declining seroprevalence in a very large HIV epidemic: Injecting drug users in New York City, 1991 to 1996. *American Journal of Public Health*, 88 (12), 1801-1806.

Friedman, S. R. (1998). Women drug injectors who have sex with women: Heightened risk and unknown reasons suggest the need for further research. *International AIDS Society Newsletter*, 11 (December), 12-13.

Friedman, S. R., Curtis, R., Neaigus, A., Jose, B., & Des Jarlais, D. C. (1999). *Social networks, drug injectors' lives, and HIV*. New York: Plenum.

Friedman, S. R., Neaigus, A., Jose, B., Curtis, R., & Des Jarlais, D. C. (1998). Networks and HIV risk: An introduction to social network analysis for harm reductionists. *International Journal of Drug Policy*, 9, 461-469.

Friedman, S. R., Neaigus, A., Jose, B., Curtis, R., Ildefonso, G., Goldstein, M. F., & Des Jarlais, D. C. (1999). Networks, norms, and solidaristic/altruistic action against AIDS among the demonized. *Sociological Focus*, 32, 127-142.

Friedman, S. R., Wainberg, M. A., & Drucker, E. (1998). Therapeutic ethics and communities-at-risk in the presence of potential mutation to resistant strains to HIV antiviral medications. *AIDS*, 12, 2089-2093.

Publications by CDUHR staff covered a wide range of topics and many were co-authored with other local, national and international researchers.

Furst, R. T., Johnson, B. D., Dunlap, E., & Curtis, R. (1999). The stigmatized image of a crack head: A sociocultural exploration of a barrier to cocaine smoking among a cohort of youth in New York City. *Deviant Behavior, 20*, 153-191.

Golub, A. L., & Johnson, B. D. (1998). Alcohol is not the gateway to hard drug abuse. *Journal of Drug Issues, 28* (4), 971-984.

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Kitayaporn, D., Vanichseni, S., Mastro, T. D., Raktham, S., Vaniyapongs, T., Des Jarlais, D. C., Wasi, C., Young, N. L., Sujarita, S., Heyward, W. L., & Esparza, J. (1998). Infection with HIV-1 subtypes B and E in injecting drug users screened for enrollment into a prospective cohort in Bangkok, Thailand. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 19* (3), 289-295.

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McKeganey, N., Friedman, S. R., & Mesquita, F. (1998). The social context of injectors' risk behavior. In G. V. Stimson, D. C. Des Jarlais, & A. L. Ball (Eds.), *Drug injecting and HIV infection: Global dimensions and local responses*. (pp. 22-41). London: UCL Press.

Novotna, L., Wilson, T. E., Minkoff, H. L., McNutt, L. A., DeHovitz, J. A., Ehrlich, I., & Des Jarlais, D. C. (1999). Predictors and risk-taking consequences of drug use among HIV-infected women. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, 20* (5), 502-507.

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Rosenblum, A., Magura, S., Palij, M., Foote, J., Handelsman, L., & Stimmel, B. (1999). Enhanced treatment outcomes for cocaine-using methadone patients. *Drug and Alcohol Dependence, 54*, 207-218.

Salomon, N., Perlman, D. C., Friedmann, P., Perkins, M. P., Ziluck, V., Des Jarlais, D. C., & Paone, D. (1999). Knowledge of tuberculosis among drug users. Relationship to return rates for tuberculosis screening at a syringe exchange. *Journal of Substance Abuse Treatment, 16* (3), 229-235.

Staines, G. L., McKendrick, K., Perlis, T. E., Sacks, S., & De Leon, G. (1999). Sequential assignment and treatment-as-usual: Alternatives to standard experimental designs in field studies of treatment efficacy. *Evaluation Review, 23* (1), 47-76.

The CDC AIDS Community Demonstration Projects Research Group [Krauss, B. J.] (1999). Community-level HIV intervention in 5 cities: Final outcome data from the CDC AIDS Community Demonstration Projects. *American Journal of Public Health, 89* (3), 336-345.

Wodak, A., Strathdee, S. A., & Friedman, S. R. (1998). The global response to the threat of HIV infection among and from injecting drug users. *AIDS Targeted Information, 12* (6), R41-R44.

## The Training Institute

The Training Institute provides training for the New York State Department of Health AIDS Institute and conducts courses by special request. Following are courses available from August–December 1999, offered at no cost.

