

CDUHR news

Center for Drug Use and HIV Research

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

The New York HIV Research Centers Consortium— First Scientific Conference

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The New York HIV Research Centers Consortium held its first scientific conference on December 12, 2003. The conference brought together over 115 researchers from HIV Centers in the greater New York area to discuss shared HIV research interests and identify issues for new multidisciplinary collaborations among Consortium members.

The one-day conference was sponsored by the NIDA-funded Center for Drug Use and HIV Research (Sherry Deren, Ph.D., Director), the NIMH-funded HIV Center for Clinical and Behavioral Studies (Anke A. Ehrhardt, Ph.D., Director) and the Office of AIDS Research, National Institutes of Health. The conference consisted of two panel discussions, followed by six workgroups.

The first panel "Integration of Prevention and Care for HIV-Infected Populations on Both the Domestic and International Fronts" focused on treatment and prevention issues among HIV-infected persons.

The presentations from Panel 1 included:
Secondary Prevention Interventions for HIV and Sexual Trauma

Kathleen J. Sikkema, Ph.D.

Center for Interdisciplinary Research on AIDS, Yale University

HIV and Mental Illness:

Challenges for Care and Prevention

Stephen Crystal, Ph.D.

AIDS Policy Research Group, Rutgers University

Antiretroviral Therapy and Sexual Behavior among Women with HIV

Tracey E. Wilson, Ph.D.

HIV Center for Women and Children,
SUNY Downstate Medical Center

Treatment and Prevention:

Moving from Slogans to Action

Alan Berkman, M.D.

HIV Center for Clinical and Behavioral Studies,
NYS Psychiatric Institute and Columbia University

The second panel "Factors (Social, Cultural, Behavioral, Biomedical, etc.) that Mediate the Relationship between Risk and HIV Incidence or Prevalence" examined factors – ranging from cellular to social-level influences – that impact on HIV prevalence and incidence.

(Continued next page.)

The NY HIV Research Centers Consortium Consists of the Following Centers:

- Aaron Diamond AIDS Research Center (ADARC)
- AIDS Policy Research Group, Rutgers University
- AIDS Research/HIV Serosurvey Program, NYC Department of Health and Mental Hygiene
- AIDS Research Program, Montefiore Medical Center
- Baron Edmond de Rothschild Chemical Dependency Institute (CDI), Beth Israel Medical Center
- Center for AIDS, Drugs and Community Health, Hunter College, CUNY
- Center for AIDS Research (CFAR), New York University School of Medicine
- Center for Drug Use and HIV Research (CDUHR), National Development and Research Institutes, Inc.
- Center for HIV/AIDS Educational Studies and Training (CHEST), New York University and Hunter College, CUNY
- Center for Infectious Disease and Epidemiologic Research (CIDER), Columbia University
- Center for Interdisciplinary Research on AIDS (CIRA), Yale University School of Medicine
- Center for Urban Epidemiologic Studies (CUES), New York Academy of Medicine
- Division of Public Health and Policy Research, Montefiore Medical Center
- Harlem Health Promotion Center, Mailman School of Public Health, Columbia University
- HIV Center for Clinical and Behavioral Studies, NYS Psychiatric Institute and Columbia University
- HIV Center for Women and Children, SUNY Downstate Medical Center
- NYS Department of Health, the Special Studies Unit, Bureau of HIV/AIDS Epidemiology and the Office of Program Evaluation and Research, AIDS Institute
- Social Intervention Group (SIG), School of Social Work, Columbia University

Panel 2 presentations were:

Resistance to HIV Infection

Michael Marmor, Ph.D.

Center for AIDS Research, NYU School of Medicine

Sexual Compulsivity and Related Factors among Gay/Bisexual Men

Jeffrey Parsons, Ph.D. (Presented by David Bimbi, M.A.)

Center for HIV/AIDS Educational Studies and Training, NYU and Hunter College, CUNY

Healthcare as a Determinant of HIV Prevalence/Incidence

Ellen Morrison, M.D., M.P.H.

HIV Counseling and Testing Service, NY Presbyterian Hospital

Macro-Social Influences on the Connection between Behavior and HIV Transmission

Samuel R. Friedman, Ph.D.

