

# CDUHR news

Center for Drug Use and HIV Research in the New York University College of Nursing

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**The New York Hepatitis C Research Consortium is the first and only hepatitis C-specific research alliance in the United States.**

## New York Hepatitis C Research Consortium Meeting

The New York Hepatitis C Research Consortium held its first meeting on September 24, 2009 at Rockefeller University. The purpose of the meeting was to provide a comprehensive overview of current HCV research in New York. The meeting included presentations and a poster session of the behavioral, epidemiological, clinical and basic science research underway by representatives from member organizations, and a researchers' forum to discuss how to enhance HCV research conducted in New York. Over 100 representatives from academic health centers, public health agencies, and community organizations in New York attended the meeting.

Conference participants reported a desire to engage in multi-disciplinary research, identified the need for socio-behavioral research to address health disparities, and requested assistance in forming partnerships between academic institutions and community organizations. A majority of researchers indicated that they had worked with community organizations, but they also reported that collaborations could be improved so that the HCV-affected community can effectively participate in the design, interpretation and dissemination of research.

Holly Hagan, PhD, a founding member of the Consortium and member of the steering committee, also served as a discussant for the researchers' forum. Dr. Hagan noted that "The discussion was a very important part of the meeting. Participants offered excellent suggestions on how to move forward to develop inter-institutional and inter-disciplinary collaborations to address HCV infection in New York."



Holly Hagan

HCV is the most common bloodborne infection in the U.S., and is the leading cause of chronic liver disease. The need for research on HCV epidemiology, prevention, and treatment is particularly acute in New York. In New York City, HCV prevalence is estimated at 2.2%; chronic infection prevalence is estimated at 1.8%, or approximately 103,000 persons.<sup>1</sup> Injection drug users remain at highest risk of HCV infection, and research in New York shows that among IDUs, incidence of HCV infection exceeds 20% per year, and prevalence typically exceeds 60%.<sup>2,3</sup>

The Consortium is the first and only hepatitis C-specific research alliance in the United States. It was established in 2009 and is comprised of New York HCV researchers. The Consortium's goals are to:

- Serve as a forum for planning, facilitating, coordinating, and implementing studies of hepatitis C
- Prioritize and coordinate research directions
- Strengthen the evidence base for effective hepatitis C policy development
- Synthesize and disseminate scientific information to state, national and international organizations concerned with hepatitis C
- Encourage and facilitate the education of scientists and the public in the needs and opportunities for hepatitis C research
- Develop new research resources to study hepatitis C
- Facilitate access to clinical trials for those chronically infected with HCV

The Consortium plans to develop a website and other means to facilitate ongoing communication and dissemination of information among its members and the community regarding upcoming research projects, and open clinical trials or other studies.

1. Bornschlegel, K., Berger, M., Garg, R.K., Punsalang, A., McKinney, C.M., Gwynn, R.C., & Thorpe, L.E. (2009). Prevalence of hepatitis C infection in New York City, 2004. *Journal of Urban Health*, 86, 909-917.

2. Des Jarlais, D. C., Arasteh, K., McKnight, C., Hagan, H., Perlman, D., & Friedman, S. R. (2009). Using hepatitis C virus and herpes simplex virus-2 to track HIV among injecting drug users in New York City. *Drug and Alcohol Dependence*, 101 (1-2), 88-91.

3. Hagan, H., Pouget, E.R., Williams, I.T., Garfein, R.L., Strathdee, S.A., Hudson, S.M., Latka, M.H., & Ouellet, L. J. (in press). Attribution of HCV seroconversion risk in young injection drug users in five U.S. cities. *Journal of Infectious Diseases*.

For additional information on the NY Hepatitis C Consortium, contact Eric Rude, MSW, Director, Office of Viral Hepatitis Coordination, NYC Department of Health and Mental Hygiene – email: erude@health.nyc.gov.

## HIV/STD Infection in an Urban High Risk Population

Principal Investigator: Larry Nuttbrock, Ph.D.

