

CDUHR news

Center for Drug Use and HIV Research

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

“CDUHR and NDRI are valuable partners in getting the word out and also in planning the evaluation of ESAP. Researchers from CDUHR and NDRI participated in a research workshop in August and have been working closely with us and others on evaluation strategies ever since. We are excited about our partnership and collaboration on the evaluation of ESAP.”

Susan J. Klein,
Director of the Division of
HIV Prevention,
AIDS Institute, NYSDOH

New York State's Expanded Syringe Access Demonstration Program

The Expanded Syringe Access Demonstration Program (ESAP) is being implemented in New York State as of January 1, 2001, and scheduled to expire March 31, 2003. The program was enacted by the New York State Legislature in May 2000. This new law allows licensed pharmacies, health care facilities and health care practitioners that register with the state to sell or provide a maximum of 10 syringes per transaction, without a prescription, to persons 18 years of age or older. The New York State Department of Health (NYSDOH) is currently developing regulations to implement this demonstration program. The major provisions of the law are:

- Program participation by pharmacies, health care facilities and health care practitioners is voluntary
- Program participants must be registered with the New York State Department of Health to sell or provide syringes without a prescription
- Participants may sell or provide up to 10 syringes at a time, without a prescription, to anyone 18 years of age or older
- Participants must also distribute an informational safety insert (developed or approved by the NYSDOH) which covers the proper use of syringes, the risk of blood borne diseases, methods for the prevention of blood borne diseases, proper disposal practices and information on safe disposal, the dangers of injection drug use and how to access drug treatment, and a toll-free number regarding HIV/AIDS
- Participants must cooperate in activities that support safe disposal of syringes
- Pharmacies may not advertise their participation in the program
- Pharmacies may not openly display syringes for purchase
- An independent evaluation must be submitted by January 15, 2003 to the governor and the legislature. The evaluation will assess ESAP's impact on: syringe sharing, drug use, pharmacy practice, crime, accidental needlesticks among law enforcement, sanitation and

other personnel, syringe disposal, and various methods of education on safe use and proper disposal.

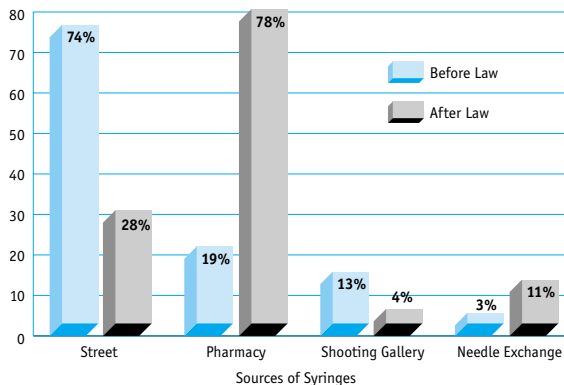
Access to Sterile Syringes is Necessary to Reduce Risk to Injection Drug Users

Injection drug users (IDUs) are at high risk for HIV, hepatitis B, hepatitis C and other blood borne infections from injecting with shared and re-used contaminated syringes. To prevent these and other blood borne infections, it is recommended that syringes be used only once. Coupled with estimates that an individual IDU injects about 1000 times a year¹, access to millions of sterile syringes would be necessary to meet the demand. In New York State, the new law is intended to provide additional sources to obtain new sterile syringes and is not meant to replace already existing syringe exchange programs (SEPs).

Three States Previously Changed Their Laws Regarding Pharmacy Sales of Syringes

A review of the laws and regulations in the United States and its territories shows that every state, in some way, regulates the sale, distribution and possession of syringes.² Forty-eight states have drug paraphernalia laws; pharmacy regulations restrict access in 23 states.^{3,4} In response to the AIDS epidemic among IDUs, three states amended or repealed laws to permit pharmacy sales of syringes without a prescription: Connecticut, Maine and Minnesota.

Percent reporting using each source



Sources of syringes reported by active IDUs during a 30-day period before and after the pharmacy syringe sale law in Connecticut (IDUs could report multiple sources). Graph adapted from Groseclose, et al. (1995).⁵ (Continued next page.)