Center for Drug Use and HIV Research, NDRI, Inc.

The workgroups engaged in idea-generating discussions to identify HIV-related research needs and make recommendations for future multidisciplinary research in specific areas. Workgroup topics were:

- **Co-Occurring Physical Disorders**
- **The Role of the Internet**
- **Orphans, Children and Families**
- **Global Migration and the NY Area**
- **Social and Interpersonal Factors**
- **Structural Interventions and Policy**

Proceedings from the Conference and summaries and recommendations from the workgroups will be compiled and disseminated.

A Consortium Center Director's Meeting is planned for early Spring 2004, to plan future activities.

New York HIV Research Centers Consortium Mission Statement

The New York HIV Research Centers Consortium, established in 2002, is a collaborative project of HIV research centers in the greater New York area. The mission of the Consortium is to enhance scientific knowledge of the HIV/AIDS epidemic and related issues by facilitating inter-institutional, multidisciplinary collaborations among Consortium scientists.

The aims of the Consortium are to:

1. Promote inter-institutional exchange of information
2. Foster inter-institutional, multidisciplinary research
3. Enhance the dissemination of knowledge to policy makers, researchers, and HIV-affected communities
4. Promote the application of knowledge obtained to the NY area and domestic and international populations

These aims will be accomplished through:

1. Regular meetings of representatives from each Center to oversee advancement of the Consortium and to plan its activities
2. Communication mechanisms to foster sharing of research developments, new projects and dissemination of recent publications
3. Annual conferences showcasing the breadth of research at the Centers and providing opportunities to examine specific issues in depth
4. Mechanisms for sharing of resources, e.g., through joint support of conferences
5. Development of products, e.g., HIV research bibliography for the greater NY area, special issues of a scientific journal, and joint papers
6. Creation of ad hoc working groups of scientists working in closely related fields, for discussion, writing and journal groups, and joint projects

CDUHR Staff Announcement



Lisa A. Marsch, Ph.D., joined CDUHR in January 2004. Dr. Marsch was a Research Assistant Professor in the Department of Psychiatry at the University of Vermont College of Medicine where she retains an adjunct faculty position. She is a recipient of an Early Career Investigator Award from the College on Problems of Drug Dependence and has extensive clinical and research experience in the areas of drug treatment and prevention and in developing and evaluating interventions for opioid-dependent adolescents. Dr. Marsch served as the Associate Director of the only outpatient treatment clinic offering methadone maintenance and detoxification in the state of Vermont. She also served on the Institutional Review Board at the University of Vermont and is on the editorial boards for the *Journal of Child and Adolescent Substance Abuse* and *Experimental Clinical Psychopharmacology*.

Currently Dr. Marsch is the Principal Investigator for the following projects at NDRI:

Computer-Assisted HIV Prevention for Young Drug Users (NIDA) – To develop and evaluate an interactive computer-assisted HIV, STD and disease prevention program for young drug users that incorporates effective components of prevention science and educational technologies.

Applying Web Technology to Buprenorphine Treatment (NIDA) – To develop and evaluate an interactive internet-based patient education system (consisting of information about buprenorphine, HIV/AIDS education and relapse prevention skills training) for opioid-dependent individuals in office-based buprenorphine treatment.

"The findings that drug users in Puerto Rico engage in riskier behaviors, have lower access to HIV prevention and other health services, and have high HIV incidence rates constitute a public health emergency for drug users which requires immediate attention."

Sherry Deren, Ph.D.,
Principal Investigator

The NY ARIBBA-II staff:

Jonny Andia, Ph.D.,

Project Director;

Rosa Arroyo,

Field Site Supervisor;

Nadina Correa,

Senior Outreach Worker;

Sherry Deren, Ph.D.,

Principal Investigator;

Susan Fabian,

Interviewer;

Gabriela Gavilano,

Research Assistant;

Romulo Gil,

Interviewer;

Javier Hurtado,

HIV Counselor;

Sung-Yeon Kang, Ph.D.,

Data Analyst;

Milton Mino,

Senior Research Associate;

Denise Oliver-Velez,

Ethnographer;

Carmen Ortiz-Priester,

Administrative Coordinator;

Miguel Santiago,

Security/Reception;

Cesar Valentin,

Interviewer

Puerto Rican Drug Users in NY and PR: HIV Risk Behavior Determinants (ARIBBA II)

Principal Investigator: Sherry Deren, Ph.D.

