

CDUHR news

Center for Drug Use and HIV Research

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

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New York HIV Research Centers Consortium 2005 Scientific Conference

The New York HIV Research Centers Consortium held its second scientific conference on May 16, 2005 at Caspary Auditorium, Rockefeller University. The theme for the conference was, "Identifying Future Directions in International HIV Research," and funding was provided by the Fogarty International Center,¹ with co-sponsorship from the AIDS International Training and Research Program (AITRP) at SUNY Downstate Medical Center (Jack A. DeHovitz, M.D., M.P.H., Director), the Center for Drug Use and HIV Research at NDRI (Sherry Deren, Ph.D., Director), and the HIV Center for Clinical and Behavioral Studies at the NYS Psychiatric Institute and Columbia University (Anke A. Ehrhardt, Ph.D., Director).

The one-day conference provided an overview of international research underway at Consortium institutions and New York-area Fogarty AITRPs in partnerships with investigators around the world. The overall goals for the conference were to: enhance multidisciplinary collaborative research among participating Centers and AITRPs, identify emerging international HIV research needs, and exchange information about international training opportunities. The meeting brought together over 170 researchers from the AITRPs and Consortium Centers. The conference included a plenary session and two workgroup sessions.

The plenary presentations provided an overview of international HIV prevention research, funding and multidisciplinary perspectives. They included:

Global Overview of HIV Prevention Research

Quarraisha Abdool Karim, Ph.D.

Associate Professor, Columbia University Mailman School of Public Health, New York, NY



Gerald Friedland, Kenneth Bridbord, Quarraisha Abdool Karim, and Judith Auerbach

Update on International HIV Research and Research Training Opportunities at AITRP

Kenneth Bridbord, M.D., M.P.H.

Director, International Research and Training Programs Division, Fogarty International Center, National Institutes of Health, Bethesda, MD

International HIV Research:

Biomedical and Social Science Perspectives

Gerald Friedland, M.D.

Professor, Center for Interdisciplinary Research on AIDS, Yale University, New Haven, CT

Judith D. Auerbach, Ph.D.

Vice President, Public Policy and Program Development, American Foundation for AIDS Research, Washington, DC

The first workgroup session covered topics germane to international research. The goal of these sessions was to develop recommendations for future multidisciplinary international research. Eight topics were included in this session:

- How Coinfections Affect HIV Transmission/Disease Progression
- Integrating Treatment and Prevention: Models that Work
- Microbicides Research
- Impact of Clade Distribution on Pathogenesis and Public Health
- Building Local Partnerships: Overcoming Barriers to International Collaboration
- Youth Sexual Transmission: ABC Approach
- Impact of Drug and Alcohol Use on HIV Prevention and Treatment
- HIV Impact on Orphans and Children

(Continued next page.)

"A multidisciplinary research perspective, possible through collaborations among AITRPs and Consortium members in the NY area, is needed to address the challenges of the global HIV/AIDS epidemic."

Sherry Deren, Ph.D.,
Director, CDUHR

The second workgroup session was organized by regions where international research or training is being conducted by AITRPs or Consortium institutions. The goals of the regional workgroups were to: identify the challenges that researchers encountered working in countries in these regions (and how these challenges were met), and to develop ideas and contacts for new research collaborations within the regions. The regional workgroups included:

- Sub-Saharan Africa
- Latin America
- Central/Eastern Europe
- South Asia (India and nearby countries)

- East Asia (China and nearby countries)
- Caribbean

Each of the workgroups is developing a summary of recommendations that will have relevance to researchers, funders and policy makers. The summaries will be released at a future date (and posted on www.cduhr.ndri.org). The first scientific conference of the Consortium (in December 2003) has resulted in the development of several papers from workgroups that are scheduled to appear in a future issue of the *Journal of Urban Health*. Plans for a 2006 Consortium conference are underway.

1. For more information on the Fogarty International Center, go to: <http://www.fic.nih.gov>

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

New Hispanic Communities and HIV Risk

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

Funding Agency: NICHD

Background and Objectives

Large numbers of Hispanics have migrated from Mexico, Central America and the Caribbean to the New York City metropolitan area. Previous research has shown that mobile populations are at high risk for HIV. Moreover, there is evidence that most immigrants living with HIV in the U.S. were infected after having migrated. There are few studies that focus on the relationship between the experiences of recent immigrants and HIV risk and protective behaviors. This project explored the ways that cultural and environmental factors interact and shape HIV-related risk and protective behaviors among Hispanic immigrants at the initial stage of acculturation in their U.S. communities.