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In 1992, Connecticut began to allow over-the-counter pharmacy sales and legalized the possession of up to 10 syringes, with no age restriction. After the change in the law in Connecticut, fewer IDUs reported syringe sharing in the past 30 days, fewer reported ever sharing syringes, fewer reported obtaining syringes on the street and more IDUs reported purchasing syringes from pharmacies.⁵ However, a survey of pharmacists suggested that few rated themselves as very willing to sell syringes to IDUs.⁶ In 1993, Maine repealed its prescription requirement for syringe sales, with no quantity restrictions on syringes. An evaluation of the effect of the law indicated that pharmacists were not selling syringes to IDUs because of concerns of the legality of such sales.⁷ Subsequently, in 1997, a new law was passed that decriminalized the possession of up to 10 syringes. As part of a comprehensive HIV prevention law, in 1997, Minnesota changed its law to allow over-the-counter sales at pharmacies of up to 10 syringes, as well as legalizing the possession of up to 10 syringes at a time.

Q and A with the New York State Health Department

The State Health Department is developing the regulations to implement the law. We spoke with Susan J. Klein, Director of the Division of HIV Prevention, AIDS Institute, NYSDOH, about the regulations.

Q: *What is the status of the regulations for the new law? When do you anticipate that the law will go into effect?*

A: A notice of “Emergency Adoption” was filed on December 13, 2000 for ESAP and will appear in the December 27, 2000 issue of the *State Register*. Emergency regulations to implement the program will take effect on January 1, 2001. A notice of “Proposed Rule Making” for ESAP appeared in the *State Register* on December 13, 2000 and marked the beginning of a 45-day public review and comment period. Comments are due to the Department within 45 days of the

publication date, or by January 27, 2001. All comments will be reviewed; if no substantive changes are made to the regulations, the Health Department will publish a notice of “Final Rule Making.” If substantive changes are made, a 30-day public comment period will occur.

The main features of the emergency and draft proposed regulations in summary are:

- Eligible providers must register with the Health Department to sell, furnish, or accept for disposal hypodermic needles and/or syringes. Providers that accept needles and syringes for disposal must comply with state and local laws regarding the disposal of regulated medical waste
- Registration is limited to providers in good standing. It requires completion of a registration form requiring, at a minimum, information regarding the provider, an attestation that the provider will abide by applicable laws and regulations, how the provider will participate in safe disposal, and an authorized signature
- Registered providers must notify the Department of Health of any changes to the registration information, including notification to withdraw from the program
- Registration information may be included in a resource directory or registry for use by consumers and providers
- Registration may be suspended for a period up to one year, upon the finding of a violation of the regulations or when the provider is no longer in good standing
- Individuals aged 18 or older may legally obtain and possess hypodermic syringes and needles obtained pursuant to this regulation.

Q: *How does the NYSDOH intend to “get the word out” on the new law? How will the list of registered participants be distributed?*

A: The Health Department places a priority on “getting the word out” about ESAP. Outreach to communities,

WEB SITES FOR ADDITIONAL INFORMATION ON SYRINGE EXCHANGE AND SYRINGE LAWS

Project Syringe Exchange Resources Online (SERO)

<http://www.projectsero.org>

This site provides general information, current news and research, and scientific and legal perspectives about syringe exchange.

North American Syringe Exchange Network (NASEN)

<http://www.nasen.org>

The NASEN site provides links to SEPs in the U.S. and Canada, advocacy groups for HIV/AIDS and drug treatment information .

New York State Department of Health (NYSDOH)

<http://www.health.state.ny.us>

This site will provide specific information about New York State’s Expanded Syringe Access Demonstration Program (ESAP).

pharmacies, health care facilities, health care practitioners, CBOs, law enforcement, government agencies at the state and local levels and others is occurring. Printed materials for consumers and providers are being finalized. In addition to letters, meetings and presentations, a statewide videoconference is being planned for February 13, 2001. A directory of registered providers, for both access and safe disposal, will be distributed and also posted on the Health Department's web site. There will be other important information posted on the web site as well.

