

CDUHR news

Center for Drug Use and HIV Research

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

“AIDS service providers must adapt themselves more closely to the reality of the drug users. It will no longer be enough to sit on the sidelines and say, “We don’t address drug use.” Providers of the future will have to integrate drug use services into all their activities.”

Dennis deLeon, Esq.,
President, Latino Commission
on AIDS

The HIV-Drug Use Epidemic in New York City: Entering the Fourth Decade

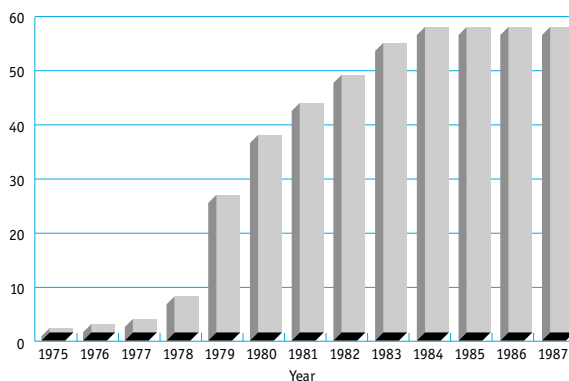
Over 52,000 injection-related AIDS cases (among injection drug users, their sex partners and their children) have been reported in New York City and more than 50% of new AIDS cases are among injection drug users (IDUs).¹ AIDS cases among IDUs in the city account for almost one-quarter of the total number of IDU AIDS cases in the United States. Because New York City has experienced the largest and earliest IDU-related AIDS epidemic of any city in the world, much can be learned from the NYC experience. Since we are now entering the fourth decade of the epidemic, a brief review of trends in the HIV/AIDS epidemic, and some important contextual factors influencing these trends, will be summarized.

1970s: The First Decade: The First Cases

Based on retrospective diagnoses of AIDS cases and HIV testing of stored sera, it is possible to reconstruct the early phases of the HIV/AIDS epidemic in NYC. In 1977, three children were born with pediatric AIDS to mothers who were IDUs. The first known case of AIDS in an adult IDU in NYC occurred in 1979. In addition to injection use, his risk behavior included engaging in sex with men. These initial cases provide strong evidence that HIV was introduced into the IDU population by the mid-1970s.²

Contextual factors: During the late 1970s there was a substantial increase in the supply of heroin and cocaine in the New York area. Increased availability led to increases in the injection of both drugs, primarily among those who already had a history of injection.

Percentage Seropositive



HIV Seroprevalence Rates among IDUs in New York City from 1975 to 1987

Historical reconstruction of HIV seroprevalence among active IDUs in Manhattan, New York City. Reconstruction is based on seroprevalence data for 1978-1984 and 1986-1987, with AIDS case data used to estimate seroprevalence for other years. Graph adapted from Des Jarlais, et al.(1989).³

There were many shooting galleries where injection equipment could be rented and returned to the gallery “owner” for rental to the next customer. These conditions contributed to increased HIV transmission.

1980s: The Second Decade: Rapid Increases, Responses and Stabilization

In 1980, the first five known cases of AIDS among heterosexual IDUs occurred. In the next three years the number of IDU AIDS cases increased dramatically: 31 in 1981; 160 in 1982; 340 in 1983. Antibody testing for HIV became available in 1984. Testing of stored sera suggest that prior to 1978 seroprevalence rates were less than 20%. In the period between 1978 and 1983 it is estimated that seroprevalence rates increased from around 20% to over 50%. In the period between 1984 and the late 1980s, seroprevalence rates began to stabilize to between 50% and 60% among IDUs.³

Contextual factors: The rapid increase in AIDS cases caused widespread fear, in part because it was not fully understood how HIV is transmitted. Stigma and discrimination against individuals with HIV/AIDS grew.