Funding Agency: NIDA

### Background and Objectives

Transgenderism has been described as an incongruence between one's biological or anatomical sex and one's gender identity. Male-to-female transgender persons (MTFs) are born with male genitalia and are medically assigned as male at birth, but develop a sense of themselves as female, or partially female, in certain situations or roles.<sup>1</sup>

High rates of HIV and other sexually transmitted infections (STIs) have been found among MTFs. Studies show that MTFs engage in riskier sexual behavior (e.g., higher number of sex partners, participation in commercial sex work, or having a primary partner who injected drugs) compared to female-to-male transgender persons (FTMs) and men who have sex with men (MSM). In addition, MTFs are also more likely to have been incarcerated, homeless and unemployed compared to FTMs.<sup>2</sup>

This study examined behavioral and other risk factors for HIV and STIs among MTFs, and explored their associations with commercial sex work, economic hardship and other social factors.

### Participants and Methods

A total of 571 MTFs were recruited from clubs, on the street, newspaper advertisements, transgender organizations in the New York metropolitan area, the internet, or referrals from other study participants. Inclusion criteria included MTF transgender

identity, age 19 years or older, and the absence of psychotic ideation. Participants ranged in age from 19 to 59, with a mean age of 37; 43.9% identified as Hispanic, 26.8% as non-Hispanic White, 21.6% as non-Hispanic Black, and 7.6% identified in some other category. Lifetime use

of hormone replacements for the purpose of gender presentation was 77.6% and 61.9% for younger and older participants, respectively.<sup>1</sup>

Face-to-face interviews were conducted with the Life Review of Transgender Experiences (LRTE), which was designed specifically for MTFs for behavioral, economic and psychiatric assessment, and the Life Chart Interview (LCI). Both use time-focused approaches with multiple sets of social memory cues to improve the accuracy of recalled events. The interviews assessed lifetime HIV/STI risk factors, lifetime number of partners, drug injections for psychoactive and feminizing hormones, other drug and alcohol use, sex abuse, depression, unemployment, disclosure of transgender identity and dressing in female attire in public. Participants were tested for HIV, hepatitis B (HBV), hepatitis C (HCV), and syphilis.<sup>3</sup>

### Preliminary Findings

*Lifetime HIV, syphilis, HBV and HCV infection –* Among 517 participants, 3.5 % of Whites were HIV-infected compared to 49.6% of Hispanic and 48.1% of African-American MTFs. Infection rates for syphilis were Whites - 1.4%, Hispanics - 21.6%, and African-Americans - 14.7%. For hepatitis B, 6.5%, 36% and 35.5% of Whites, Hispanics and African-Americans, respectively, had been infected. In regard to hepatitis C infection, 3.6% of Whites, 15.7% of Hispanics and 7.4% of African-Americans had been infected.<sup>3</sup>

*Factors associated with HIV, HBV and HCV infection among MTFs of color<sup>4</sup> –* HIV and HBV infection were both associated with androphilic sexual orientation (attraction to men), and dressing in the female role in public. HCV infection was associated with psychoactive drug injection, unemployment and dressing in female attire in public.<sup>3</sup>

*Lifetime prevalence of depression –* Lifetime prevalence of major depression was over 50% for all participants. For the younger group (aged 19-39), 38.4% reported major depression during early adolescence, by early middle age it declined to 19.1%; lifetime histories of thoughts, planning, or attempted suicide was 53%, 34.9% and

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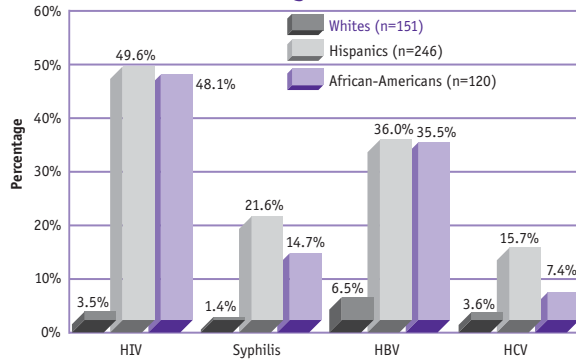
Mona Rae Mason  
Field Coordinator

