

CDUHR news

Center for Drug Use and HIV Research

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

“While it is important to be informed about the international, national and local pictures of the HIV/AIDS epidemic, it is also crucial to be updated on street-level trends so that we can try to get ahead of the epidemic rather than trailing behind it.”

Thomas Hamilton,
Deputy Program Director,
Center for AIDS Outreach and
Prevention, NDRI

Emerging Trends in HIV and Drug Use

CDUHR sponsored two recent conferences: *Emerging Trends in HIV/Substance Use* and the *CDUHR Mini-Conference*. Two major goals of the meetings were to review city-wide HIV/AIDS trends in New York City and to identify newly emerging issues that could impact the transmission of HIV among drug users, such as changes in drug use, population trends, community or neighborhood changes, and policy shifts regarding treatment services, welfare and access to drug treatment. CDUHR sponsored these meetings to facilitate dialogue between research investigators and community-based staff and monitor trends to help determine the direction of future investigations.

Mary Ann Chiasson, Dr. P.H., of the Medical and Health Research Association presented a historical overview of trends in the AIDS epidemic in New York City. The most recent AIDS surveillance data showed increases in the proportion of AIDS cases among women, African-Americans and Latinos. Decreases were found in pediatric cases and cases related to injection drug use (IDU).¹ In a recent CDC report based on seven U.S. cities (including NYC), a resurgence of HIV incidence among young men who have sex with men (MSM), particularly among African-American, young MSM, was reported. Among these cities, NYC had the highest incidence rates.²

Perspectives from the Field

Other participants at the conferences presented rich qualitative information on what they had been observing in several communities in NYC. The presenters included the Deputy Program Director of the Center for AIDS Outreach and



Thomas Hamilton,
Deputy Program Director,
Center for AIDS Outreach
and Prevention, NDRI

Prevention (AOP), and field staff from community-based research projects in CDUHR and NDRI.

Drug Use Trends

- Heroin appears to be re-emerging as the drug of choice. There appears to be a shift from injection to “sniffing” and “snorting” heroin even among users who previously injected exclusively.
- There have been increased reports of ketamine injection. There have also been reports of crack injection, although this is still thought to be rare. Some reported increasing use of Ecstasy. Street sales of Viagra and other prescription medications were reported.
- In some areas of NYC, crack use appears to be subsiding while in others no change was reported. Crack use seems to be more common among older users; younger users tend to avoid crack use because they do not want the stigmatization of being a “crackhead”.
- Polydrug use continues to be very common. Alcohol use is the most common in combination with other drugs and in some areas polydrug use is considered the norm. Crack and alcohol are commonly used together, blunt smokers often combine alcohol and marijuana and occasionally mix marijuana with crack and/or cocaine.

Population Trends

- There has been a large influx of immigrants throughout NYC, with notable increases in Mexicans, West Africans, Dominicans and Jamaicans, many of whom are undocumented. Drug use among immigrant (Continued next page.)

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We would like to acknowledge the generous contributions to this article of the following NDRI staff: Thomas Hamilton, Abigail Hunter, Maureen Miller, Denise Oliver-Velez, Doris Randolph, Milagros Sandoval, Joy Settembrino, Stephen Sifanek and Leilani Torres.

populations of Dominicans and Jamaicans has been observed. There have been reports of new arrivals from Puerto Rico who come for access to methadone maintenance treatment programs (MMTPs) and HIV/AIDS services; most speak little or no English.

- There has also been a large influx of younger, White IDUs from areas outside NYC. It is believed that these users may be migrating to NYC because of the price and purity of heroin.
- Some elderly people are acquiring HIV from sex workers. Many receive government and pension checks during the early part of each month. During this period the energy level increases on the streets in terms of drug sales, drug use and prostitution. Some elderly have become addicted to crack while experimenting with it.

Community/Neighborhood Trends

- Gentrification in some communities has resulted in sealing off or renovation of previously abandoned buildings. This loss of “safe” spaces to inject results in the need to inject quickly. Economic development brings pressure to suppress both street drug dealing and visible presence of MMTP clients by police sweeps of targeted areas. In some areas, community

pressure has led to relocations of needle exchange programs.

- Increased police presence is causing more discreet use of drugs on the street; users are isolating themselves behind bushes or in desolate areas. As a result IDUs and sex workers are not as accessible to outreach programs.
- Those living outside Manhattan continue to have less access to services. Most have to travel into Manhattan or long distances to access services.