Responses to the epidemic: Drug users reported changing their behavior to reduce their risk of becoming infected. By the mid-1980s, drug treatment programs began to integrate training and counseling in HIV transmission, risk behaviors and risk reduction (injection and sex) for clients and staff; outreach efforts to provide information to drug users about HIV/AIDS were initiated. In 1988, the New York City Department of Health started a pilot syringe exchange program (which was closed in 1990; community-based exchanges were legally authorized in 1992). *Emergence of crack cocaine use.* In the mid 1980s, crack cocaine use became widespread among drug users in NYC and because of its association with high-risk sexual behavior, it promoted heterosexual transmission of HIV.

1990s: The Third Decade: Evidence for Declining Seroprevalence Rates in IDUs

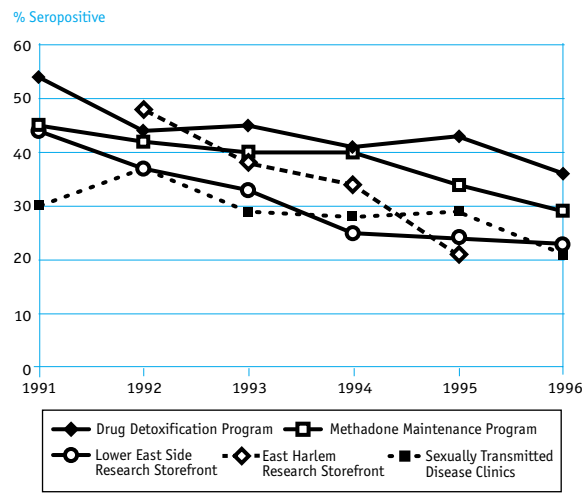
From 1991 to 1996, there was a decline in seroprevalence among IDUs, from approximately 50% to approximately 30%.⁴ This trend indicates that prevention efforts have been effective and should be continued; behavior changes on the part of IDUs continued, including use of legal syringe exchanges, decrease in shooting gallery use *(Continued next page.)*

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HIV Seroprevalence Trends Among IDUs in New York City from 1991 to 1996 by Subject Recruitment Site

Graph adapted from Des Jarlais, et al. (1998).⁴



and increase in noninjection drug use. However, drug-use related HIV transmission continues to occur, both injection- and sex-related. In the early 1990s, a sub-epidemic of HIV among crack users was identified and seroprevalence among crack cocaine users was estimated to be about 15-20%.^{5,6}

Contextual factors: With the advent of new AIDS therapies, the potential for AIDS to become a chronic condition emerged. Declining HIV/AIDS mortality was documented beginning in 1995.⁷ Declining mortality also meant that more individuals were living with HIV/AIDS. Currently, of the men and women living with AIDS (as of the end of 1998), IDU is the largest transmission category.⁸ Hepatitis B and C were identified as additional epidemics among IDUs.

2000: The Fourth Decade: Future Trends

As we begin this decade, some trends which emerged in the 1990s will continue: hepatitis infections (HBV, HCV) will require increased prevention efforts; HIV transmission (injection- and sex-related) among drug users will continue as a major public health concern; interventions which have been found to be successful (e.g., outreach efforts, syringe exchange programs and drug treatment) will continue to be important in addressing these epidemics, especially among the increasing number of individuals living with HIV and hepatitis infections. Concerns about access to medications and medication adherence, and the initiation of HIV case reporting in New York State, will raise questions and identify needs to be addressed by the service, policy-making and research communities.

We end this section with comments about future trends from three individuals who have been involved in addressing the New York City epidemic for many years:

“New York City has experienced the largest HIV/AIDS epidemic among IDUs of any city in the world. The recent declines in HIV risk behavior, incidence and prevalence suggest that it may be possible to reverse

large, high-seroprevalence HIV epidemics. Maintenance of the current positive trends, however, will require continuation of intense prevention efforts.”

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

“Despite dramatic declines in the annual number of HIV/AIDS deaths seen since the advent of potent antiretroviral therapy in late 1995, there is no cure, and people continue to become infected with HIV every day in New York City. Trends in the epidemic which first emerged in the early 1990s, including an increasing proportion of AIDS cases among injection drug users and those who acquired infection heterosexually, mostly poor African-Americans and Hispanics, are likely to continue well into the new millennium unless new and more effective HIV prevention programs are initiated. The link between HIV and poverty, unsafe sex and drug use remains unbroken.” Mary Ann Chiasson, Dr. P.H., Vice President for Research and Evaluation, Medical and Health Research Association of New York City, Inc. (formerly Assistant Commissioner at the New York City Department of Health).