Funding Agency: NIDA

Written by: Milton Mino

Background and Objectives

This study is a continuation of a project conducted in East Harlem, NY (NY) and Bayamon, San Juan (SJ) (Alliance for Research in El Barrio and Bayamon, ARIBBA-I), which examined the HIV-related drug injection and sex risk behaviors of Puerto Rican injection drug users (IDUs) and crack smokers. The study found higher risk behaviors among drug users in SJ than those in NY and lower access to HIV prevention services (e.g., methadone treatment and syringe exchange programs) in SJ.¹ Higher seroconversion rates in SJ and higher risk behaviors of migrant IDUs in NY led to the need for a continuation project (ARIBBA-II) to enhance our understanding of factors influencing risk.

The primary aims of ARIBBA-II are to:

- Assess seroconversion rates and identify factors related to seroconversion
- Examine the impact of incarceration and migration on HIV risk behaviors
- Identify differences in healthcare utilization between the two sites
- Develop recommendations and disseminate findings to policy, provider and scientific audiences

Participants and Methods

The study continued follow-up interviews and HIV testing with participants recruited in ARIBBA-I: 800 Puerto Rican IDUs and crack smokers in NY and 399 in SJ. In NY, based on behavior in the prior 30 days, 39% were IDUs, 30% used crack, 31% used both; in SJ, 53% were IDUs, 22% used crack, 25% used both. In ARIBBA-II, 600 additional participants (400 in NY, 200 in SJ) were recruited. Qualitative methods were also used, including ethnographic interviews, focus groups and field observations.

Findings

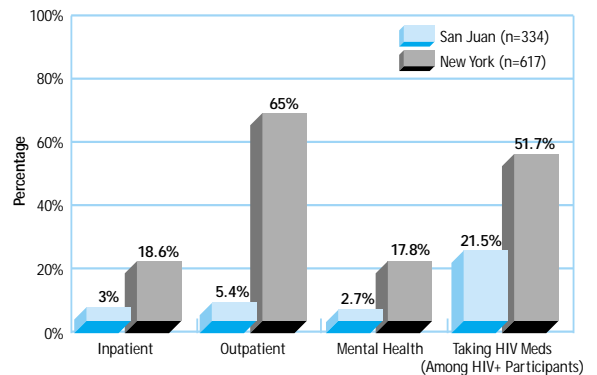
HIV seroincidence and factors influencing seroconversion
–Participants in SJ were at higher risk of HIV sero-

conversion: a rate of 3.37 per 100 person years at risk, compared to .88 in NY - almost four times higher. In SJ, those who were younger and used shooting galleries were more likely to seroconvert; being in a methadone program was protective against seroconversion. Smoking crack was significantly related to seroconversion among those in the NY sample.²

Drug treatment – Participants in SJ were less likely than those in NY to receive drug treatment. Among the NY cohort, 79.4% were in drug treatment during the past year, compared to 55.7% of those in SJ. Drug users in SJ were 14 times less likely to have been in methadone programs - 4.5% versus 63.4% of those in NY (during the prior 6 months).³

Healthcare utilization – Participants in SJ were less likely to report using healthcare services (in the prior 6 months). They were 6 times less likely than their NY counterparts to have used inpatient medical services (3% vs. 18.6%) or mental health services (2.7% vs. 17.8%) and almost 13 times less likely to have used outpatient medical services, 5.4% vs. 65%. Among those who were HIV+, 21.5% in SJ vs. 51.7% in NY were taking HIV-related medications.³

Use of Health Services and HIV Medications:
San Juan vs. New York (Prior 6 Months)



HIV injection risks during incarceration – Among participants who reported injecting drugs and being incarcerated, approximately 40% in both sites reported using drugs during their last detention. However, 31% in SJ reported having injected drugs while incarcerated, compared to 12% of the NY sample, and 74% of those who injected in SJ shared injection equipment, versus 52% in NY. Non-injection drug use was more common among participants in NY than in SJ - 37% compared to 14%.⁴

(Continued next page.)