Q: *Some have criticized the law since it does not appear to decriminalize possession of syringes. Are any efforts being made to prevent harassment, arrest and prosecution of IDUs for possessing legally purchased syringes?*

A: The law does say that persons may legally possess syringes obtained through the program. The State Health Department has, in the past, provided training to law enforcement personnel on harm reduction, syringe exchange operations, and infectious diseases. Recently, these trainings have also included briefings on ESAP. We have also reached out to other statewide agencies in the area of criminal justice and law enforcement.

Q: *Connecticut, Maine and Minnesota changed their laws regarding over-the-counter syringe sales. Were any lessons learned from these states that are being applied in the New York regulations?*

A: Yes. We have consulted extensively with both Connecticut and Minnesota, and adapted the Minnesota survey of pharmacies for use in New York. Published evaluations from Connecticut have been useful in conveying the importance of ESAP. You noted the results in terms of decreased syringe sharing. In addition, needlestick injury rates among police officers in Hartford, CT, were found to be higher during the 6 months before the law changed compared with the 6 month period after (six vs. two). We think that this is important information for police officers to know.

- Lurie, P., Jones, T.S., & Foley, J. (1998). A sterile syringe for every drug user injection: How many injections take place annually, and how might pharmacists contribute to syringe distribution? *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 18 (Supplement 1), S45-S51.
- Gostin, L.O., Lazzarini, Z., Jones, T.S., & Flaherty, K. (1997). Prevention of HIV/AIDS and other blood-borne diseases among injection drug users: A national survey of syringes and needles. *Journal of the American Medical Association*, 277 (1), 53-62.
- Taussig, J.A., Weinstein, B., Burris, S., & Jones, T.S. (2000). Syringe laws and pharmacy regulations are structural constraints on HIV prevention in the US. *AIDS*, 14 (Supplement 1), S47-S51.
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- 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.

New York State's HIV Reporting and Partner Notification Law

On June 1, 2000 New York State's HIV Reporting and Partner Notification Law went into effect. The law requires that cases of HIV infection, HIV-related illnesses and AIDS be reported, by name, to the department of health in order to monitor and track the epidemic. In addition, the law provides for notification of at-risk partners.

The regulations provide that:

- Physicians, other medical providers (e.g., nurse practitioners, physician assistants and midwives) and clinical laboratories are to report names to the NYSDOH, except in New York City where they are reported to the NYCDOH
- A list of sexual and needle-sharing partners known to the physician or medical provider (e.g. a spouse) must be also reported, as well as contacts that the person names
- Additional pre-test counseling explains that all HIV

cases are reported to the DOH, and describes the confidentiality protections of HIV-reporting and partner notification information

- Disclosure of partners at-risk is voluntary; there is no criminal or civil liability for not disclosing contacts
- Before partner notification a domestic violence screening must be conducted
- The HIV+ person is given the option of assistance in notifying partners or having the DOH conduct the notification
- The HIV+ person's name and any other identifying information is not revealed during partner notification
- Anonymous counseling and testing continues to be available at NYSDOH and NYCDOH approved sites
- HIV tests conducted for research purposes are exempt from reporting

The complete regulations, a question and answer section and contacts for additional information are available at the New York State Department of Health web site at: <http://www.health.state.ny.us>

“Parents have been an underutilized resource in HIV education. This project has demonstrated that training parents to be HIV/health educators can increase HIV knowledge, reduce HIV worry, increase intentions to use condoms and increase comfort in socializing with PHIVs in their children.”

Beatrice J. Krauss, Ph.D.,
Principal Investigator,
Parent/Pre-adolescent Training
for HIV Prevention

Parent/Pre-adolescent Training for HIV Prevention (PATH)

Principal Investigator: Beatrice J. Krauss, Ph.D.
Funding Agency: NIMH

Background

The Lower East Side (LES) of Manhattan has experienced one of the highest rates of HIV in the U.S. Parents in the community expressed a strong desire for a prevention program to protect their children against HIV, especially children ages 10-13. In focus groups with children, most indicated that they were eager to discuss issues regarding HIV with parents or a trusted adult. At the same time they had reservations about their parents' reaction to requests for information and the accuracy of their parents' knowledge regarding HIV.¹ A curriculum which focuses on parent-child communication about sex, drugs and HIV while incorporating active modeling, rehearsal and reinforcement techniques, Cornell University's *Talking with Kids About AIDS*² was expanded to include information on STI prevention issues, hepatitis, universal precautions, and how to safely and sensitively socialize with persons with HIV (PHIV).