Other Policy Trends

- Drug treatment access continues to be inadequate. It is difficult to get into treatment on the same day. Potential candidates are required to have a picture I.D., Medicaid or proof of address which many do not carry.
- Users who have “sanctioned Medicaid” for violating welfare and workfare rules are restricted from receiving drug treatment services and other government benefits.

Summary and Future Issues

Changes in drug use and immigration patterns and city-wide and service agency policies have affected HIV risk and protective behaviors. The influx of

INFORMATION ON HIV/AIDS AND DRUG USE TRENDS

These Web sites are a sample of the information available on the internet on HIV/AIDS and drug use trends. Each site contains links to other relevant sites.

Centers for Disease Control and Prevention (CDC)

National Center for HIV, STD and TB Prevention, Divisions of HIV/AIDS Prevention

<http://www.cdc.gov/hiv/dhap.htm>

The CDC site provide surveillance information on HIV and AIDS at the national level.

New York City Department of Health (NYCDOH) Disease Intervention Research

<http://www.ci.nyc.ny.us/html/doh/html/dires/dires.html>

The NYCDOH site provides AIDS surveillance information on mortality and risk categories for the five boroughs of New York City.

National Institute on Drug Abuse (NIDA)

Division of Epidemiology, Services and Prevention Research
Community Epidemiology Work Group (CEWG)

<http://165.112.78.61/CEWG/CEWGHome.html>

The CEWG provides community level descriptive and analytical information regarding the nature and patterns of drug abuse and emerging trends.

New York State Office of Alcoholism and Substance Abuse Services (OASAS)

Prevention Risk Indicator Services
Monitoring System (PRISMS)

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

The OASAS site houses DataMart which contains community-level information related to alcohol and drug use for New York State.

new immigrants may create new at-risk populations. Groups traditionally not considered at-risk (e.g., the elderly) may become at-risk for acquiring HIV. The need for IDUs to inject quickly (due to a variety of reasons) may result in users not disinfecting their needles and works properly. The impact of the Expanded Syringe Access Program (ESAP) is unknown (see Page 8 regarding ESAP evaluation). As people complete their time limits for receiving

government assistance (maximum five years), how will they obtain resources? As new patterns evolve and new policies are introduced, it is critical to continuously monitor trends at the community level to identify emerging risk behaviors and populations at-risk for HIV transmission.

1. New York City Department of Health, Office of AIDS Surveillance (2000). AIDS in New York City. New York: Author.
2. Centers for Disease Control and Prevention (2001). HIV incidence among young men who have sex with men - seven U.S. cities, 1994-2000. *Morbidity and Mortality Weekly Report*, 50 (21), 440-444.

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

“Many individual-level risk behaviors, practices and circumstances are determined at levels other than the individual, such as within sex partnerships, social networks or communities. Efforts at change at the individual level are unlikely to be fully effective until factors at these other levels that influence an individual’s risk are addressed and incorporated into prevention.”

Maureen Miller, Ph.D.,
Principal Investigator,
Networks, Resources and Risk
Among Women Drug Users

Networks, Resources and Risk Among Women Drug Users

Principal Investigator: Maureen Miller, Ph.D.
Funding Agency: NIDA

Background

Women who use drugs are at high risk for acquiring HIV and other blood-borne and sexually transmitted infections, such as hepatitis B (HBV) and hepatitis C (HCV). There are a variety of causal level factors for increased risk among women including biological, behavioral, dyadic relationship, network and environmental (e.g., access to resources) factors. Although biological and behavioral factors have been documented extensively, very little research has been conducted examining other potentially causal levels and how the interaction of these levels may affect risk.¹

Objectives

The objectives of this study are to:

- Develop a contextualized understanding of other potentially causal levels of risk among women who use drugs, including environmental, network and dyadic relationship factors
- Examine ways that different causal levels interact to affect HIV risk
- Conduct interviews in an area where drug use and HIV-related research had not been conducted: Bedford-Stuyvesant, Brooklyn
- Explore the process of sex partnership formation

Participants and Methods

Qualitative, life-history interviews were conducted with 28 women who use heroin, crack and/or

cocaine and who were recruited from Bedford-Stuyvesant, Brooklyn and the Lower East Side of Manhattan. The average age of the women was 30 (age range: 19-43). Nine were White, eight were African-American, eight were Latina and three reported mixed race or ethnicity. Thirteen (46%) completed high school/earned a GED.