<i>Date</i>	<i>Course</i>
9/8, 10/14	Overview of HIV Infection and AIDS (3 hrs)
9/8, 11/9	Update on Clinical Management of HIV Infection (3 hrs)
10/14, 11/9	What HIV/AIDS Service Providers Should Know About STDs (3 hrs)
10/6, 12/14	HIV Testing Procedures (One day)
10/7, 10/26	HIV Reporting and Partner
11/4, 12/15	Notification: Assisting Persons Living with HIV/AIDS (One day)
9/22, 10/15, 11/3	Domestic Violence and HIV/AIDS (One day)
8/18, 10/20	Cultural Diversity (One day)
8/26–8/27	Early Identification of HIV Infection
10/28–10/29	Women and Newborns (Two days)
10/14–10/16	Reducing the Risk and Harm of HIV
11/30–12/2	(Three days)
9/27–9/30	Community HIV/AIDS Educator
11/15–11/18	(Four days)

*These courses are eligible for contact hours for CASAC credentialing. For a complete listing of 1999 courses, the curriculum of Special Request courses, CDUHR/ Training Institute courses, and information on the courses listed above, call the Training Institute at (212) 845-4570. This information is also available on our Web site at <http://www.ndri.org> where you may register for these courses.*

## CDUHR Staff Announcements

Abigail Hunter, M.P.H., joined the Project Development Core as Project Coordinator in March 1999. Ms. Hunter previously coordinated a network of HIV/AIDS service providers in Williamsburg, Brooklyn. She has worked in the public health field, including HIV/AIDS, drug use and reproductive health, for 12 years. She will be assisting in the management of pilot projects and developing liaisons with New York City HIV/AIDS service providers.

## Pilot Project Awarded

Howard Lune, Ph.D., of the Behavioral Science Training program at NDRI, has been awarded a grant for his project: *The Political Culture of Prevention*. Dr. Lune will examine needle exchange programs in New York City and Amsterdam to evaluate the tactics of such programs in the context of their relationship with public and private sectors, and their role in the development of HIV/AIDS prevention policies for injection drug users.

## CDUHR Supported Projects

Alternative Program for Methadone Maintenance Dropouts (NIDA)  
*Principal Investigator:*  
*Sherry Deren, Ph.D.*

Drug Use and HIV Risk Among Youth (NIDA)  
*Principal Investigator:*  
*Samuel R. Friedman, Ph.D.*

Estimating Current Hard Drug Users and Operatives (NIDA)  
*Principal Investigator:*  
*Bruce D. Johnson, Ph.D.*

Families in Transition (NYS AIDS Institute)  
*Co-Director: Beatrice J. Krauss, Ph.D.*

HIV Risk Among Street Recruited Drug Injectors (CDC)  
*Principal Investigator:*  
*Don Des Jarlais, Ph.D.*

HIV Risk Among Women IDUs Who Have Sex With Women (NIDA)  
*Principal Investigator:*  
*Samuel R. Friedman, Ph.D.*

Non-injecting Heroin Users, New Injectors and HIV Risk  
*Principal Investigator:*  
*Alan Neaigus, Ph.D.*

Parent/Pre-adolescent Training for HIV Prevention (NIMH)  
*Principal Investigator:*  
*Beatrice J. Krauss, Ph.D.*

Puerto Rican Drug Users in New York and Puerto Rico (NIDA)  
*Principal Investigator:*  
*Sherry Deren, Ph.D.*

Risk Factors for AIDS Among IDUs (NIDA)  
*Principal Investigator:*  
*Don Des Jarlais, Ph.D.*

Substance Use, Drug Injection and Sexual Behavior (CDC)  
*Co-Principal Investigator:*  
*Beatrice J. Krauss, Ph.D.*

Women Drug Users, AIDS and Social Context (NIDA)  
*Principal Investigator:*  
*Stephanie Tortu, Ph.D.*

## CDUHR Core Directors

Administration and Coordination Core  
*Sherry Deren, Ph.D.*

Methods Development and Data Analysis Core  
*Samuel R. Friedman, Ph.D.*

Project Development Core  
*Beatrice J. Krauss, Ph.D.*

Strategic National and International Comparisons Core  
*Don Des Jarlais, Ph.D.*

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

Sherry Deren, *Ph.D.*, Center Director  
Beatrice J. Krauss, *Ph.D.*, Center Deputy Director  
Carmen Ortiz-Priester, *Administrative Coordinator*  
Dorline Yee and Abigail Hunter, *Writers*  
Josh Orlean, *Designer*

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