Bali White  
Research Associate



Top Row: Monica Macri, Lorena Borjas, Jeffrey Becker & Sel Hwahng; Bottom Row: Bali White, Larry Nuttbrock & Mona Rae Mason

**HIV, Syphilis, HBV and HCV Infection among Male-to-Female Transgender Persons, NYC**



31.2%, respectively. For the older group (aged 39-59), 23.5% reported major depression during early adolescence, this level remained constant into early middle (24.8%) and later middle age (26.1%); lifetime histories of thoughts, planning or attempted suicide were 53.5%, 34.9% and 28%, respectively.<sup>1</sup>

*Association between abuse and depression* – For the total sample, 78.1% reported psychological gender abuse, and 50.1% reported physical gender abuse at some point during their lives. Persistent psychological abuse was higher during early adolescence, but significantly declined through the life stages into middle age. Prevalence of major depression was twice as high among those persistently abused compared to those who were periodically abused. There was a significant association between suicidality scores and abuse. For younger participants, the association of abuse with suicidality typically declined during post-adolescence, but it did not entirely disappear. Among older participants, associations between abuse and suicidality diminished as they matured into early and young adulthood. However, as they further matured into early and later middle age, associations once again became significant and consistent.<sup>1</sup>

*Disclosure of transgender identity* – Gender identity disclosure was assessed during the life course in six different types of relationship (e.g., parents, friends, co-workers). Among younger participants (aged 19-39), 75% indicated no disclosure of female identity to parents during early adolescence, and this percentage decreased across the life course, with 26% indicating no disclosure in early middle age. For older participants (aged 40-49), percentages were marginally higher at all stages. Disclosure to friends was reported by 40% of the younger participants and 28% of the older participants. Disclosure was more likely in achieved (e.g., friends) as compared to ascribed (e.g., family, co-workers) types of relationships, and generally more likely in later stages of life. Generational differences were found: younger respondents were more likely to disclose (especially during adolescence), perhaps indicating positive attitude changes toward transgenderism.<sup>5</sup>

### Implications and Recommendations

The findings show higher rates of HIV, syphilis, HBV and HCV infection among MTFs of color compared to White MTFs. In addition, study findings confirm extremely high levels of depression and gender abuse among MTFs that have been suggested in the literature. Lifetime depression among MTFs is almost three times higher than estimates for the general population; lifetime suicide plans and attempts are 7 and 10 times higher than in the general population.<sup>1</sup> Interventions addressing the disparities in prevalence of HIV and STIs among MTFs of color, and treatment for psychiatric distress, are needed. The findings suggestive of historical trends indicating increases in level of acceptance of transgenderism are promising, and interventions to build on these trends are also needed.

1. Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (in press). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*.  
 2. Hwahng, S. J. & Nuttbrock, L. (2007). Sex workers, fem queens, and cross-dressers: Differential marginalizations and HIV vulnerabilities among three ethno-cultural male-to-female transgender communities in New York City. *Sexuality Research and Social Policy*, 4, (4), 36-59.  
 3. Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes*, 52 (3), 417-421.

4. Because of the low numbers of HIV, syphilis, HBV and HCV infection among Whites, risk factors could not be estimated among this group.  
 5. Nuttbrock, L., Bockting, W., Hwahng, S., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Gender identity affirmation among male-to-female transgender persons: A life course analysis across types of relationships and cultural/lifestyle factors. *Sexual and Relationship Therapy*, 24 (2), 108-125.



Don Des Jarlais

## Multiple HIV Prevention Packages for IDUs in Estonia

Principal Investigator: Don C. Des Jarlais, Ph.D.  
Project Staff: Holly Hagan, Ph.D. (Co-Investigator)  
Funding Agency: National Institute of Allergy and Infectious Diseases