Objectives

The main objectives of the study are to:

- Adapt, implement and evaluate a culturally-appropriate training for parents to be health educators for their children
- Compare parent and child reports on the number, specificity and quality of HIV-related conversations between parent and child
- Measure and compare HIV knowledge and HIV worry of parents and children
- Measure HIV risk behavior, intentions and outcomes for children
- Assess comfort in interactions with PHIV for parents and children

(Top, from left to right)
Christopher Godfrey, M.A., Data Analyst, James Pride, Research Assistant, Beatrice Krauss, Ph.D., Principal Investigator, Richard Velez, Interviewer, Dorline Yee, Senior Research Associate
(Bottom, from left to right)
W. Rees Davis, Ph.D., Project Director/Co-Investigator, Joanne O'Day, M.A., Field Site Supervisor, Yolanda Jones, Storefront Assistant/Interviewer, Teasha Daniels, Executive Assistant



Participants and Methods

Eligible parent-child pairs (child 10-13 years old) were recruited door-to-door from the public housing projects on the LES using random selection methods. A total of 375 parent-child pairs were recruited: 100 mother-daughter, 100 mother-son, 100 father-son, 75 father-daughter. “Parent” was defined as an adult in the parenting role. Nearly 20% of the participants were not biological parents, but were step-parents, aunts, uncles, or grandparents. Sixty-eight percent were Latino, 26% were African-American. After administering the baseline interview, parents were randomly assigned to training or to the information only (control) group. Parents who accepted training attended six three-hour courses (available in English or Spanish) over a 21-month period.³ Both parent and child are interviewed at 6-month intervals.

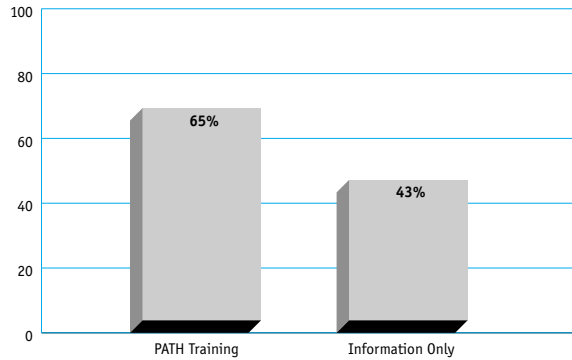
Preliminary Findings

Parent-child HIV conversations—At baseline, results from the first 50 participant pairs showed that children recalled 31% of the HIV-related talks their parents described in detail. Children were three times as likely to recall HIV conversations when the child reported being alone with the parent during the conversation. At the 1st six month follow-up interview, the setting and content of the conversations among the training group changed, while among the information only group they did not. Among the control group, 14% of HIV-related conversations occurred in private compared to 47% for the trained group. Children of parents in the trained group almost always reported messages of higher quality (e.g. more explicit, personalized, responsive, or expressing concern for relatives or friends with HIV).⁴

HIV knowledge and HIV worry—At baseline, parents scored higher than children on HIV knowledge (68% vs. 52% correct). Both tended to be incorrect on specific, crucial content (e.g. the efficacy of latex vs. lambskin condoms, treatments to prevent transmission of HIV from mother to infant). Children scored higher than their parents on HIV worry. For parents and children, HIV knowledge and worry were negatively related, i.e., the higher the knowledge, the less the worry. At the six month follow-up, children of parents offered training improved their HIV knowledge and reported less HIV worry than children of parents in the control group.⁴

HIV risk intentions—At the six month interview, when asked if they would use condoms at every intercourse, a higher percentage of the children of parents offered training (68%) compared to the control group (43%) indicated they would.⁵

Percent who say they will use condoms at every intercourse



Child Intent Regarding Condom Use at Six-Month Follow-up

Comfort in socializing with persons with HIV—In this community, 54% of children have known an average of three people they are certain have HIV; 13% are immediate family members, 83% are extended family, friends or family friends; one-third are deceased. One-third reported that they engaged in 5-7 activities in the past 30 days with a person living with HIV. At baseline, most reported feeling only somewhat comfortable in these interactions. At the six month interview, children of parents offered training reported significantly more comfort in their interactions with PHIV.⁶

Implications and Recommendations

Parents have been an underutilized resource in HIV education. This project has demonstrated that training parents to be HIV/health educators can increase HIV knowledge, reduce HIV worry, increase intentions to use condoms and increase comfort in socializing with PHIVs in their children. Because of its low-cost and adaptability, it is being successfully implemented for the LES community, and is currently being adapted in Mexico and Miami, Florida (with Cuban immigrants).