Participants and Methods

The research focused on Mexican, Dominican, El Salvadoran, Honduran, and Guatemalan men and women living in the U.S. for three years or less and residing in urban, suburban and semi-rural regions in the New York City area. The study utilized qualitative methods that included: 1) semi-structured, in-depth interviews with participants from the target

populations; 2) focus groups with members of the target populations; 3) interviews and focus groups with key informants; and 4) ethnographic observations in the communities.

The research team developed partnerships to include community perspectives in the research design, to provide feedback of findings to community agencies and leaders, and to obtain access and legitimacy to reach the populations through agencies that serve immigrants. Participants were recruited at each site, using a snowball approach (i.e., research participants help recruit additional participants) begun by community leaders and providers. A total of 100 individual interviews and 23 focus groups were conducted with respondents from the target populations. Focus groups were organized by nationality, sex and site. Two focus groups with professionals in health and social services and 40 key informant interviews were also conducted.

Preliminary Findings

The HIV-related risk behaviors of immigrants seemed to be influenced by complex and interrelated factors in the “sending” and “receiving” communities. These included: health-related beliefs, traditional and evolving social norms, attitudes and behaviors which shape sex and drug use, and contextual and environmental factors such as social support, peer pressure, and the

particular risks and opportunities in their communities.

Disrupted communities—The living situation of these new immigrants were seen to be those of “disrupted communities”, where pre-existing social structures, such as those in an immigrant’s home village, were in the process of re-forming in the receiving society with varying degrees of fragmentation. “Disrupted communities” provided the resources and support for initial settlement while also serving as mechanisms of ongoing social control in cases of persons who leave their partners in the “sending” countries. For example, fear of community gossip and its influence on individual or collective behavior was experienced, particularly by women.^{1,2}

Gender roles—Male immigrants were predominately young and migrated alone; most women immigrated with male partners and/or children, or joined part-



Carlos Decena, Ph.D., (Project Director) & Michele Shedlin, Ph.D. (Principal Investigator)

ners who were already established in the areas.³ In general, women gained more leverage within their households as a result of becoming economic providers. Women’s gains were more pronounced in national or regional groups (e.g., Guatemalans and El Salvadorans) where male migration predominated and households where the scarcity of women forced men to

do housework and, in some cases, begin to appreciate “women’s work.” In populations where family reunification was the main vehicle for migration (e.g., Dominicans), changes in the gendered division of household labor were minimal. Despite these shifts, many traditional ideas were retained. Sexual relations continued to be shaped by the expectation that men will have partners apart from their wives or main partners; in addition, women were not able to express a desire to protect themselves or their male partners.

HIV/AIDS knowledge and perception of risk—Most men and women did not know the difference between HIV and AIDS and were not aware of the

risk of infection or symptoms of HIV/AIDS. It appeared that women had more knowledge than men because they were likely to get information from prenatal, maternal and children’s health clinics and services, children’s school and television. Some women expressed concerns about their own risk for becoming infected because of their partner’s use of sex workers and the “behavior of men alone.” Most immigrant men perceived little or no risk with women they deemed “clean” or “safe”—these were wives, girlfriends or women they were dating for several weeks or months.⁴

Drug and sex risk —Alcohol was the drug of choice, particularly among Mexican and Central American men. Younger men were more likely to begin marijuana and cocaine use while older men continued patterns of bingeing on alcohol.⁴ In terms of sex risk, men reported a lack of opportunities to meet women as potential sex partners, particularly in rural locations. Among migrant farm workers, employers permitted, and on occasion arranged for, sex workers on paydays. Men reported always using condoms with sex workers, but the majority reported that they knew other men who did not. While men generally denied any knowledge of men having sex men within their own networks, key informants reported same sex behavior in some of the all-male households.²

Implications and Recommendations

Efforts to reduce HIV/AIDS vulnerability among immigrant Hispanics/Latinos can benefit from conceptualizations that reflect their heterogeneous and evolving composition, social dynamics, economic and health status and permanency. Culturally appropriate prevention interventions are needed, which take into account the diverse cultures of those identified as “Hispanic”, and the complex ways in which they differ in terms of risk and protective factors. The key elements for prevention strategies for new immigrant communities appear to be those which build on cultural norms and which integrate human and institutional resources.