“Even with the decline in death rates, the problem of drug use and HIV infection will continue to plague minority communities for years to come. To meet the challenge of this legacy in the future, AIDS service providers must adapt themselves more closely to the reality of the drug users. It will no longer be enough to sit on the sidelines and say, “We don't address drug use.” Providers of the future will have to integrate drug use services into all their activities. For women especially, the provision of HIV prevention programming that does not build on the relationship of HIV to the world of drug use will be of little use.” Dennis deLeon, Esq., President, Latino Commission on AIDS

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“Despite dramatic declines in the annual number of HIV/AIDS deaths seen since the advent of potent anti-retroviral therapy in late 1995, there is no cure, and people continue to become infected with HIV every day in New York City.”

Mary Ann Chiasson, Dr. P.H., Vice President for Research and Evaluation, MHRA

“Whenever I talk about this issue, women intervention workers and ethnographers tell me how badly this project is needed. They see that lesbian IDUs and other WSWs are getting infected and have major problems with treatment, outreach, or medical programs that ignore or exclude their needs.”

Sam Friedman, Ph.D.,
Principal Investigator,
HIV Risk Among Women
IDUs Who Have Sex
With Women

HIV Risk Among Women IDUs Who Have Sex With Women

Principal Investigator: Sam Friedman, Ph.D.
Funding Agency: NIDA

Background

A number of studies published since the late 1980s suggest that women injection drug users who have sex with women (WSW IDUs) are at higher risk for being infected with HIV compared to other women drug injectors.¹ Current estimates indicate that a significant percentage (20-30%) of women IDUs are WSWs and are 2-5 times more likely to be HIV seropositive than other women IDUs. The reasons for the increased risk are not clear; it is not explained by female-to-female sexual transmission since this is thought to be quite rare. Previous studies only included WSWs as subgroups in larger studies on IDUs. This is the first federally-funded study to focus on WSW IDUs.

Objectives

The main objectives of this ethnographic study are to:

- Develop a description of a variety of WSW IDU subgroups and the times and places where they can be found and recruited
- Describe the lives and social environments of WSW IDUs from different subgroups
- Document drug and sexual risk behavior and risk networks
- Generate data-grounded hypotheses about why WSW IDUs are at high risk for HIV infection and how to reduce HIV transmission among them
- Lay groundwork to develop targeted interventions to prevent the spread of HIV to and from WSW IDUs

Subjects and Methods

Women are included in the study if they report injection drug use in the 12 months prior to recruitment and any lifetime history of sex with women. Ethnographers conducted a series of unstructured, qualitative interviews with each woman and immersed themselves in the social world and lives of the people in the community under study. They observed the women's injection practices, their drug purchases and their interactions with their friends and lovers, as well as other daily activities. To date, project staff have conducted multiple interviews with 65 WSW IDUs, and an additional 12 WSWs who do not meet the



(From left to right) Susan Keyes, Ethnographer; Patricia Case, Sc.D., Co-Investigator; Rebecca Sumner-Burgos, Ethnographer; Toni Gallo, Ethnographer; Sam Friedman, Ph.D., Principal Investigator

criteria of injection during the prior 12 months, but are past injectors and/or have current women partners who are IDUs. The study was conducted in New York City, primarily on the Lower East Side and East Harlem, and in Boston. Over 250 ethnographic interviews were conducted and nearly 400 ethnographic observations were recorded.

Preliminary Findings

Demographics—The age and ethnicity of women in this project is similar to other samples of IDU women in New York City. Ages range from 19 to 53 years, with a mean of 34.7 years. Most of the women are Latina (34%), White/Anglo (34%), or African-American (23%). Socioeconomically, respondents are primarily poor or lower-class, but the project has also reached a substantial subsample of middle- and upper-middle class women, including several employed in professional occupations.