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4. Krauss, B. J., Goldsamt, L. A., & Bula, E. (1997, April). Parent-preadolescent communication about HIV in a high seroprevalence neighborhood. Symposium conducted at the Society for Research in Child Development Biennial Meeting: Mother-Adolescent Communication about Sexuality and AIDS, Washington, D.C.
5. Krauss, B. J., & Goldsamt, L. A. (1997, July). Influence of parents' interactive training on children's HIV risk intentions. Presented at the NIMH Conference on the Role of Families in Preventing and Adapting to HIV/AIDS, Baltimore, MD.
6. Krauss, B. J., Goldsamt, L. A., Hosein, I., Garcia, E., & Bula, E. (1998, July). The impact of a parent training on children's comfort in socializing with persons with HIV: An intervention in a high seroprevalence neighborhood. Presented at the 12th International Conference on AIDS, Geneva, Switzerland.

For additional information on this study you may contact Bea Krauss, Ph.D., Principal Investigator—E-mail: bea.krauss@ndri.org.

NEWCDUHR PROJECTS

In this section of the newsletter, information regarding newly funded research projects, since September 2000, are described.



HIV Risk Behaviors Among Urban Nomad Drug Injectors (NIDA)

Principal Investigator:

Don C. Des Jarlais, Ph.D.

Research has shown that a group of highly mobile, young IDUs travel frequently throughout the U.S. However, little is known about their travel patterns and the factors that may influence HIV risk behavior when they travel. These “urban nomads” are generally homeless, but are distinct from “locally homeless” IDUs who do not travel extensively. This study will describe a large sample of urban nomad IDUs (e.g., demographics, drug use histories, travel histories, HIV risk behaviors, and HIV, hepatitis B, and hepatitis C status) and identify factors associated with HIV risk behaviors and frequency of intercity travel. In addition, patterns of drug use and HIV risk behavior during travel, number of trips to different cities and factors that differentiate trips with and without HIV risk behaviors will be examined.



Measuring HIV/AIDS Knowledge Among the Deaf (NIMH)

Principal Investigator:

Elizabeth A. Eckhardt, M.S.W.

There is some evidence that HIV/AIDS knowledge is less accurate among the deaf. Low literacy levels, the fact that the deaf understand less than half of one-to-one conversations through lip-reading, confidentiality issues with interpreters and the absence of standardized American Sign Language (ASL) contribute to the barriers in interviewing the deaf regarding HIV/AIDS. The CDC reports increased usage of their HIV/AIDS information hotline for the deaf, with callers who communicate primarily using ASL and Signed English more likely to reveal unsafe sex than those using standard English (who generally show higher levels of literacy). This project will test the feasibility of effectively interviewing the deaf about attitudes, behaviors and knowledge regarding HIV/AIDS. The results will be used towards the development of a full scale HIV/AIDS questionnaire using Interactive Video Questionnaire Technology.

(Continued next page.)



Community Vulnerability and Response to HIV (NIDA)

Principal Investigator:
Samuel R. Friedman, Ph.D.

HIV prevalence and incidence levels among IDUs vary widely in different cities. Cities also differ in whether there are outreach programs, SEPs and the degree of access to drug treatment. This project will examine structural, legal and policy determinants of community vulnerability to HIV and of programs that might reduce the spread of HIV in large metropolitan areas. Annual surveys on SEPs, drug treatment programs and outreach programs to high-risk drug users will be supplemented with surveys of community experts to provide up-to-date information on “response programs.” Analyses will determine characteristics that are associated with HIV prevalence and incidence (and any changes) among IDUs, responses to the epidemic and the proportion of IDUs in the population.

Local Context, Social Control Action, and HIV Risk: Phase 1 (NIMH)

Principal Investigator: Samuel R. Friedman, Ph.D.