Migrant drug injectors – Drug injectors who had emigrated from Puerto Rico to New York practiced riskier injection (in the prior 30 days) than non-migrant Puerto Rican injectors: 41% of migrants reported sharing injection equipment vs. 28% of non-migrants, and 32% reported using shooting galleries, compared to 18% of non-migrants. In addition, migrant IDUs injected more frequently - an average of 87 times in the past month, compared to 69 for non-migrants.⁵ Qualitative interviews with East Harlem service providers found that few programs distinguished migrants from their other clients or were aware of their riskier drug injection practices.

Implications and Recommendations

Drug users in SJ evidence riskier HIV-related behaviors than those in NY, and they have fewer HIV pre-

vention and health care resources available to them. As a result, they are at greater risk for becoming infected with HIV. Reducing the HIV risks of drug users in Puerto Rico requires a combination of approaches, including increasing access to HIV prevention services (e.g., methadone and other types of drug treatment programs), risk reduction tools (e.g., sterile syringes and injection equipment), medical health services (e.g., HIV-related medications) and enhancing outreach efforts. In NY, innovative approaches are needed to address unsafe injection practices of migrant drug users and the sex risks associated with crack use. Dissemination of project findings and their implications are underway through presentations to federal and local policy makers and service providers, and through scientific publications.

1. CDUHR News. Volume 3, Issue 1, Spring/Summer 2000
2. Deren, S., Kang, S-Y., Colón, H.M., Andia, J.F., Robles, R.R. (2003, November). Excess HIV incidence among Puerto Rican drug users in Puerto Rico compared to NYC. Presented at the American Public Health Association Annual Meeting, San Francisco, CA.
3. Robles, R. R., Matos, T. D., Colón, H. M., Deren, S., Reyes, J. C., Andia, J., Marrero, C. A., & Sahai, H. (2003). Determinants of health care use among Puerto Rican drug users in Puerto Rico and New York City. *Clinical Infectious Diseases*, 37 (Supplement 5), S392-S403.

4. Andia, J. F., Deren, S., Kang, S-Y., Colon, H. M., Robles, R. R., Oliver-Velez, D., Finlinson, H. A. (in press). Factors associated with injection and non injection during incarceration among Puerto Rican drug injectors in New York and Puerto Rico. *The Prison Journal*.
5. Deren, S., Kang, S-Y., Colón, H. M., Andia, J. F., Robles, R. R., Oliver-Velez, D., & Finlinson, A. (2003). Migration and HIV risk behaviors: Puerto Rican drug injectors in New York City and Puerto Rico. *American Journal of Public Health*, 93 (5), 812-816.

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

“Our findings regarding both injection- and sex-related risk behaviors indicate the centrality of primary heterosexual relationships in women’s exposure to HIV infection.”



Stephanie Tortu, Ph.D.,
Principal Investigator

Women Drug Users, Their Male Partners and HIV Risk

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

Background and Objectives

Women who use drugs are at particularly high-risk for HIV through sex and drug-related risk behavior with their primary male sex partners. In a continuation of research conducted from an earlier study (the Women Drug Users, AIDS and Social Context [DUSC] project, which focused on women drug users and the social contexts of HIV risk), the current study examined women’s relationships with their primary male sex partners and how these factors influence HIV risk behavior.

The objectives of the study are to examine:

- The characteristics of the relationship, drug use patterns and interpersonal processes between couples
- Individual attributes of both members in the cou-

ple (e.g., history of physical and sexual abuse and psychological functioning)

- Situation-specific variables in the most recent sex and injection events
- The prevalence of HIV, hepatitis B (HBV) and hepatitis C (HCV) infections

Participants and Methods

In this study, 353 women were street-recruited, or referred by project participants, in East Harlem. To be included, women were required to be at least 18 years old, report crack, cocaine or heroin use in the previous 30 days, have a current primary heterosexual partner (husband, common-law husband or steady boyfriend) of at least one year, perceive no problems that might result from participating in the study and be able to recruit the male partner into the study. The male partners were required to be at least 18 years of age. To verify couple status, parallel questions of an intimate or personal nature were asked of each partner separately and compared for consistency.¹