*Maureen Miller, Ph.D.,
Principal Investigator*

Preliminary Findings

Drug use and infection status—Among these women, 22 (79%) reported heroin use, 12 (43%) reported crack use, and six (21%) reported cocaine use. Eighteen (64%) reported a history of injection drug use. Ten (36%) reported being HIV-positive, eight (29%) reported being infected with HCV and three (11%) reported HBV infection.² Although the women felt that they were at high-risk for HIV infection, many had not been tested for HIV. Women recruited on the Lower East Side were aware of their risk for HBV and HCV, while women recruited in Bedford-Stuyvesant were mostly unaware of the hepatitis risk posed by drug use.

Legal and illegal or undocumented financial resources—Of the 28 women, one was currently employed; 10 (36%) reported being employed in their lifetime. Sixteen (57%) of the women were currently receiving some form of government benefits. Reporting on illegal or undocumented resources, 21 (75%) worked in the drug trade, 19 (68%) were involved in sex work and (Continued next page.)

19 (68%) reported stealing. Half of the women also cited support by “sugar daddies”.²

Current sex partners and their resources—All reported partners were men; 16 (57%) women reported one current sex partner, while six (21%) reported more than one current partner. Of those reporting more than one partner, three were currently involved in sex work. Of the male sex partners, 65% were drug users and 54% acquired drugs for the women; 35% were employed, 32% worked in the drug trade and 50% received government benefits.²

Implications and Recommendations

Individual risk practices and circumstances are often determined by sex partnerships, social networks and

access to resources. Many of these factors interact in complex ways (e.g. engaging in sex work because it is the only opportunity to earn money to support children and/or sex partners). Women who use drugs face multiple challenges which may reduce their ability to adopt and maintain protective behaviors. Efforts to change individual risk are unlikely to be fully effective until factors at other levels that may influence an individual’s risk are addressed and incorporated into prevention efforts.

1. Miller, M., & Neaigus, A. (2001). Networks, resources and risk among women who use drugs. *Social Science and Medicine*, 52, 967-978.

2. Miller, M., & Neaigus, A. (2001, April). Sex partnership formation and HIV risk among low income women who use drugs. Presented at the International Sunbelt Social Network Conference, Budapest, Hungary.

For additional information on this study you may contact Maureen Miller, Ph.D., Principal Investigator - E-mail: mm35@columbia.edu

PILOT PROJECT FINDINGS

In this section of the newsletter, CDUHR-funded pilot project findings will be featured. Summaries of six projects are presented in this issue.

“One of the priorities of the Project Development Core is to foster new investigators and new investigations. Our pilot project awardees have demonstrated that a small amount of support can produce important and innovative research.”

Beatrice Krauss, Ph.D.,
Director, CDUHR Project
Development Core

The Role of Sexual Abuse in Drug Involvement and HIV/AIDS Risk Behavior



Principal Investigator:
Tracy Durrah, Dr. P.H.

Background and Methods—This project is a secondary analysis of data collected on 836 women arrested in Manhattan, in 1996-1997, from the Drug Use Forecasting Program (DUF).

DUF collects information on demographics, arrest charge and self-reported drug use. A supplement obtained information about sexual abuse and sexual risk behavior. In addition, urinalyses were performed for 10 drugs.

Results and Implications—Over 80% of the women tested positive for at least one illicit drug. Twenty-five percent reported sexual abuse. Of those reporting sexual abuse, 49% reported childhood sexual abuse (occurring at 17 years of age or younger), 33% reported adult sexual abuse, 18% reported childhood and adult sexual abuse. It appears that sexual abuse is a factor in drug use and sexual risk behavior among these women. These results can be used by treatment programs to assist in recovery and healing.

For additional information you may contact Tracy Durrah, Dr. P.H. - E-mail: tracy.durrah@ndri.org.

Healthcare Utilization Among Street Youth

Principal Investigator:
Marya Gwadz, Ph.D.



Background and Methods—

Prior research has shown that street youth have problems accessing health and social services. This project examined barriers to utilization of these

services, with a focus on HIV testing. Structured and semi-structured interviews were conducted with 30 street youth and 10 youth service providers.

Results and Implications—Despite difficulties in accessing care, 92% had been tested for HIV - many were tested more than once (an average of seven times) - with the vast majority (91%) returning for their results. Youth cited three main reasons for getting tested: 1) they “just wanted to know”, 2) a program reached out to them, required testing, and/or provided an incentive for testing; and 3) less commonly, they were concerned about risk behavior or exposure. Youth were generally tested at organizations separate from where they received medical or social services, which could present problems with follow-up care. In some organizations, homophobia and AIDS-phobia were barriers in discussing HIV testing.