A promising new approach to reducing HIV transmission is community-level interventions which can assist local residents’ “social control actions”, actions which may help to re-shape social norms of drug users. This project was funded as a Phase I study, to develop reliable and valid measures of (a) local-area-oriented and family-oriented actions that may control risk behaviors or “trail-blazer” behaviors (those that may lead to risk behaviors) and (b) norms that measure behavior codes. Ethnographic research will be the basis for developing and testing survey items.

Networks, Norms and HIV/STI Risk Among Youth (NIDA)

Principal Investigator: Samuel R. Friedman, Ph.D.

In Bushwick, Brooklyn it is estimated that at least 30% of IDUs are infected with HIV. Our recent research shows that among a representative sample of young adults in Bushwick, drug injection and HIV infection are below 1%. The project will seek to determine the factors that are behind these low rates by interviewing the extended sexual and injection networks of young IDUs, and a representative sample of young non-IDU adults, including testing for HIV and other blood-borne and sexually transmitted infections. Analyses will determine: how sexual network characteristics are related to infections, how sexual networks and peer norms are interrelated, how norms

and networks are related to risk behaviors, and what individual characteristics predispose young adults to be in high-risk networks.



Interventions for HIV-Positive Mothers with Drinking Problems (NIAAA)

Principal Investigator:
Marya Viorst Gwadz, Ph.D.

At least one-third of mothers living with HIV experience problem drinking, which is likely to impair their abilities to parent effectively, maintain good health, and manage other drug use. This study will design, implement, and evaluate an intervention for HIV-positive mothers with adolescent children. The “Family First” intervention builds on programs for parents with AIDS and cognitive-behavioral interventions for alcohol abuse. In addition to standard care, mothers will be randomly assigned to receive either the “Family First” intervention (17 sessions) or a minimal video intervention. The “Family First” intervention is intended to help mothers reduce or eliminate alcohol use and enhance parenting skills. It is anticipated to have a positive impact on their adolescent children as well, e.g., enhancing the youth’s own competencies, while reducing problem behavior. Both mothers and adolescents will be interviewed over two years.



HCV Service Innovations in Drug Treatment Programs (NIDA)

Principal Investigator:
Shiela M. Strauss, Ph.D.

Hepatitis C (HCV) is currently the most prevalent life-threatening disease among IDUs and the complications from chronic HCV are likely to increase in this population in the next few years. Drug treatment programs are uniquely situated to provide HCV services to drug users; however there is very little systematic information on the HCV services they offer. The study will measure the extent to which drug treatment programs provide each of three types of HCV services (education and counseling, testing, medical management and treatment) by interviewing administrators and medical professionals in a nationwide sample of programs. In addition, case studies of drug treatment programs will be conducted to understand the adoption and development of HCV services, as well as HCV service delivery practices and procedures and clients’ perceptions of the HCV delivery process.

June – November 2000

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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 2001, offered at no cost. All courses are offered at the NDRI offices unless otherwise noted.

Date	Course
1/11, 4/4 ^a	Overview of HIV Infection and AIDS (3 hours)
1/11, 5/30 ^a	HIV and STDs (3 hours)
1/17, 3/13	Implementing HIV Reporting and Partner Notification (One day)
1/22–1/25, 5/21–5/24	Community HIV/AIDS Educator (Four days)
2/7–2/9, 5/1–5/3	HIV Testing Procedures and Enhancing Domestic Violence Screening in the HIV Test Counseling Setting (Two days, 3 hours)
2/13 ^b	HIV/AIDS Confidentiality Law (3 hours)

a Lincoln Hospital, Bronx b Bronx AIDS Services

These courses are eligible for contact hours for CASAC credentialing. For a complete listing of Year 2001 courses, the curriculum of Special Request courses, CDUHR/Training Institute courses, and information on the courses listed above, call the Training Institute at (212) 845-4569. This information is also available on our Web site at <http://www.ndri.org> where you may register for these courses.