While several interventions have been shown to be effective at reducing risk behavior among injection drug users (IDUs), no single intervention is effective for all IDUs. In Tallinn, Estonia, HIV prevalence among IDUs is over 50%, HIV incidence is over 20/100 person-years-at-risk, and IDUs report high rates of multiple sex partners and inconsistent condom use. The situation in Tallinn is the ideal context in which to study the effectiveness of combinations of prevention programs in order to halt ongoing HIV transmission among IDUs and the transition from IDUs to a generalized heterosexual epidemic. This study will conduct systematic reviews of social, structural, behavioral and biomedical interventions to reduce injection and sexual risk behavior among IDUs, as well as interventions that build community and policy support for HIV prevention among IDUs. It will monitor the epidemic in Tallinn, assess current interventions and model an optimal set of interventions for Tallinn's epidemic. A pilot study will be conducted with screening and treatment of sexually transmitted infections among IDUs to assess the feasibility and effectiveness in reducing sexual transmission of HIV among IDUs and from IDUs to non-drug using sex partners. The findings from the study may inform other countries where IDU-related HIV epidemics are a public health concern.

## Risk Factors for HIV/AIDS in Drug Users

Principal Investigator: Don C. Des Jarlais, Ph.D.  
Project Staff: Sam Friedman, Ph.D. (Co-Investigator); Holly Hagan, Ph.D. (Co-Investigator)  
Funding Agency: National Institute on Drug Abuse

The Risk Factors project is the longest continuously NIH-funded study on HIV and drug users. It has been monitoring the HIV epidemic in NYC among injection drug users (IDUs) since 1983, and among non-injection drug users (NIDUs) since 1995.

NYC has had the earliest and largest IDU-related HIV epidemic in the world and Risk Factors has been instrumental in documenting the course of the epidemic in the city. Using stored sera, Risk Factors estimated that HIV entered the IDU population in the mid-1970s and spread rapidly through the mid-1980s when HIV prevalence reached 50%. Since the early 1990s, project findings showed dramatic declines in HIV transmission among IDUs, although among NIDUs, HIV prevalence has doubled over the last decade. Herpes simplex virus-2 (HSV-2) is strongly associated with HIV transmission and appears to be a major factor in HIV transmission among NIDUs in NYC. The project was awarded continuation funding to continue to monitor HIV risk behavior, HIV prevalence and incidence and service utilization. It will document patterns of sexual- and injection-related HIV transmission and assess racial/ethnic differences in HIV infection. The study will measure the relationship between HIV and HSV-2 infections and test the hypothesis that the strength of the association increases over time. In addition, the study will evaluate effects of the NYC Department of Health's condom social marketing campaign on sexual risk behavior and HIV and HSV-2 infection. Findings will continue to inform the research and public health communities about the evolution of the HIV epidemic in New York City and the effects of prevention efforts.

## Computerized Counseling to Promote Positive Prevention and HIV Health in Kenya

Principal Investigator: Ann E. Kurth, Ph.D.  
Funding Agency: National Institute of Mental Health

Africa is the most heavily affected region in the world by HIV/AIDS and it has decimated many communities and their health workforces. HIV prevention and antiretroviral (ART) adherence approaches which are not staff-dependent are urgently needed to help persons living with HIV to remain healthy and to reduce HIV transmission to sexual partners (positive prevention). The current study is adapting a computerized counseling intervention (CARE+), which has been found to be efficacious in reducing HIV-1 viral load and risk behaviors in the U.S., with the largest



Ann Kurth

HIV care provider in Kenya, the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH). In-depth interviews with urban and rural AMPATH patients and staff focus groups will assist in assessing counseling practices and beliefs about computer use. Results will be used to inform the adaptation. Care+ Kenya intervention content will be modified, translated, and audio recorded into the local language, Kiswahili. Skills-building videos on secondary prevention, HIV disclosure, ART adherence and reproductive health will also be adapted. A longitudinal randomized controlled trial in one urban and one rural AMPATH clinic will be used to assess the intervention by measuring changes in HIV risk behavior and ART adherence through HIV-1 viral load tests. In addition, cost-effectiveness analysis of CARE+ Kenya vs. the standard of care will be conducted to estimate the number of secondary HIV preventions prevented, cost per HIV infection averted and cost per daily adjusted life year saved.