1. Shedlin, M.G., & Decena, C.U. (2005, April). Research on the new Hispanic communities and HIV risk: The role of Anthropology. Presented at the Society for Applied Anthropology, Sante Fe, New Mexico.
2. Decena, C.U., & Shedlin, M.G. (in press). Defining new communities: A challenge for immigrant health. *Papeles de Poblacion*.

3. Deren, S., Shedlin, M., Decena, C.U., & Mino, M. (2005). Research challenges to the study of HIV/AIDS among migrant and immigrant Hispanic populations in the United States. *Journal of Urban Health*, 82 (2, Supplement 3), iii13-iii25.
4. Shedlin, M.G., Decena, C.U., & Oliver-Velez, D. (2005). Initial acculturation and HIV risk among new Hispanic immigrants to New York. *Journal of the National Medical Association*, 97 (7, Supplement), 32S-37S.

Networks, Norms and HIV/STI Risk among Youth (NNAHRAY)

Principal Investigator: Samuel R. Friedman, Ph.D.
Funding Agency: NIDA

Background and Objectives

In many neighborhoods, children and adolescents grow up in environments with large numbers of injection drug users (IDUs), often including those who are close relatives and friends. In the late 1990's, 30% of IDUs were infected with HIV in the Bushwick community of Brooklyn. Previous research, during this period, in this neighborhood (the Drug Use and HIV Risk among Youth project, S. Friedman, PI) found that despite this background, drug injection and HIV infection were rare among other young adults (0.4% and 0.2%, respectively). It is important to determine the reasons for these positive findings.



(Top, from left to right) Sam Friedman, Ph.D., Principal Investigator; Milagros Sandoval, Assistant Project Director
(Bottom, from left to right) Carey Maslow, Dr.P.H., Project Director; Melissa Bolyard, Ph.D., Data Analyst; Pedro Mateu-Gelabert, Ph.D., Ethnographer

Network concepts and methods can contribute to our understanding of how HIV is spread, how risk behaviors are influenced and how to improve prevention efforts. Networks can be examined as dyadic relationships (between two people), egocentric networks (direct ties between an individual and others) and sociometric networks (entire sets of ties — direct and indirect — that link a group of people).¹ The NNAHRAY project is a network study of the sexual and injection

partners of IDUs and of other young adults in Bushwick. The overall objectives were to identify factors related to relatively low infection rates among youth, determine sociometric characteristics of their networks, and their relationship to HIV and other sexually transmitted infections (STIs).

Participants and Methods

This study recruited and interviewed IDUs and a representative sample of young non-IDU adults. All participants were asked to name up to 10 individuals with whom they had sex, and up to two individuals with whom they attended a group sex event, in the

prior three months. IDUs were asked to name up to five individuals with whom they had injected in the prior three months. Network sampling consisted of recruiting these named individuals into the study. To be eligible for the study, the participants were required to be at least 18 years or older; to be recruited as an IDU, one had to report injection of drugs within the last three months. Interviews covered sexual and drug behavior partnerships, and peer norms towards drug use, sex, and sex with IDUs. Ethnography was used to help in understanding the social context of risk and risk reduction. Blood and urine specimens were collected and tested for HIV and other STIs. A total of 465 participants were recruited into the study: 160 IDUs (67% men; 77% Latino, 8% African American) and 305 non-IDUs (52% men; 67% Latino, 26% African-American).

Preliminary Findings Regarding Communications Between Neighborhood Members

Many social processes seem to have worked together to reduce risk in Bushwick. Two network-based processes have contributed to this: communications to reduce HIV-related risk and local organizing and negotiation for a safer environment.

Communicating messages that seek to reduce HIV-related risk—Most members of the Bushwick population seem to give risk reduction messages to other people (e.g., urging someone to not use drugs or to get into drug treatment, or to use condoms if they start a new relationship). These messages were mostly likely to occur among people in regular contact with each other.²

IDUs and former IDUs advised nonusers and users against drug use. An 18 year-old non-user, reported:

“My whole family they did all types of drugs; you name it, they did it. They always tell me where you coming from I have been there and back and past that. Learn from our mistakes. I try to acknowledge that in my head and make sure I keep that.”³

IDUs actively helped others to stop their drug use. A 25 year-old IDU described helping her boyfriend to stop using:

"I had been clean by that time for about a year when he [boyfriend] started using again. So I started bringing him to [NA] meetings all the time because I had been going steadily to the meetings. He just got better. He stopped using. He stopped for about 4 or 5 months."