Pilot Project Awards

CDUHR's Project Development Core announced the awarding of four pilot projects during the period of September to December 2000. Tracy Durrah, Dr.P.H., was awarded funding for *Development of the ADAM-Syringe Supplement* to develop an instrument to document the sources of syringes among New York City arrestees, to assist in evaluating the New York State's Expanded Syringe Access Demonstration Program. Larry Nuttbrock, Ph.D., received an award for *Powerlessness and HIV Risks of Female Sex Workers and Their Primary (Non-Paying) Male Partners*. This study will collect data to test hypotheses derived from a newly proposed theory of powerlessness in heterosexual relationships and to

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 epidemic.

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 C. Des Jarlais, Ph.D.

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

Date	Course
2/13, 5/30 ^a	HIV/AIDS Update (3 hours)
2/26–2/28, 4/9–4/11	Reducing the Risk and Harm of HIV (Three days)
3/9 ^a , 5/8	Basic Information About Domestic Violence (One day)
3/21, 6/12	Cultural Diversity Training for Case Managers (One day)
4/4 ^a	Reducing Perinatal HIV Transmission in the Prenatal, Maternity, and Newborn Setting (3 hours)
4/25, 6/6	Domestic Violence in Lesbian, Gay, Transgender & Bisexual Communities (One day)

examine powerlessness as a predictor of HIV risk behavior among female sex workers and their primary partners. Alan Neaigus, Ph.D., received funding for *Network Risks for HIV and HCV Among Young Short-Term Injection Drug Users in New York City and Marseilles*. This study (funded jointly with the Strategic National and International Comparisons Core) will develop a plan for collaborative research on risk and social influence networks among young short-term IDUS. Rebecca M. Young, Ph.D., was funded for *Analytic Dialogues with Women Injection Drug Users*. This project (funded jointly with the Methods Development and Data Analysis Core) will explore the feasibility of engaging respondents in the analysis of ethnographic interviews and test alternative methods for recording analytic dialogues.

Sherry Deren, Ph.D., *Center Director*
Beatrice J. Krauss, Ph.D., *Center Deputy Director*
Carmen Ortiz-Priester, *Administrative Coordinator*
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CDUHR Supported Projects

Alternative Program for Methadone Maintenance Dropouts (NIDA)

Principal Investigator:
Sherry Deren, Ph.D.

Community Vulnerability and Response to HIV (NIDA)

Principal Investigator:
Samuel R. Friedman, Ph.D.

Drug Use and HIV Risk Among Youth (NIDA)

Principal Investigator:
Samuel R. Friedman, Ph.D.

Drug Users' Self-Reported HIV Status: Validity/Methods (NIDA)

Principal Investigator:
Shiela M. Strauss, Ph.D.

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

Family-Based HIV Prevention in Mexico (WAF)

Principal Investigator:
Beatrice J. Krauss, Ph.D.

HCV Service Innovations in Drug Treatment Programs (NIDA)

Principal Investigator:
Shiela M. Strauss, Ph.D.

HIV Risk Among Women IDUs Who Have Sex With Women (NIDA)

Principal Investigator:
Samuel R. Friedman, Ph.D.

HIV Risk Behaviors Among Urban Nomad Drug Injectors (NIDA)

Principal Investigator:
Don C. Des Jarlais, Ph.D.

Interventions for HIV-Positive Mothers with Drinking Problems (NIAAA)

Principal Investigator:
Marya Viorst Gwadz, Ph.D.

Local Context, Social Control Action and HIV Risk: Phase 1 (NIMH)

Principal Investigator:
Samuel R. Friedman, Ph.D.

Measuring HIV/AIDS Knowledge Among the Deaf (NIMH)

Principal Investigator:
Elizabeth A. Eckhardt, M.S.W.

Networks, Norms, and HIV/STI Risk Among Youth (NIDA)

Principal Investigator:
Samuel R. Friedman, Ph.D.

Networks, Resources and Risk Among Women Drug Users (NIDA)

Principal Investigator:
Maureen Miller, 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 NY and PR: HIV Risk Behavior Determinants (NIDA)

Principal Investigator:
Sherry Deren, Ph.D.

Risk Factors for AIDS Among IDUs (NIDA)

Principal Investigator:
Don C. Des Jarlais, Ph.D.

Women Drug Users, Their Male Partners and HIV Risk (NIDA)

Principal Investigator:
Stephanie Tortu, Ph.D.