## A Spanish-Language Intervention to Enhance Routine HIV Patient Care Delivery

Principal Investigator: Ann E. Kurth, Ph.D.  
 NYUCN Co-Investigator: Michele Shedlin, Ph.D.  
 Funding Agency: National Institute of Mental Health

Latinos are the fastest growing group in the U.S., and they have been shown to have some of the largest health disparities, including HIV. Lower adherence to antiretroviral therapy (ART) is associated with language barriers seen among Latinos. In a Phase III clinical trial, CARE+, a computerized counseling intervention, has been demonstrated to increase ART adherence, reduce HIV viral load and condom use errors among English-speaking adults in the U.S. This study will adapt CARE+ by using audio-narrated Spanish for the intervention. "CARE+ Spanish" will be used during routine clinical visits by Spanish-speaking HIV clinic attendees in a busy urban HIV clinic. Using a longitudinal, randomized, delayed intervention design, CARE+ Spanish will be evaluated for its effectiveness on changes to ART adherence, clinic visit adherence, HIV-1 viral load and sexual risk behavior. Qualitative exit interviews will be conducted with

a sample of the participants to assess technology acceptability, cultural and linguistic acceptability, and suggestions for ongoing use among older vs. younger, and U.S. vs. foreign-born Latino groups. Focus groups will be conducted with providers to assess perceived technology barriers or facilitators.



Sherry Deren

## Drug Abuse Research on GALT and HIV Pathogenesis

Principal Investigator:  
 Sherry Deren, Ph.D.  
 Co-Investigator/Site PI:  
 Martin Markowitz, M.D.

(Aaron Diamond AIDS Research Center)

Funding Agency: National Institute on Drug Abuse

Studies of HIV infection in humans have demonstrated that CD4+ T cells within the gastrointestinal (GI) mucosa are targeted and depleted.<sup>1</sup> Studies in HIV-positive people have primarily been based on non drug-using populations of men who have sex with men (MSM). This two-year administrative supplement to CDUHR has been funded to expand this research to HIV-infected injection drug users (men and women). The study will explore whether active injection drug use accelerates CD4+ T cell depletion in the GI tract using flexible sigmoidoscopy and biopsy. In addition, the role of behavioral risks (e.g., syringe sharing) will also be examined in terms of HIV disease progression. The study will recruit 90 persons, categorized by IDU status, HIV infection status, and viremia. Participant recruitment sites will include two ongoing CDUHR-affiliated studies: the National HIV Behavioral Surveillance: New York City (H. Hagan, PI); and Peer Driven Intervention to Enroll Minorities/Women in HIV/AIDS Clinical Trials (M. Gwadz, PI). Comparisons will be undertaken to assess the impact of injection drug use, viremia, and behavioral variables on CD4+ cell depletion. This integrated biomedical-behavioral research approach furthers the CDUHR aim of expanding interdisciplinary studies, and can serve as the basis for further collaborative efforts.

1. About 70% of the immune system in humans is located in the GI tract. This part of the immune system is referred to as gut-associated lymphoid tissue (GALT).

(Continued next page)



*Samuel Friedman*

## Community Vulnerability and Responses to Drug-User-Related HIV/AIDS (CVAR)

Principal Investigator: Samuel R. Friedman, Ph.D.  
 Project Staff: Barbara Tempalski, Ph.D. (Co-Investigator); Enrique Pouget, Ph.D. (Project Director); Sudip Chatterjee, Ph.D. (Principal Research Associate)  
 Funding Agency: National Institute on Drug Abuse

Since 2000, the CVAR project has been conducting a longitudinal study to determine population prevalence of drug injectors, HIV prevalence among drug injectors, and how policies and prevention programs affect the HIV epidemic in the 96 largest metropolitan areas (MSAs) in the United States. The project showed that HIV prevalence declined among injection drug users (IDUs) from 1992 to 2002. Population prevalence of IDUs declined from 1992 to 2000, but then began to rise again, particularly among youth aged 15-29. The project confirmed findings from other studies which showed that HIV has spread widely among non-injection drug users (NIDUs) in some MSAs. The project also found that a variety of social forces and policies influenced HIV and IDU prevalence, racial disparities in IDU prevalence and AIDS prevalence among IDUs, and drug treatment and syringe exchange access and coverage. The project was awarded continuation funding to describe trends from 1992 to 2012 for the following: a) population prevalence of IDUs and NIDUs, particularly among youth; b) among IDUs, HIV prevalence, late-diagnosis HIV cases, and AIDS incidence and mortality; and c) the implementation of drug-related interventions (e.g., drug treatment, syringe access, HIV counseling and testing, incarceration and arrests of drug users). In addition, the project will explore how each of these affects and interacts with each other, plus how economic change, social integration and racial residential segregation may impact these processes. An integrated theory will be developed of how these processes work together and the probable impact of intervention mixes in certain social contexts. The findings will help national public health agencies and other researchers plan evidence-based programs and policies to reduce high-risk drug use and the associated HIV/AIDS epidemics.