NNAHRAY field staff: Giovanni Arroyo, Milagros Sandoval, Khaleaph Luis, Josephine Toledo & Yolanda Jones

Negotiations between dealers and neighbors—

Perceptions of drug dealing were somewhat ambiguous, since it was the sole source of income for some in the neighborhood. Drug dealers expected users and neighbors to neither report their activities to police, nor interfere with their businesses. At

the same time, some dealers, in an effort to reduce neighborhood opposition and to gain neighbors' respect, protected residents by making sure that they were not victims of crimes such as robbery, burglary or car theft. This often helped maintain peaceful relations in the neighborhood.⁴

*Negotiations between users and residents—*There was

wide disapproval of drug using in hallways or in public. Users reported avoiding drug use when neighbors were present, and when caught using, would leave when asked. Generally, residents did not interfere with drug dealing or using except when it directly affected them or a loved one.⁴

Analyses are currently underway regarding network characteristics of the IDU and non-IDU samples and how they relate to the transmission of HIV and other STIs. The results will be summarized in a future issue of the newsletter.

Implications and Recommendations

These findings suggest that many Bushwick residents take part in activities to protect each other. This ranges from urging others to reduce HIV risk behaviors to negotiating safe spaces for those who are close to them. It could be argued that these activities have contributed to helping Bushwick youth avoid the high-risk behavior and rates of HIV infection seen in their older neighbors and family members. This has implications for the development of community-level interventions to reduce HIV-related risk and infection in other high HIV seroprevalence neighborhoods.

1. Friedman, S. R., et al. (2002). What risk networks and social networks can contribute to understanding and preventing the spread of HIV. In 2001 Global Research Network meeting on HIV prevention in drug-using populations: Fourth annual meeting report (pp. 19-25). Bethesda, MD: NIDA.
2. Friedman, S. R., Bolyard, M., Maslow, C., Mateu-Gelabert, P., & Sandoval, M. (2005). Harnessing the power of social networks to reduce HIV risk. *Focus: A Guide to AIDS Research and Counseling*, 20 (1), 5-6.

3. Friedman, S. R., Maslow, C., Bolyard, M., Sandoval, M., Mateu-Gelabert, P., & Neaigus, A. (2004). Urging others to be healthy: "Intravention" by injection drug users as a community prevention goal. *AIDS Education and Prevention*, 16 (3), 250-263.
4. Friedman, S. R., Mateu-Gelabert, P., Curtis, R., Maslow, C., Bolyard, M., Sandoval, M., & Flom, P. L. (in press). Social capital or networks, negotiations, and norms? A neighborhood case study. *American Journal of Behavioral Medicine*.



Shiela M. Strauss, Ph.D.

Shiela Strauss Awarded Fulbright Senior Specialist Grant

Shiela Strauss, Ph.D., Director of the Statistics and Data Analysis Core in CDUHR, was awarded a Fulbright Senior Specialist Grant in Public/Global Health to conduct a series of workshops and seminars in Israel on institutional responses to the hepatitis C virus (HCV) among drug users. Faculty, students and professionals in social services and health care fields in Israel and Europe participated, and it was hosted by the Ben Gurion University of the Negev in Beer Sheva. Dr. Strauss' research

(HCV Service Innovations in Drug Treatment Programs, NIDA Grant # DA13409) has identified a number of strategies that U.S. drug treatment programs use to support patients regarding HCV, many of which can be adapted for use in Israel and the Middle East. Graduate students were trained at the University in the methodology employed in Dr. Strauss' project to collect preliminary data on the provision of HCV services in Israeli institutions that treat drug users. The workshop also explored the potential for future collaborations to advance knowledge and advocacy for HCV infected drug users in Israel and the Middle East.

HIV Knowledge and Risk among Deaf Adolescents (NIDCD)

Principal Investigator: Marjorie F. Goldstein, Ph.D.