For additional information you may contact Marya Gwadz, Ph.D., E-mail: marya.gwadz@ndri.org.

Clinicians' Attitudes Toward Self-Help

Principal Investigator: Alexandre Laudet, Ph.D.

Background and Methods—Participation in 12-step groups (e.g., Narcotics Anonymous, Alcoholics Anonymous) during and after drug treatment has been demonstrated to facilitate recovery from drug use. Treatment providers can play an important role in engaging clients in 12-step groups, yet little is known about the attitudes of clinicians towards these groups. A focus group was conducted and self-administered semi-structured questionnaires were completed by 38 drug treatment providers.

Results and Implications—Providers generally had a positive view of 12-step groups but believed that recovering clients needed treatment as well. They believed that the primary benefits are fellowship with other recovering users, as well as relapse prevention. Overall, providers' decisions about referral were based on limited or inaccurate knowledge about self-help groups.¹ These misconceptions could lead to missed opportunities for referrals which may assist in recovery.

1. Laudet, A.B. (1999-2000). Substance abuse treatment providers' referral to self help: Review and future empirical directions. *International Journal of Self Help and Self Care*, 1 (3), 213-225.

For additional information you may contact Alexandre Laudet, Ph.D.,
E-mail: alexandre.laudet@ndri.org.

The Political Culture of Prevention



Principal Investigator:
Howard Lune, Ph.D.

Background and Methods—This study examined needle exchange programs (NEPs) in New York City and Amsterdam comparing the relationship between the public health and criminal justice systems in the development of prevention policies for drug injectors. Observations at NEPs and unstructured interviews were conducted with NEP directors, staff and volunteers.

Results and Implications—Public support for NEPs is more difficult to generate in New York City, primarily because of the conflict between medical and criminological models of drug control. NEPs in New York City have developed strategies to work in a hostile political climate. In Amsterdam, a negotiated resolution of this same conflict, in part resulting from

the use of expert advisory panels by politicians, has led to better community relations for NEPs.

For additional information you may contact Howard Lune, Ph.D.,
E-mail: luneh@wpunj.edu.

Chronic Pain Among Persons with Chemical Dependence



Principal Investigator:
Andrew Rosenblum, Ph.D.

Background and Methods—This project estimated the prevalence and severity of chronic pain among drug users, and the relationship between chronic pain and the use of drugs. A pain questionnaire was administered to 46 HIV-positive former or current methadone maintenance treatment program (MMTP) clients, 241 MMTP clients, and 510 clients in rehabilitation (primarily alcohol and/or cocaine users). Chronic pain was defined as pain persisting for more than six months with moderate or severe pain intensity or significant interference with daily activities.

Results and Implications—Among those who were HIV-positive, 39% reported chronic pain compared to 38% of MMTP clients and 24% of rehabilitation clients. For both MMTP and rehabilitation clients, pain was associated with initiating drug use. Among rehabilitation clients chronic pain was associated with drug craving, and use of "street" medications (heroin or opiates obtained without a prescription) to treat pain. Chronic pain appears to be prevalent among drug users. This population could benefit from comprehensive pain management programs, which may help reduce the risk of relapse.

For additional information you may contact Andrew Rosenblum, Ph.D.,
E-mail: andrew.rosenblum@ndri.org.

Heroin Overdose and HIV: Adverse Consequences of Heroin Use on the Lower East Side



Principal Investigator:
Stephen Sifaneck, Ph.D.

Background and Methods—This study examined the conditions of heroin overdose and the relationship between overdose and HIV status and HIV risk behavior. (Continued next page.)

Ethnographic interviews were conducted with 20 users who survived a heroin overdose incident within the last two years, and with partners and peers of users who died from a heroin overdose.

Results and Implications—Heroin users reported being more concerned about the risk of acquiring HIV than about overdosing. Overdose incidents involved users injecting quickly and in unsanitary conditions (e.g., park bathroom or bench, fast-food

restaurant bathroom). Some “squats” and residences where users inject had rules regarding the response to overdosing; they included leaving the user in the hallway or on the street to avoid having the space become known as a place for injection. The fear of being caught and arrested may lead to unsafe injection practices (which increase HIV transmission), as well as overdose-related deaths.

For additional information you may contact Stephen Sifaneck, Ph.D.,
E-mail: stephen.sifaneck@ndri.org.