## Staying Safe: Training IDUs in Strategies to Avoid HIV and HCV Infection

Principal Investigator: Pedro Mateu-Gelabert, Ph.D.  
 Project Staff: Samuel R. Friedman, Ph.D., Marya Gwadz, Ph.D., Holly Hagan, Ph.D., Andrew Osborne, M.S.Ed. (Co-Investigators); Milagros Sandoval (Intervention Specialist)  
 Funding Agency: National Institute on Drug Abuse

Worldwide, injection drug users (IDUs) account for 10% of new HIV infections, while in the U.S., IDUs account for 13% of new infections annually. New approaches are needed to reduce transmission of HIV infections and hepatitis C virus (HCV), which is endemic among IDUs. The earlier Staying Safe project<sup>1</sup> was developed to discover practices and prevention tactics used by long-term IDUs who managed to remain uninfected with HIV and HCV. Based on the earlier study, the current project will develop an intervention curriculum to enhance IDUs' capabilities to prevent HIV and HCV transmission. The goals for the Staying Safe intervention for IDUs are to: a) increase information about and awareness of risk environments, circumstances and behaviors; b) teach new skills, such as planning and problem solving to reduce risk; c) attend to the role of social networks in risk reduction practices and maintenance of behavior; and d) increase motivation for implementing new long-term preventive practices and strategies. The curriculum will be pilot tested and examined for its acceptability, feasibility and safety, and preliminary evidence of its efficacy. Findings will be used to develop a large-scale Staying Safe intervention study.

1. Staying Safe: Long-Term IDUs Who Avoided HIV and HCV (S. Friedman, PI).

## Mateu-Gelabert Contributes to Workshop on Heroin Use and Prevention in Colombia

In the early 1990s, cultivation of poppy seeds began in Colombia. By 1999, 60% of the heroin used in the U.S. originated from Colombia. Since 2005, Dr. Pedro Mateu-Gelabert, a CDUHR-affiliated principal investigator, has made several presentations raising awareness about the possibility that heroin production could lead to internal heroin consumption