There has been little systematic research examining HIV prevalence, knowledge and risk behavior among deaf individuals. The available information suggests that among the deaf, compared to the hearing population, HIV prevalence and behavioral risk are higher and HIV knowledge is lower. Deaf adolescents who attend schools for the deaf receive little HIV or sex education and lack access to other sources of HIV/AIDS information. The study will conduct a survey among deaf adolescents in high schools for the deaf, using American Sign Language (ASL). The project will: 1) develop a survey to measure HIV/AIDS knowledge, risk behavior, attitudes towards persons with HIV/AIDS, self-perceived risk for HIV and parent/child communication; 2) translate the survey into ASL using a cross-cultural approach; 3) videotape and transfer the survey onto notebook computers for self-administration; 4) conduct the survey at 11 high schools for the deaf throughout the US. A report will be developed to identify information gaps and intervention needs.



PI: Marjorie F. Goldstein, Ph.D.; Project Director: Elizabeth Eckhardt, ABD; Project Staff: Patrice Joyner, M.S.W., Assistant Project Director; Roberta Berry, Senior Research Assistant (not pictured)



PI: Holly Hagan, Ph.D.
Project Director: Travis Wendel, J.D.

National HIV Behavioral Surveillance Among Injection Drug Users: New York City (CDC through the NYCDOHMH)

Principal Investigator: Holly Hagan, Ph.D.

The Centers for Disease Control and Prevention (CDC) has funded 25 metropolitan statistical areas to implement a behavioral surveillance system for three groups at highest risk for HIV: men who have sex with men, injection drug users (IDUs) and high-risk heterosexuals.¹ The surveillance system was intended to allow nationwide tracking of changes in HIV-related risk behavior over time, with each of the high-risk groups surveyed in alternating 12-month cycles. This project is the New York City IDU component of the national study. The first phase of the project will examine the current state of the IDU community in NYC. This will be accomplished through key informant and focus group interviews, ethnographic observations and

mapping, and review of published reports on HIV/AIDS and drug use. This phase will help guide recruitment and the development of local prevention questions. In the second phase, the national survey will be administered using audio computer assisted self or personal interviewing (A-CASI or A-CAPI). Participants will be recruited using respondent-driven sampling and asked to provide a blood sample for HIV and HCV testing. This project will provide the opportunity to gain important information about bloodborne infections among IDUs.

1. For more information on CDC's National HIV Behavioral Surveillance, go to <http://www.cdc.gov/programs/hiv10.htm>.

Staying Safe: Long-Term IDUs Who Avoided HIV & HCV (NIDA)

Principal Investigator: Samuel R. Friedman, Ph.D.
Project Director: Pedro Mateu-Gelabert, Ph.D.;
Project Staff: Melissa Bolyard, Ph.D., Principal Research Associate & Milagros Sandoval

While much is known about the behaviors and contexts that facilitate HIV and HCV transmission among injection drug users (IDUs), very little is known about the ways in which IDUs remain uninfected over the long term. This project aims to determine the resources, practices and prevention strategies that help IDUs avoid becoming infected with HIV and HCV, as well as the obstacles they face and how these obstacles are overcome. Detailed life history interviews will be conducted with long-term current IDUs (injecting 8–15 years) to describe and compare those who are infected with HIV and HCV to those who are not infected with either virus. The interviews will solicit information on: their backgrounds; how they came to use drugs; their strategies to safely use drugs and to have sex; beliefs about how to remain safe; obstacles they encountered in risk avoidance efforts; patterns and social settings of sexual and drug use behavior practices; and interactions with social networks, treatment services and local institutions. Based on interview findings, a questionnaire will be developed to measure the strategies and practices related to remaining uninfected. The results from the project are expected to provide the basis for developing a new generation of HIV and HCV prevention programs for IDUs who are unable to quit injecting, and to improve existing programming.