CDUHR PUBLICATIONS

December 2000 – May 2001

Colón, H. M., Finlinson, H. A., Robles, R. R., Deren, S., Andia, J., Kang, S-Y., & Oliver-Velez, D. (2001). Joint drug purchases and drug preparation risk behaviors among injection drug users. *AIDS and Behavior*, 5 (1), 85-96.

Deren, S., Beardsley, M., Coyle, S., Singer, M., & Kang, S-Y. (2001). HIV risk behaviors among injection drug users in low, medium and high seroprevalence communities. *AIDS and Behavior*, 5 (1), 45-50.

Deren, S., Goldstein, M. F., Des Jarlais, D. C., Richman, B. L., Kang, S-Y., & Flom, P. L. (2001). Drug use, HIV-related risk behaviors and dropout status of new admissions and re-admissions to methadone treatment. *Journal of Substance Abuse Treatment*, 20, 185-189.

Deren, S., Robles, R., Andia, J., Colón, H. M., Kang, S-Y., & Perlis, T. (2001). Trends in HIV seroprevalence and needle sharing among Puerto Rican drug injectors in Puerto Rico and New York: 1992-1999. *Journal of Acquired Immune Deficiency Syndromes*, 25, 164-169.

Des Jarlais, D. C. (2001). Comment on Valenciano et al.'s “Unsafe injecting practices among attendees of syringe exchange programmes in France”. *Addiction*, 96 (5), 777-778.

Des Jarlais, D. C., & Friedman, S. R. (2001). Strategies for preventing HIV infection among injecting drug users: Taking interventions to the people. In N. Schneiderman, M. A. Speers, J. M. Silva, H. Tomes, & J. H. Gentry (Eds.), *Integrating behavioral and social sciences with public health* (pp. 141-158). Washington, D.C.: American Psychological Association.

Des Jarlais, D. C., & Jones, A. (2001). Small world, big challenges: A report from the 9th International Congress of the World Federation of Public Health Associations. *American Journal of Public Health*, 91 (1), 14-15.

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Falkin, G. P., & Strauss, S. M. (2000). Drug-using women's communication with social supporters about HIV/AIDS issues. *Journal of Drug Issues*, 30 (4), 801-822.

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Friedman, S. R. (2001, Spring). New times, new dangers, new possibilities. *Harm reduction communication*, 26-27.

PILOT PROJECT AWARDS

CDUHR's Project Development Core announced three new pilot project awards. Jennifer Fuld, ABD, was funded for *An Exploratory Study of Mothering Practices, HIV Risk and Risk Avoidance Among Women Who Use Drugs*. This project will explore the concept of "mother identity" and parenting among women who use drugs and the impact on HIV risk and risk avoidance practices. Marya Gwadz, Ph.D., received funding for *Victimization and Trauma, Their Psychosocial and Behavioral Sequelae, and Risk Among Street Youth*, which will

examine the relationships between victimization/trauma and attachment, mental health (e.g., character disorders and post-traumatic stress disorder) and sexual and drug HIV risk behavior among street youth. Noelle Leonard, Ph.D., was funded for *Attachment and Risk for HIV in At-Risk Adolescents*. This project will document attachment patterns and explore the relationship between attachment style, social dating and intimacy, and sexual and drug use patterns among adolescents in high seroprevalence communities in the New York City area.

Friedman, S. R., Perlis, T., & Des Jarlais, D. C. (2001). Laws prohibiting over-the-counter syringe sales to injection drug users: Relations to population density, HIV prevalence, and HIV incidence. *American Journal of Public Health, 91* (5), 791-793.

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Goldstein, M. F., Deren, S., Beardsley, M., & Richman, B. (2001). An alternative program for methadone maintenance drop-outs: Description and preliminary data. *Mount Sinai Journal of Medicine, 68* (1), 33-40.

Johnson B. D., Maher, L., & Friedman, S. R. (2001). What public policies affect heroin users? *Journal of Applied Sociology, 18* (1), 14-49.

Miller, M., & Neaigus, A. (2001). Networks, resources and risk among women who use drugs. *Social Science and Medicine, 52*, 967-978.

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Pequegnat, W., Bauman, L. J., Bray, J. H., DiClemente, R., DiIorio, C., Hoppe, S. K., Jemmott, L. S., Krauss, B., Miles, M., Paikoff, R., Rapkin, B., Rotheram-Borus, M. J., & Szapocznik, J. (2001). Measurement of the role of families in prevention and adaptation to HIV/AIDS. *AIDS and Behavior, 5* (1), 1-19.

Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian and bisexual youths: Stipulation and exploration of a model. *American Journal of Community Psychology, 29* (1), 133-160.