(Top, from left to right) Sherelle Bonaparte, Administrative Assistant, Enrique Pouget, Senior Research Associate, William Rodriguez, HIV Counselor, Robert Quiles, Interviewer, Rahul Hamid, Research Associate (Bottom, from left to right) Jeanne Campbell, Interviewer, James McMahon, Ph.D., Co-Investigator/Project Director, Leilani Torres, Assistant Project Director

Couples were interviewed simultaneously, in separate rooms, using a computer-assisted interview program and offered HIV, HBV and HCV counseling and testing. The average age for the women was 40; the average for the men was 41. Among the women, 44% were Hispanic, 38% were African-American, 15% were White; for the men,

45% were Hispanic, 43% were African-American, 12% were White. Approximately 70% reported common-law marriage status, 20% reported that they were married; 84% reported living with their primary partner.^{1, 2}

Preliminary Findings (Some of the findings reported here are from data collected through the DUSC project (S. Tortu, PI).

HIV, HBV and HCV prevalence – Among the women, 22% were HIV-positive, 43% were HBV-infected and 52% were HCV-infected. Among the men, 22% were HIV-positive, 48% HBV-positive and 53% HCV-positive. While those who reported any history of injection drug use had slightly higher rates of HIV and HBV, approximately 75% of those who ever injected drugs were HCV-positive.¹

Hepatitis C and non-injection drug use – From the DUSC project, in a subgroup of 123 women who had no history of injecting drugs, 20% tested positive for HCV. Reporting any history of sharing both oral and intranasal drug implements (e.g., pipes or straws) was associated with HCV infection. Moreover, the strongest association between sharing non-injection drug implements and HCV infection

was found among those who were HIV-positive.^{3, 4}

Sexual risk behavior – In the previous 30 days, approximately 80% of the women and men reported unprotected vaginal sex with their primary partner; 16% of the women and 24% of the men reported unprotected anal sex.¹ Among the men, 34% reported sex with someone outside the relationship. Among serodiscordant couples (where the man was HIV-positive and the woman was HIV-negative), 72% reported unprotected sex in the previous 30 days. Among couples where both partners were HIV-negative, 40% of the men engaged in some risky behavior outside the primary relationship.²

Drug-risk behavior with primary partner – From the DUSC project, among women injectors reporting on their most recent injection event, most were safe; 75% of syringes used were obtained from a syringe exchange program. Analyses also showed that unsafe events were associated with previous sharing of injection equipment with the injection partner, as well as the injection partner being the primary heterosexual partner. In addition, women who felt that they were not in control of injecting safely, or felt “very close” to their injection partners were somewhat more likely to report unsafe injection practices.⁵

Implications and Recommendations

Data analyses are being conducted to look at additional relationship factors and how they are associated with HIV risk behavior. The findings suggest that women are at greatest risk for becoming infected with HIV from their primary male partner.⁶ The next phase of this work will develop and test an intervention for couples and will be carried out in the Couples HIV Intervention Randomized Controlled Trial study (J. McMahon, PI). (See new projects, page 6).

1. McMahon, J. M., Tortu, S., Torres, L., Pouget, E. R., & Hamid, R. (2003). Recruitment of heterosexual couples in public health research: A study protocol. *BMC Medical Research Methodology*, 3 (24), 1-12. Available at: <http://www.biomedcentral.com/1471-2288/3/24>

2. Tortu, S., McMahon, J.M., Pouget, E.R., & Hamid, R. (2003, November). “She said, he said”: Drug-using women’s perceived versus actual HIV risk from primary male partners. Presented at the American Public Health Association Annual Meeting, San Francisco, CA.

3. Tortu, S., McMahon, J.M., Pouget, E.R., & Hamid, R. (2004). Sharing of non-injection drug-use implements as a risk factor for hepatitis C. *Substance Use and Misuse*, 39 (2), 213-226.

4. McMahon, J.M., & Tortu, S. (2003). A potential hidden source of hepatitis C infection among noninjecting drug users. *Journal of Psychoactive Drugs*, 35 (4), 455-460.

5. Tortu, S., McMahon, J. M., Hamid, R., & Neaigus, A. (2003). Women’s drug injection practices in East Harlem: An event analysis in a high-risk community. *AIDS and Behavior*, 7 (3), 317-328.