- Aklin, W. M., Lejuez, C. W., Zvolensky, M. J., Kahler, C. W., & Gwadz, M. (2005). Evaluation of behavioral measures of risk taking propensity with inner city adolescents. *Behaviour Research and Therapy, 43* (2), 215-228.
- Carballo-Dieiguez, A., Dolezal, C., Leu, C-S., Nieves, L., Diaz, F., Decena, C., & Balan, I. (2005). A randomized controlled trial to test an HIV-prevention intervention for Latino gay and bisexual men: Lessons learned. *AIDS Care, 17* (3), 314-328.
- Clatts, M. C., Goldsamt, L., Yi, H., & Gwadz, M. V. (2005). Homelessness and drug abuse among young men who have sex with men in New York City: A preliminary epidemiological trajectory. *Journal of Adolescence, 28* (2), 201-214.
- Cleland, C., Magura, S., Foote, J., Rosenblum, A., & Kosanke N. (2005). Psychometric properties of the Toronto Alexithymia Scale (TAS-20) for substance users. *Journal of Psychosomatic Research, 58* (3), 299-306.
- Cooper, H. (2004). Medical theories of opiate addiction's etiology and their relationship to addicts' perceived social position in the United States. *International Journal of Drug Policy, 15* (5-6), 435-445.
- Cooper, H., Friedman, S. R., Tempalski, B., Friedman, R., & Keem, M. (2005). Racial/ethnic disparities in injection drug use in large US metropolitan areas. *Annals of Epidemiology, 15* (5), 326-334.
- Des Jarlais, D. (2005). Hepatitis C and injecting drug use: Impact, costs and policy options [Book review]. *Addiction, 100* (5), 718-719.
- Des Jarlais, D. C., Hagan, H., & Friedman, S. R. (2005). Epidemiology and emerging public health perspectives. In J. H. Lowinson, P. Ruiz, R. B. Millman, & L. G. Langrod (Eds.), *Substance abuse: A comprehensive textbook* (4th ed., pp. 913-922). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Des Jarlais, D. C., Perlis, T. E., & Settembrino, J. M. (2005). The use of electronic debit cards in longitudinal data collection with geographically mobile drug users. *Drug and Alcohol Dependence, 77* (1), 1-5.
- Downing, M., Riess, T. H., Vernon, K., Mulia, N., Hollinquest, M., McKnight, C., Des Jarlais, D. C., & Edlin, B. R. (2005). What's community got to do with it? Implementation models of syringe exchange programs. *AIDS Education and Prevention, 17* (1), 68-78.
- Flom, P. L. (2005). A LATEX fledgling struggles to take flight. *PracTEX Journal, 2*. Available at: <http://tug.org/pracjourn/2005-2/flom/flom.pdf>
- Flom, P. L., Zenilman, J. M., Sandoval, M., Kottiri, B. J., & Friedman, S. R. (2005). Seroprevalence and correlates of Herpes Simplex Virus type 2 among young adults in a low-income minority neighborhood. *Journal of Infectious Diseases, 191* (5), 818-820.
- Friedman, S. R. (2005). Philosophy and revolution: From Hegel to Sartre and from Marx to Mao [Book review]. *Contemporary Sociology, 34* (1), 77-78.
- Friedman, S. R., Bolyard, M., Maslow, C., Mateu-Gelabert, P., & Sandoval, M. (2005). Harnessing the power of social networks to reduce HIV risk. *Focus: A Guide to AIDS Research and Counseling, 20* (1), 5-6.
- Hacker, M. A., Friedman, S. R., Telles, P. R., Teixeira, S. L., Morgado, M. G., Bongertz, V., & Bastos, F. I. (2005). The role of "long-term" and "new" injectors in a declining HIV/AIDS epidemic in Rio de Janeiro, Brazil. *Substance Use and Misuse, 40* (1), 99-123.
- Hagan, H., Des Jarlais, D. C., & Thiede, H. (2005). Hepatitis C among intravenous drug users. *Epidemiology, 16* (3), 424.
