

## In this issue...

The Central East ATTC also houses the Center for HIV, Hepatitis, and Addiction Training and Technology (CHHATT). The goal of the CHHATT is to provide training and technical assistance to substance abuse counselors and other related professionals around HIV and Hepatitis. In keeping with the goals of the CHHATT, the main article of this edition of *The Dialogue* covers the relationship between substance abuse and the spread of HIV.

### Preventing HIV Transmission: The Impact of Non-Injection Drug and Alcohol Use

By Paula Jones

For years, HIV prevention efforts focusing on substance abuse have targeted injection drug use (IDUs). After all, injection drug use was a significant mode of transmission in the first two decades of the epidemic. However, sexual transmission has always been the most significant mode of HIV transmission.

As the epidemic has shifted over the years, so too has the emphasis related to substance abuse. While it has long been recognized that use of drugs and alcohol can contribute to high-risk behaviors, many researchers and service providers are now focusing on the relationship between non-injection drug and alcohol use and HIV transmission. There is a growing realization that interventions must address both the issues of substance abuse and high-risk sexual behaviors. Given that drug use and the use of alcohol can impair judgment and lead to risky sexual behaviors, a multi-pronged approach is necessary. Effective HIV prevention efforts must focus on reducing the use of drugs and alcohol while promoting safer sexual behaviors.

Those working to prevent further spread of HIV need to be aware of the danger to at-risk populations posed by drug and alcohol use.

- Drug and alcohol intoxication is associated with high-risk sexual behavior, such as unprotected sex and/or multiple sexual partners.
- Drug use and risky sexual behavior are associated with increased prevalence of sexually transmitted infections (STIs). Infection with an STI increases the risk of contracting and/or transmitting HIV.

- Long-term drug use can alter the function of brain regions associated with risk-taking and decision making.
- Drug and alcohol use can bring people together in high-risk venues where people may be more likely to engage in high-risk behaviors.
- Drug use can affect pharmacological and physiological processes, including stress systems and immune function, which may affect HIV transmission.

(HIV Transmission, cont. on page 2)

#### Estimates of U.S. HIV Prevalence, 2006

Sexual contact is responsible for the vast majority of HIV infections in the United States.

- Nearly half (48 percent) of all people living with HIV in the U.S. in 2006 were MSM. MSM accounted for 64 percent of men living with HIV.
- People infected through high-risk heterosexual contact accounted for 28 percent of all people living with HIV. Thirteen (13) percent of men and 72 percent of women living with HIV were infected through high-risk heterosexual contact.
- People infected through injection drug use accounted for 19 percent of all people living with HIV—16 percent of men and 26 percent of women living with HIV were infected through injection drug use.

Source: <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/prevalence.htm>

see page...

5

Delaware News

5

Washington, D.C. News

6

Maryland News

7

New Jersey News

8

Products for Counselors and Other Substance Abuse Professionals

Research has shown that a significant proportion of young people are not concerned about becoming infected with HIV. In recent years, the number of young people in the United States diagnosed with AIDS rose substantially.

– Dr. Nora D. Volkow,  
NIDA Director

(HIV Transmission, cont. from page 1)

Research has linked various drugs, including cocaine and methamphetamine, to high-risk sexual behavior. Studies have documented the risks in certain populations including men who have sex with men (MSM), adolescents and young adults, and people of color.

For those already infected with HIV, drug and alcohol use may result in more rapid progression of the disease, interact with HIV treatments, and negatively impact adherence to treatment regimens.

## Responding to the Challenge

Over the course of the HIV epidemic, we have learned that effective HIV prevention interventions must be tailored to the needs of high-risk populations. This is also true when addressing the relationship between substance abuse and high-risk sexual behaviors.

### NIDA Responds to the Need

The average outreach worker on the street may intuitively know that when people get high, they engage in risky behavior. However, to understand the “why” behind the obvious requires a great deal of research, which can take time. The National Institute on Drug Abuse (NIDA) is currently funding researchers to explore the issues related to substance abuse and HIV transmission. The findings of these studies will help to tailor more effective interventions. In a recent request for proposals, NIDA stated the following:

*Despite a wealth of anecdotal reports and limited empirical data, there still remains much to be learned about the cognitive, behavioral, emotional and situational processes that mediate interactions between drug abuse, risky decision making and HIV/AIDS and their associated neurobiological substrates.*

*Research on behavioral, cognitive and neurobiological mechanisms, including studies of interactions between these varied influences, can enhance our understanding of a role for drug abuse and addiction in decision-making processes that contribute to HIV transmission through risky sexual behavior. While progress has been made in identifying risk factors that increase the possibility of HIV transmission, little is known about decision-making processes that ultimately lead to risky sexual behavior. For example, we know that unprotected sex and multiple partners are risk factors for HIV transmission, but we have little understanding of the cognitive, emotional or social processes that lead to decisions to engage in these high risk behaviors, or how acute and chronic exposure to drugs of abuse may affect these processes. Thus, studies are needed to determine the influence of drug use, withdrawal, craving and relapse on decisions to engage in risky sexual behaviors.*

**Source:** <http://grants1.nih.gov/grants/guide/pa-files/PA-07-307.html>

“The epidemiologic data has driven how NIDA addresses the intertwined epidemics of drug abuse and HIV,” stated Jacques Normand, PhD, Director of the National Institute on Drug Abuse’s (NIDA) AIDS Research Program, in an interview for this article. “In the past, much of the effort has been focused on injection drug use.”