6. McMahon, J. M., & Tortu, S. (2003). Evaluation of HIV intervention scenarios targeted to drug-using women from East Harlem: A mathematical modeling approach. In *Strategies to improve the replicability, sustainability, and durability of HIV prevention interventions for drug users*. NIDA/CAMCODA Working Meeting (pp. 51-62). Rockville, MD: National Institute on Drug Abuse.

For additional information on this study you may contact Jim McMahon, Ph.D., Co-Investigator - E-mail: jim.mcmahon@ndri.org



Couples HIV Intervention Randomized Controlled Trial (NIDA)

Principal Investigator: James M. McMahon, Ph.D.
Institute for International Research on Youth at Risk

Studies indicate that many low-income drug-using women are at high risk for HIV infection from primary heterosexual partners. This project will develop and evaluate HIV prevention interventions targeted to women with primary male partners. Participants will be randomly assigned to one of three HIV intervention conditions: 1) standard HIV counseling and testing (HIV-CT) with women only (control), 2) HIV-CT, with women only, focused on relationship dynamics in the context of HIV risk, and 3) HIV-CT, with couples, focused on relationship dynamics. Follow-up assessments at 3- and 9-months will permit evaluation of intervention efficacy for HIV risk reduction. Cost effectiveness of the experimental interventions will also be performed.



Addressing Health Disparities in HIV/AIDS Clinical Trials (NIAID)

Co-Investigators: Marya Viorst Gwadz, Ph.D. & Noelle R. Leonard, Ph.D.;
BIMC PI: Donna Mildvan, M.D.

Although HIV/AIDS disproportionately affects African-Americans and Latinos in the U.S., these groups are underrepresented in HIV/AIDS clinical trials (ACT). This project will examine: 1) individual and structural barriers to participation in ACT and strategies to improve enrollment; 2) the effects of health status and other factors on participation in ACT; and 3) the effectiveness of using culturally appropriate promotional efforts to recruit participants. A two-session intervention will be developed and evaluated. The project is a collaborative effort among CDUHR investigators, the AIDS Clinical Trials Unit at Beth Israel Medical Center and Housing Works, the largest provider of care for minority homeless individuals living with AIDS.

Multiple Stigmas: Individual and Structural Barriers to Service (OAR Supplement, NIH)

Principal Investigator: Marya Viorst Gwadz, Ph.D.

Negative attitudes towards persons living with HIV are well documented. In addition, women, drug users, alcohol abusers, and those from racial/ethnic minority and low socioeconomic backgrounds experience stigma. Thus, women living with HIV experi-

ence multiple stigmas and many report numerous barriers to receiving drug treatment and medical care. Interviews will be conducted with women and service providers to examine: 1) experiences of multiple types of stigma, particularly as they relate to service utilization, and 2) structural factors in organizations to determine how they may exacerbate or ameliorate stigma. The findings will be used to better understand and address the effects of stigma on HIV infection.



Contextual Influences on Sexual Risk among Latino MSM (NICHD)

CDUHR Co-Investigator:
Michele G. Shedlin, Ph.D.
PI: Maria Cecilia Zea, Ph.D.,
George Washington University

This project is exploring socio-cultural, psychosocial and contextual influences on unprotected sex in three groups of Latino (Dominican, Columbian, Brazilian) men who have sex with men (MSM) in New York City. The qualitative phase of the study will identify the context of social and sexual encounters that lead to various forms of unprotected sex. Descriptive comparisons will be made of the beliefs, norms and behaviors in these groups. In the quantitative phase, a survey instrument will be pilot tested and implemented. Both components of the study will be integrated to inform prevention efforts for these communities.

New Hispanic Immigrant Communities and HIV Risk (NICHD)

Principal Investigator: Michele G. Shedlin, Ph.D.

This study was awarded a competing continuation grant permitting the research expansion to two additional sites in New York State: Rockland County and northern Manhattan. Research continues to explore cultural factors affecting HIV-related risk and protective behaviors for new Hispanic immigrants.¹

Drug Use and HIV Risk in Nicaragua (Administrative Supplement, NIH)

Principal Investigator: Michele G. Shedlin, Ph.D.