- Hagan, H., Strauss, S. M., Astone, J. M., & Des Jarlais, D. C. (2005). Medical examinations at entry to treatment for drug abuse as an opportunity to initiate care for hepatitis C virus infection. *Clinical Infectious Diseases, 40* (Supplement 5), S297-S303.
- Hammett, T. M., Johnston, P., Kling, R., Liu, W., Ngu, D., Tung, N. D., Binh, K. T., Dong, H. V., Hoang, T. V., Van, L. K., Donghua, M., Chen, Y., & Des Jarlais, D. C. (2005). Correlates of HIV status among injection drug users in a border region of southern China and northern Vietnam. *Journal of Acquired Immune Deficiency Syndromes, 38* (2), 228-235.
- Kang, S-Y., Deren, S., Andia, J., Colón, H. M., & Robles, R. R. (2005). Egocentric HIV risk networks among Puerto Rican crack users in New York and Puerto Rico: Impact on sex risk behaviors over time. *AIDS Education and Prevention, 17* (1), 53-67.
- Krahn, M. D., John-Baptiste, A., Yi, Q., Doria, A., Remis, R. S., Ritvo, P., & Friedman, S. (2005). Potential cost-effectiveness of a preventive hepatitis C vaccine in high risk and average risk populations in Canada. *Vaccine, 23* (13), 1549-1558.
- Kuo, W. H., Wilson, T. E., Weber, K. M., Madhava, V., Richardson, J., Delapenha, R., & Des Jarlais, D. (2004). Initiation of regular marijuana use among a cohort of women infected with or at risk for HIV in the Women's Interagency HIV Study (WIHS). *AIDS Patient Care and STDs, 18* (12), 702-713.
- Lankenau, S. E., Clatts, M. C., Welle, D., Goldsamt, L. A., & Gwadz, M. V. (2005). Street careers: Homelessness, drug use, and sex work among young men who have sex with men (YMSM). *International Journal of Drug Policy, 16* (1), 10-18.
- Marsch, L. A., Bickel, W. K., Badger, G. J., & Jacobs, E. A. (2005). Buprenorphine treatment for opioid dependence: The relative efficacy of daily, twice and thrice weekly dosing. *Drug and Alcohol Dependence, 14* (2), 195-204.
- Munoz-Plaza, C. E., Strauss, S. M., Astone, J. M., Des Jarlais, D. C., & Hagan, H. (2004). Drug treatment programs as sites of opportunity for the delivery of hepatitis C prevention education: Client and staff perspectives. *Journal of Drug Issues, 34* (4), 861-878.
- Ompad, D. C., Ikeda, R. M., Shah, N., Fuller, C. M., Bailey, S., Morse, E., Kerndt, P., Maslow, C., Wu, Y., Vlahov, D., Garfein, R., & Strathdee, S.A. for the Collaborative Injection Drug Users Study II. (2005). Childhood sexual abuse and age of initiation of injection drug use. *American Journal of Public Health, 95* (4), 703-709.
- Santibanez, S. S., Garfein, R. S., Swartzendruber, A., Kerndt, P. R., Morse, E., Ompad, D., Strathdee, S., Williams, I. T., Friedman, S. R., & Ouellet, L. J. (2005). Prevalence and correlates of crack-cocaine injection among young injection drug users in the United States, 1997-1999. *Drug and Alcohol Dependence, 77* (3), 227-233.
- Strathdee, S. A., Latka, M., Campbell, J., Driscoll, P. T., Golub, E. T., Kapadia, F., Pollini, R. A., Garfein, R. S., Thomas, D. L., & Hagan, H. for the Study to Reduce Intravenous Exposures Project. (2005). Factors associated with interest in initiating treatment for hepatitis C virus (HCV) infection among young HCV-infected injection drug users. *Clinical Infectious Diseases, 40* (Supplement 5), S304-S312.
- Strauss, S. M., Astone, J. M., Des Jarlais, D. C., & Hagan, H. (2005). Integrating hepatitis C services into existing HIV services: The experiences of a sample of U.S. drug treatment units. *AIDS Patient Care and STDs, 19* (2), 78-88.