# CDUHR-AFFILIATED INVESTIGATORS' PUBLICATIONS

June 2009 – December 2009

- Arasteh, K., & Des Jarlais, D. C. (2009). At-risk drinking and injection and sexual risk behaviors of HIV-positive injection drug users entering drug treatment in New York City. *AIDS Patient Care and STDs*, 23 (8), 657-661.
- Burt, R. D., Thiede, H., & Hagan, H. (2009). Serosorting for hepatitis C status in the sharing of injection equipment among Seattle area injection drug users. *Drug and Alcohol Dependence*, 105, 215-220.
- Chopra, M. P., Landes, R. D., Gatchalian, K. M., Jackson, L. C., Buchhalter, A. R., Stitzer, M. L., Marsch, L. A., & Bickel, W. K. (2009). Buprenorphine medication versus voucher contingencies in promoting abstinence from opioids and cocaine. *Experimental and Clinical Psychopharmacology*, 17 (4), 226-236.
- Cooper, H. L., Bossak, B. H., Tempalski, B., Friedman, S. R., & Des Jarlais, D. C. (2009). Temporal trends in spatial access to pharmacies that sell over-the-counter syringes in New York City health districts: Relationship to local racial/ethnic composition and need. *Journal of Urban Health*, 86 (6), 929-945.
- Des Jarlais, D. (2009). National and international aspects of doing harm reduction better. *Addiction*, 104 (9), 1452-1453.
- Des Jarlais, D. C., Arasteh, K., Hagan, H., McKnight, C., Perlman, D. C., & Friedman, S. R. (2009). Persistence and change in disparities in HIV infection among injection drug users in New York City after large-scale syringe exchange programs. *American Journal of Public Health*, 99 (Suppl 2), S445-S451.
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- Des Jarlais, D. C., & Hubbard, R. L. (2009). Drug abuse. In R. Detels, R. Beaglehole, M. A. Lansang, & M. Gulliford (Eds.), *Oxford textbook of public health: The scope of public health* (5th ed., pp. 1303-1321). New York: Oxford University Press.
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- Jenness, S. M., Murrill, C. S., Liu, K. L., Wendel, T., Begier, E., & Hagan, H. (2009). Missed opportunities for HIV testing among high-risk heterosexuals. *Sexually Transmitted Diseases*, 36 (11), 704-710.
- Khan, M. R., Bolyard, M., Sandoval, M., Mateu-Gelabert, P., Krauss, B., Aral, S. O., & Friedman, S. R. (2009). Social and behavioral correlates of sexually transmitted infection- and HIV-discordant sexual partnerships in Bushwick, Brooklyn, New York. *Journal of Acquired Immune Deficiency Syndromes*, 51 (4), 470-485.
- Marsch, L. A., & Bickel, W. K. (2009). Heroin and other opioids. In L. M. Cohen, F. L. Collins, A. Young, D. E. McChargue, T. R. Leffingwell, & K. L. Cook (Eds.), *Pharmacology and treatment of substance abuse: Evidence and outcome based perspectives* (pp. 359-373). New York: Routledge.
- Nuttbrock, L., Bockting, W. O., Hwahng, S., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Gender identity affirmation among male-to-female transgender persons: A life course analysis across types of relationships and cultural/lifestyle factors. *Sexual and Relationship Therapy*, 24, 105-125.
- Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes*, 52 (3), 417-421.
- Perlman, D. C., Leung, C. C., & Yew, W. W. (2009). Diagnosing tuberculosis in patients with HIV: Do we know enough? *American Journal of Respiratory and Critical Care Medicine*, 180, 800-801.
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- Strauss, S. M., & Rindskopf, D. M. (2009). Screening patients in busy hospital-based HIV care centers for hazardous and harmful drinking patterns: The identification of an optimal screening tool. *Journal of the International Association of Physicians in AIDS Care*, 8 (6), 347-353.
- Vorobjov, S., Uuskula, A., Abel-Ollo, K., Talu, A., & Des Jarlais, D. (2009). Should pharmacists have a role in harm reduction services for IDUs? A qualitative study in Tallinn, Estonia. *Journal of Urban Health*, 86 (6), 918-928.

in Colombia, which could then result in a heroin-related HIV epidemic. Researchers and policy makers were skeptical since Colombia did not have a history of heroin use. By 2009, heroin use was reported in hospitals and primary care centers in most areas of the country.

Dr. Mateu-Gelabert and Dr. Randy Seewald (Medical Director, Beth Israel Medical Center MMTP) were invited participants from the U.S. for a four-day workshop in October 2009 on heroin use, prevention and treatment in Colombia. The results



Randy Seewald, MD; Diego Palacio Betancourt, MD; Pedro Mateu-Gelabert, PhD; Inés Elvira Mejía Motta, Consultant, Colombian Ministry of Social Protection

of the workshop were presented to Dr. Diego Palacio Betancourt, Minister of Social Protection. As a result of the meeting, the ministry will be increasing HIV surveillance and prevention among heroin users.

# CDUHR-Affiliated Investigators' Projects

## New York University College of Nursing

ARV Adoption & Adherence in a US Mexico-Border Community-Based Clinic (NCMHHD)  
*PI: Michele G. Shedlin, Ph.D.*

Computerized Counseling to Promote Positive Prevention and HIV Health in Kenya (NIMH)  
*PI: Ann E. Kurth, Ph.D.*

Development and Testing of a Jamaican Mother-Daughter HIV Risk-Reduction Program (NINR)  
*PI: M. Katherine Hutchinson, Ph.D.*

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