Sexual identity and sexual behavior—The majority of women self-identified as lesbian or bisexual and reported sex with women as a life-long pattern. Most respondents have also had sex with men in varying contexts, from personal relationships to commercial sexual transactions exclusively. A recurring theme is the decision to have unprotected sex with one or more men for the sole purpose of becoming pregnant.²

Drug and medical treatment—While seeking or receiving drug or medical treatment, most were not asked and did not report their sexual orientation. WSW IDUs in this study report that treatment providers exhibit negative attitudes towards them by: ignoring their concerns in trainings and group meetings; direct refusal of services (HIV housing, inadequate safer sex information); failing to take appropriate, nonjudgmental sex and

(Continued next page.)



(From left to right) *Rebecca Young, Co-Investigator; Amber Hollibaugh, Co-Investigator; Brenda Roche, Assistant Project Director*

relationship histories; prohibiting supportive contact with others perceived as WSWs; and refusing to acknowledge WSW partners as family members.³

Multiple stigmas and social isolation—WSW IDUs are often ostracized from both

the IDU and lesbian social networks. This may lead to isolation from harm reduction groups and other social support. WSW IDUs may have less supportive contacts associated with reducing HIV risk.

Implications and Recommendations

Increased HIV risks for WSW IDUs may involve high-risk injection practices, high-risk sexual practices, social networks, risk networks or some combination of these factors or other factors. It is clear that many

women who identify themselves as WSWs also engage in sex with men. Service providers should be aware that sexual identity and sexual behavior are distinct but interrelated. There is evidence that the motivation, dynamics and meaning of sex with men is different for WSWs and affects both risk and appropriate prevention strategies. There is an urgent need for interventions specifically for WSWs which are sensitive to their relationships with other women and the multiple stigmas attached to being WSWs and injection drug users.

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2. Case, P. (1999, August). The social context of HIV risk among women drug injectors who have sex with women in New York. Presented at the American Psychological Association Convention, Boston, MA.
3. Young, R.M., Friedman, S.R., Case, P.L., Asencio, M.W., & Clatts, M. (in press). Women injection drug users who have sex with women exhibit increased HIV infection and risk behavior. *Journal of Drug Issues*.

For additional information on this study you may contact Sam Friedman, Ph.D., Principal Investigator - E-mail: sam.friedman@ndri.org.

“Preliminary results indicate that outreach strategies can be used to recruit recent drug treatment drop-outs to participate in a multi-component intervention which holds promise for increasing treatment re-entry and reducing drug use.”

Sherry Deren, Ph.D.,
Principal Investigator,
Alternative Program for
Methadone Maintenance
Drop-outs

Alternative Program for Methadone Maintenance Drop-outs

Principal Investigator: Sherry Deren, Ph.D.
Funding Agency: NIDA

Background

While methadone maintenance treatment programs (MMTP) have been shown to provide effective treatment for heroin users, up to half leave treatment in the first year. Recent MMTP dropouts are good candidates for a program developed to encourage treatment re-entry. This project tested the effectiveness of a three-month intervention for people who recently dropped out of MMTP, to help them return to formal drug treatment and reduce their drug use.

Objectives

The primary objective was to test the effectiveness of the intervention, which consisted of three components: 1) outreach contacts (providing risk reduction services and recruitment for group sessions); 2) group sessions (available four times a week and focused on the development of cognitive-behavioral relapse prevention skills); and 3) individual counseling (for needs assessment and referral).¹

Subjects and Methods

Subjects were recruited from two sources: dropouts from Beth Israel Medical Center's Harlem MMTP clinics and street recruitment of MMTP dropouts in East Harlem. To be included, subjects had to be at least 18 years old, and to have dropped out of MMTP within the prior 12 months, regardless of whether or not they had re-entered treatment by the time of recruitment. Former treatment programs verified the drop-out status