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 August–December 2005, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted.

Date	Course
8/8–8/11	◆ Community HIV/AIDS Educator Training (Four days)
8/16	◆ Building Bridges to Cultural Competency (One day)
9/8	Tailoring HIV Counseling and Testing to the Unique Needs of Adolescents (One day)
9/14–9/16	Reducing the Risk and Harm of HIV (Three days)
9/20	HIV Disclosure (3 hours)
9/20, 12/12	HIV/AIDS Confidentiality Law (3 hours)
9/22 ^a , 10/27 ^b , 11/21	◆ Overview of HIV Infection and AIDS (3 hours)
9/22 ^a , 10/27 ^b , 12/7	What's New in HIV/AIDS? (3 hours)
10/4–10/6	Offering Rapid HIV Testing in CBOs Serving High Risk Communities (Three days)
10/11	HIV & STDs (3 hours)
10/11, 12/12	Promoting Adherence to HIV Treatment (3 hours)
10/12	◆ Introduction to Case Management (One day)

Date	Course
10/18–10/20	Skills Practice and Implementation of Stage-Based Behavioral Counseling (Three days)
10/26	◆ Enhancing the Partnership Between Client and Case Manager (One day)
11/1–11/2	Serving Families: From Assessment to Service Plans (1½ days)
11/3 ^c , 11/7	Streamlined HIV Testing (3 hours)
11/8	HIV Testing Skills Practice Session (One day)
11/10 ^b	◆ Addressing Prevention with HIV Positive Clients (One day)
11/21, 12/7	HIV/AIDS Treatment Update (3 hours)
11/29–11/30	◆ Mental Health Services (Two days)
12/1	◆ Basic Information About Domestic Violence (One day)
12/5	◆ Domestic Violence in Lesbian, Gay, Transgender and Bisexual Communities (One day)
12/8	Addressing Prevention in HIV Case Management (One day)

a Lincoln Hospital, Bronx c Woodhull Hospital, Brooklyn
b Project Samaritan, Queens

u Training courses are provided under NYS OASAS Education and Provider Certificate Number 0305 and are acceptable for CASAC credits.

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 website at www.training.ndri.org where you may register for these courses.

The Center for Drug Use and HIV Research is funded by the National Institute on Drug Abuse (Grant # P30 DA11041) 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 Core
Sherry Deren, Ph.D.

International Research Core
Don C. Des Jarlais, Ph.D. (Director, Chemical Dependency Institute, Beth Israel Medical Center)

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Sherry Deren, Ph.D., Center Director
Holly Hagan, Ph.D., Center Deputy Director
Carmen Priester, Administrative Coordinator
Dorline Yee, Operations Coordinator, Managing Editor, Writer
Josh Orlean, Designer
For information, or to be added or removed from our mailing list, contact:

Center for Drug Use and HIV Research
National Development and Research Institutes, Inc.
71 W 23rd Street, 8th Floor
New York, NY 10010
Telephone: (212) 845-4400
Fax: (917) 438-0894
Website: www.cduhr.ndri.org
E-mail: cduhr@ndri.org

CDUHR Projects

Addressing Health Disparities in HIV/AIDS Clinical Trials (NIAID)
CDUHR Co-I: Marya Viorst Gwadz, Ph.D. & Noelle R. Leonard, Ph.D.
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 IDU-Related HIV (NIDA)
PI: Samuel R. Friedman, Ph.D.

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)
PI: James M. McMahon, Ph.D. (IRYAR)

Cross-Border HIV Prevention Project: China and Vietnam (NIDA)
CDUHR Co-I: Don C. Des Jarlais, Ph.D.
PI: T. Hammett, Ph.D.

Drug Use and HIV Risk in Nicaragua (NIDA)
PI: Michele G. Shedlin, Ph.D.

Etiology and Prevention of Blood-Borne Viruses in IDUs (NIDA)
PI: Holly Hagan, Ph.D.

HIV Knowledge and Risk among Deaf Adolescents (NIDCD)
PI: Marjorie F. Goldstein, Ph.D.

HIV Risk and Substance Use in Adolescent Couples (NIDA)
PI: Noelle R. Leonard, Ph.D.

Increasing HCV Knowledge and Service Use in Drug Treatment Programs (NIDA)
PI: Shiela M. Strauss, Ph.D. (ITSR)

An Intervention for Migrant Puerto Rican Drug Users (NIDA)
PI: Sherry Deren, Ph.D.

Interventions for HIV-Positive Mothers with Drinking Problems (NIAAA)
PI: Marya Viorst Gwadz, Ph.D.

National HIV Behavioral Surveillance Among Injection Drug Users: New York City (NYCDOHMH)
PI: Holly Hagan, Ph.D.

National Study of Syringe Exchange Programs (NIDA)
PI: Don C. Des Jarlais, Ph.D.

Networks, Norms, and HIV/STI Risk Among Youth (NIDA)
PI: Samuel R. Friedman, Ph.D.

New Hispanic Immigrant Communities and HIV Risk (NICHD)
PI: Michele G. Shedlin, Ph.D.

Risk Factors for AIDS Among IDUs (NIDA)
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Science-Based Treatment for Opioid-Dependent Adolescents (NIDA)
PI: Lisa A. Marsch, Ph.D.

Staying Safe: Long-Term IDUs Who Avoided HIV & HCV (NIDA)
PI: Samuel R. Friedman, Ph.D.

Study to Reduce Intravenous Exposures (NIDA)
PI: Holly Hagan, Ph.D. (Seattle PI)

Synthesis: HCV Epidemiology and Prevention in Drug Users (NIDA)
PI: Holly Hagan, Ph.D.

WHO Survey Coordinating Center, Drug Injecting Study- Phase 2 (WHO)
PI: Don C. Des Jarlais, Ph.D.