A supplement was awarded to expand the existing research by Dr. Shedlin in Managua, Nicaragua to initiate data collection in an additional city, Chinandega. The parent grant has begun to demonstrate the increasing salience of drug use in the country.¹

1. See CDUHR News, Fall/Winter 2002 for a full description of the parent studies.

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The NDRI Training Institute

The NDRI Training Institute (A. Osborne, Director) provides training for the New York State Department of Health AIDS Institute and conducts courses by special request. Following are courses available from January–June 2004, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted.

Date	Course
1/6	◆ Promoting Adherence to HIV Treatment (3 hours)
1/6, 2/24	What's New in HIV/AIDS? (3 hours)
1/12–1/15	◆ Community HIV/AIDS Educator Training (4 days)
1/20–1/21, 4/26–4/27	◆ HIV Testing Procedures (Two days)
1/26–1/27	◆ Mental Health Services (Two days)
2/2, 3/25 ^a	◆ Implementing Rapid HIV Testing (4 hours)
2/4 ^b	◆ Basic Information About Domestic Violence (One day)
2/9 ^c , 5/17, 6/21	HIV/AIDS Confidentiality Law (3 hours)
2/9 ^c , 5/17	HIV Disclosure (3 hours)
2/17–2/19	Reducing the Risk and Harm of HIV (Three days)
2/24, 3/10 ^b	◆ Overview of HIV Infection and AIDS (3 hours)
3/2, 5/4	◆ Domestic Violence in Lesbian, Gay, Bisexual and Transgender Communities (One day)

Date	Course
3/8	Tailoring HIV Counseling and Testing to the Unique Needs of Adolescents (One day)
3/10 ^b	HIV & STDs (3 hours)
4/14 ^d	◆ Cultural Diversity Training for Case Managers (One day)
4/19–4/20	Serving Families: From Assessment to Service Plan (1½ days)
5/25–5/27	Skills Practice and Implementation of Stage-Based Behavioral Counseling (Three Days)
6/7	◆ Introduction to Case Management (One day) (For COBRA case management)
6/14	◆ Enhancing the Partnership Between Client and Case Manager (One day)
6/21	Rapid HIV Testing in the Labor and Delivery Setting (Two hours)

^a Lincoln Hospital, Bronx
^b Project Samaritan, Queens
^c Bronx AIDS Services
^d Woodhull Hospital, Brooklyn

◆ Training courses are provided under NYS OASAS Education and Provider Certificate Number 0305 and are acceptable for meeting CASAC/PPP/CPS education and training requirements.

For a complete listing of courses, the curriculum of Special Request courses, CDUHR-sponsored Training Institute courses, and information on the courses listed above, call the Training Institute at (212) 845-4550. This information is also available on our Web site at <http://www.ndri.org> where you may register for these courses.

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.

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Addressing Health Disparities in HIV/AIDS Clinical Trials (NIAID)
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PI: D. Mildvan, M.D.

Applying Web Technology to Buprenorphine Treatment (NIDA)
PI: Lisa A. Marsch, Ph.D.

Collaborative Injection Drug Users III: Drug User Intervention Trial (CDC)
PI: Holly Hagan, Ph.D. (Seattle PI)

Community Vulnerability and Response to HIV (NIDA)
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Computer-Assisted HIV Prevention for Young Drug Users (NIDA)
PI: Lisa A. Marsch, Ph.D.

Contextual Influences on Sexual Risk among Latino MSM (NICHD)
CDUHR Co-I: Michele G. Shedlin, Ph.D.
PI: M.C. Zea, Ph.D.

Couples HIV Intervention Randomized Controlled Trial (NIDA)
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Cross-Border HIV Prevention Project: China and Vietnam (NIDA)
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Expanded Syringe Access Program: NY Evaluation (NIDA)
CDUHR Co-I: Sherry Deren, Ph.D.
PI: D. Vlahov, Ph.D.

HCV Service Innovations in Drug Treatment Programs (NIDA)
PI: Shiela M. Strauss, Ph.D. (ITSR)

HIV Risk Behaviors Among Urban Nomad Drug Injectors (NIDA)
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