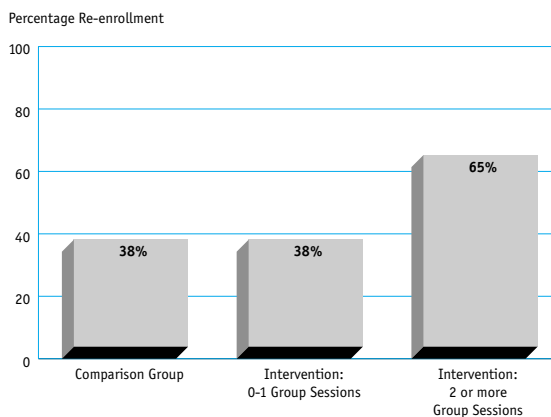
(Top, from left to right) *Sung-Yeon Kang, Ph.D., Data Analyst; Marjorie F. Goldstein, Ph.D., Project Director; Tania Melendez, Administrative Assistant; Carmen Ortiz-Priester, Administrative Coordinator*

(Bottom, from left to right) *Sherry Deren, Ph.D., Principal Investigator; Kristine Ziek, Follow-up Coordinator; Jane Schmirler, Research Associate*

(Top, from left to right)
 Karin Stuvan, Group and Individual Counselor,
 Rosalyn Cedeno, HIV Counselor,
 Ivelis Gonzalez, Outreach Worker,
 Robert Quiles, Outreach Worker,
 Roslyn Foucher, Interviewer
 (Standing) Rosa Arroyo, Field Site Supervisor
 (Bottom, from left to right)
 Cesar Valentin, Interviewer,
 William Rodriguez, HIV Counselor,
 Miguel Santiago, Security/Reception



of each subject. All subjects were interviewed, received HIV counseling and testing and service referrals. Subjects were then randomly assigned to the Intervention group (consisting of the three components) or the Comparison group (who were eligible only for referrals from project staff). Over 400 dropouts have been recruited. Subjects are 73% male, 51% Hispanic and 32% African-American, and the average age is 39. Six and 12-month follow-up interviews are currently being conducted with all participants.



Re-enrollment in drug treatment at 6-month follow-up

Preliminary Findings

Intervention participation - Of the first 178 participants assigned to the Intervention group, 78% received at least one outreach contact, 69% attended at least one group session (mean number of sessions was 23), and 36% attended at least one individual session; 92% participated in at least one component of the intervention.²

Progression in treatment readiness - Subjects in the Intervention group were more likely than those in the Comparison group to show progress on a measure of

treatment readiness, 36% of the Intervention group had progressed by the 6-month follow-up compared with 21% of the Comparison group.

Treatment re-entry outcomes - Among those who were out-of-treatment at study recruitment, 38% in the Comparison group, and 38% who attended none or only one of the Intervention groups, had returned to treatment at 6 months; for those in the Intervention who attended two or more group sessions, 65% returned to treatment.³

Drug use outcomes - There were no significant differences between the Intervention and Comparison groups in heroin use at the 6-month follow-up for those who used cocaine at baseline. However, among those participants who did not use cocaine at baseline, 68% of the Comparison subjects vs 38% of the Intervention subjects used heroin at follow-up.

Intervention contact time - For those in the Intervention group, contact time with project treatment components was significantly higher among those who reentered treatment than those who had not (19 hours vs. 11 hours), and this was primarily due to total amount of time in group sessions.

Implications and Recommendations

Recent MMTP dropouts can be engaged in a multi-component intervention, although different components may appeal to different clients. Furthermore, intervention outcomes indicate that this type of transitional program can have an impact on increasing treatment readiness, increasing treatment re-entry (for those who attended two or more group sessions) and reducing frequency of heroin use (for those who did not use cocaine at baseline). Analyses of 12-month outcomes are needed to determine whether these positive findings will be sustained.

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For additional information on this study you may contact Sherry Deren, Ph.D., Principal Investigator - E-mail: sherry.deren@ndri.org.

June 1999–November 1999

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Publications by
CDUHR staff
appear in a
wide range of
journals and are
disseminated to
diverse audiences.

MacQueen, K. M., Vanichseni, S., Kitayaporn, D., Lin, L. S., Buavirat, A., Naiwatanakul, T., Raktham, S., Mock, P., Heyward, W. L., Des Jarlais, D. C., Choopanya, K., & Mastro, T. D. (1999). Willingness of injection drug users to participate in an HIV vaccine efficacy trial Bangkok, Thailand. *Journal of Acquired Immune Deficiency Syndromes*, *21*, 243-251.