Strauss, S. M., & Falkin, G. P. (2000). The relationship between the quality of drug user treatment and program completion: Understanding the perceptions of women in a prison-based program. *Substance Use and Misuse, 35* (12-14), 2127-2159.

Strauss, S. M., & Falkin, G. P. (2001). Social support systems of women offenders who use drugs: A focus on the mother-daughter relationship. *American Journal of Drug and Alcohol Abuse, 27* (1), 65-89.

Tortu, S., McMahon, J., Hamid, R., & Neaigus, A. (2000). Drug-using women's sexual risk: An event analysis. *AIDS and Behavior, 4* (4), 329-340.

Tortu, S., Neaigus, A., McMahon, J., & Hagen, D. (2001). Hepatitis C among noninjecting drug users: A report. *Substance Use and Misuse, 36* (4), 523-534.

Vanichseni, S., Kitapaporn, D., Mastro, T. D., Mock, P. A., Raktham, S., Des Jarlais, D. C., Sujarita, S., Srisuwanvilai, L., Young, N. L., Wasi, C., Subbarao, S., Heyward, W. L., Eparzza, J., & Choopanya, K. (2001). Continued high HIV-1 incidence in a vaccine trial preparatory cohort of injection drug users in Bangkok, Thailand. *AIDS, 15*, 397-405.

CDUHR/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 sponsored by CDUHR, in June 2001, offered at no cost to participants. All courses are being held at the NDRI offices.

Date	Course
6/25	HIV Risk Among Women Who Use Drugs (2 hours)
6/25	"Club" Drugs and HIV* (3 hours)
6/26	Tools for Managing HIV Infection* (2 hours)
6/27	The Theory and Practice of Motivational Interviewing* (3 hours)

*Eligible for contact hours for CASAC credentialing.

For a listing of other upcoming 2001 courses, the curriculum of Special Request courses, NYS AIDS Institute courses and information on the courses listed above call the Training Institute at (212) 845-4569. The information is also available on our Web site at <http://www.ndri.org> where you may register for courses.

NYS ESAP Evaluation Funded

The National Institute on Drug Abuse funded the *Expanded Syringe Access Program: NY Evaluation* (David Vlahov, Ph.D., Principal Investigator, New York Academy of Medicine). This project will assess the effectiveness of the New York State Expanded Syringe Access Program (ESAP). ESAP, implemented on January 1, 2001, allows registered participants (pharmacies and health care providers) to sell or provide up to 10 syringes at a time to anyone 18 years or older, without a prescription. The evaluation will include phone surveys, ethnographic interviews, street surveys on discarded syringes, as well as the addition of questions to currently funded studies of drug injectors

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.

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

Statistics and Data Analysis Core
Shiela M. Strauss, Ph.D.

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

Theory Core
Samuel R. Friedman, Ph.D.

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

Date	Course
6/27	Acupuncture Treatment as an Aid to Recovery* (3 hours)
6/28	HIV Issues for Latinas in Drug Treatment* (3 hours)
6/28	Practicing the Domestic Violence Screening Protocol* (3 hours)
6/29	Batterers Intervention Programs* (3 hours)

about sources and disposal of syringes. Subcontracts were awarded to NDRI and Beth Israel Medical Center to assist in the evaluation. Sherry Deren, Ph.D., is the NDRI Co-Investigator and Don C. Des Jarlais, Ph.D., is the Co-Investigator at Beth Israel Medical Center.

CDUHR Adds Theory Core

CDUHR added a sixth core – the Theory Core – to provide consultation and training in identifying and using multi-level theories to guide research. The director of the new core is Samuel R. Friedman, Ph.D. CDUHR welcomes Shiela Strauss, Ph.D., who becomes the director of the renamed Statistics and Data Analysis Core.

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

Expanded Syringe Access Program: NY Evaluation (NIDA)
NDRI Co-Investigator: Sherry Deren, Ph.D.

Families in Transition (NYS AIDS Institute)
Co-Director: 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)
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Networks, Resources and Risk Among Women Drug Users (NIDA)
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Non-Injecting Heroin Users, New Injectors and HIV Risk (NIDA)
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Parent/Pre-adolescent Training for HIV Prevention (NIMH)
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Puerto Rican Drug Users in NY and PR: HIV Risk Behavior Determinants (NIDA)
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Risk Factors for AIDS Among IDUs (NIDA)
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Women Drug Users, Their Male Partners and HIV Risk (NIDA)
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