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Young, R. M. (1999). When numbers aren't enough: Why are WSW injectors at higher risk than other injectors? *LAP Notes*, (Issue 7), 18-19.

CDUHR Presentations

In addition to publications, in 1999, CDUHR staff presented over 40 posters and papers at major national and international conferences, e.g., College on Problems of Drug Dependence Annual Scientific Meeting, AIDS Impact International Conference on the Biopsychosocial Aspects of HIV Infection, American Public Health Association Annual Meeting, NIMH Role of Families in Preventing and Adapting to HIV/AIDS Conference and the International Harm Reduction Conference. To request a complete list of presentations, send e-mail to: cduhr@ndri.org.

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 January - June 2000, offered at no cost. All courses are offered at the NDRI offices unless otherwise noted.

Date	Course
1/19	What HIV/AIDS Service Providers Should Know About STDs (3 hrs)
1/19, 4/12	Overview of HIV Infection and AIDS (3 hrs)
1/24 - 1/27, 4/3 - 4/6†	Community HIV/AIDS Educator (Four days)
1/31, 3/27, 6/19#	Domestic Violence and HIV/AIDS (One day)
2/2, 5/24	Cultural Diversity (One day)
2/9*	Reducing Perinatal HIV Transmission in the Prenatal, Maternity and Newborn Setting (3 hrs)
2/9	Update on Clinical Management of HIV Infection (3 hrs)
2/22-2/24, 5/15-5/17	Reducing the Risk and Harm of HIV (Three days)
3/15, 5/3	HIV Testing Procedures (One day)
3/23-3/24*, 5/11-5/12	Early Identification of HIV Infection in Women and Newborns (Two days)
4/26, 6/14	HIV Confidentiality Law: What Health and Human Service Providers Need to Know (3 hrs)
Dates to be announced	HIV Reporting and Partner Notification: Assisting Persons Living with HIV/AIDS (One day)

† Bronx AIDS Services

Staten Island, exact location to be announced

* Bronx Lincoln Hospital

The above mentioned courses are eligible for contact hours for CASAC credentialing. For a complete listing of Year 2000 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.

Risk Factors Competing Continuation Awarded

The National Institute on Drug Abuse funded a competing continuation grant for the project *Risk Factors for AIDS Among IDUs* into the year 2004 (Don Des Jarlais, Ph.D., Principal Investigator). The Risk Factors project was first funded in 1983 and is the longest continuously funded study on HIV and injection drug use. It will continue to monitor trends on HIV risk behavior and HIV seroprevalence in New York City.

Pilot Project Awards

CDUHR's Project Development Core announced the awarding of three pilot projects during the period of September to October 1999. Stephen Sifaneck, Ph.D., received funding to explore *Heroin Overdose and HIV: Adverse Consequences of Heroin Use on the Lower East Side*. Dr. Sifaneck will be conducting ethnographic interviews to investigate specific conditions of overdose incidents including: the dosage of street heroin, the modes of administration, knowledge of HIV infection and whether heroin overdose affects drug use behavior and behaviors related to HIV risk. Alexandre Laudet, M.D., Ph.D., was awarded funding for the study: *Clinicians' Attitudes Towards Self-Help*. Dr. Laudet conducted a quantitative and qualitative study to assess clinicians' attitudes towards self-help (e.g., AA, NA). Pilot study results were used in support of a grant application and submitted for publication to the International Journal of Self-Help and Self-Care. Gerry Melnick, Ph.D., received an award for *Predicting Adherence to Antiviral Treatments Scale*. Dr. Melnick conducted focus groups to identify patients' perceptions of the barriers to adherence to HIV treatment regimens.

Coming Soon

The CDUHR/Training Winter Institute is scheduled for the week of February 14, 2000. Please visit our Web site at <http://www.ndri.org> for the latest updates on courses, dates and times.

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 (NIDA)
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.

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

CDUHR is funded by the National Institute on Drug Abuse 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/AIDS epidemic.

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