Dr. Normand identified three approaches for breaking the connection between HIV and drug use:

- Promoting awareness of the link between drug use and HIV;
- Promoting HIV counseling and testing; and
- Substance abuse treatment as HIV prevention.

### Promoting Awareness: NIDA’s “Learn the Link” Campaign

NIDA launched the *Drug Abuse and HIV: Learn the Link* public awareness campaign in November 2005. The campaign uses TV, print, and Web public service announcements (PSAs), as well as posters, e-cards, and other tools to send the message to young people that using drugs and alcohol, even once, can have serious health consequences.

The “d’cisions” Webisode series is part of the *Learn the Link* campaign. This series is designed to show teens and young adults that non-injection drug use and alcohol use can lead to poor decision making, which can result in risky sexual behaviors and HIV infection. Viewers can follow Kim and her friends over five Webisodes. Two downloadable videos are also available. One depicts a young woman telling her aunt that she became infected with HIV after “hooking up” with a guy at a party (available in Spanish). The second shows two young women text messaging about a friend who is infected with HIV.

The campaign also targets parents and teachers with the *Learn the Link* message. These individuals are often influential figures in the lives of young people.

The messages and materials were tested among various groups of young people, which guided that campaign’s focus on the use of technology, discussion of sensitive issues between friends, and the importance of family. For the campaign, NIDA is collaborating with a variety of media partners, educational institutions, national organizations, and community-based organizations.

More information on the campaign, as well as other information on the link between substance abuse and HIV, is available from NIDA at: <http://hiv.drugabuse.gov>.

### **Know Your Status: Promoting HIV Counseling and Testing**

The Centers for Disease Control and Prevention (CDC) estimates that 21 percent, approximately one in five people living with HIV in 2006, are unaware they are infected. People who are infected with HIV but are unaware of their status cannot take advantage of therapies that can extend their lives. In addition, they cannot take steps to protect their sex or syringe-sharing partners from becoming infected. Research indicates that many infected individuals try to avoid behaviors that can transmit HIV to sex or syringe-sharing partners once they are aware of their positive HIV status. Medical treatments that lower HIV viral load may also reduce the risk of transmission to others. Therefore, knowing that one is infected (as early as possible) and early access to medical care may help to prevent the transmission of HIV to others.

While HIV testing is widely available, often at no cost, it is obvious that there are still gaps. An estimated 232,700 total persons are still unaware of their infections. Federal Agencies are working to fill these gaps.

In September 2006, CDC released revised recommendations calling for routine HIV screening of adults, adolescents, and pregnant women in health care settings. CDC is currently developing guidelines for non-health care setting and NIDA and CDC are working to develop models for implementing routine HIV testing in settings such as drug treatment facilities. Once the guidelines are in place, drug treatment facilities and community-based organizations will need technical assistance to implement counseling and testing services.

View the revised recommendations for health care settings at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

### **Young People, Substance Abuse, and Risky Sex**

Research indicates that the use of alcohol and drugs is related to unsafe sexual behavior that places young people at risk for contracting STIs, including HIV.

- Teens account for one-quarter of the 15 million new cases of STIs diagnosed each year.
- In 2006, 35 percent of new HIV cases occurred in the 13 to 29 year old age group.
- By their senior year, nearly 50 percent of all high school students will have used an illicit drug and more than 70 percent will have used alcohol.

**Sources:** <http://hiv.drugabuse.gov/english/about/overview.html>  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5736a1.htm>

### **Substance Abuse Treatment as HIV Prevention**

NIDA-supported research shows that addiction treatment can reduce the risk of HIV transmission by promoting abstinence. That is, addiction treatment has been shown to reduce both injection and sexual risk behavior. While linking addicted individuals to treatment is a goal, in and of itself, it is important to also recognize that addiction treatment can also prevent HIV transmission.

### **Taking Research to the Street: CDC's DEBIs are Proven Interventions**

The CDC's Diffusion of Effective Behavioral Interventions (DEBI) project is designed to bring science-based, community, group, and individual-level HIV prevention interventions to community-based service providers and state and local health departments. The DEBI project interventions have been proven effective through research studies

(HIV Transmission, cont. on page 4)

### **HIV Positive and Still Using Drugs?**

People living with HIV should not use drugs. Drug use or excessive use of alcohol can result in missing doses of antiretroviral treatment. This can result in treatment failure, resistance to medications, and in some cases (e.g., cocaine addiction) more rapid disease progression.

**Source:** [http://www.aidsinfonet.org/fact\\_sheets/view/154#\\_DRUG\\_USE\\_AND\\_UNSAFE\\_SEX](http://www.aidsinfonet.org/fact_sheets/view/154#_DRUG_USE_AND_UNSAFE_SEX)

(HIV Transmission, cont. from page 3)

showing positive behavioral and/or health outcomes. To take these interventions to the field, materials have been developed and packaged in user-friendly kits.

Many of the DEBI projects address the issue of substance abuse as it relates to high-risk behaviors in specific populations. For example,

- **Safety Counts**

An HIV prevention intervention for out-of-treatment active injection and non-injection drug users aimed at reducing both high-risk drug use and sexual behaviors. It is a behaviorally focused, seven-session intervention, which includes both structured and unstructured psycho-educational activities in group and individual settings.

- **Together Learning Choices (TLC)**

A small group intervention for young people, aged 13 to 29, living with HIV. It helps young people living with HIV identify ways to increase their use of health care, decrease risky sexual behavior and drug and alcohol use, and their improve quality of life. It emphasizes how contextual factors influence the ability to respond effectively to stressful situations, solve problems, and act effectively to reach goals.

- **Holistic Health Recovery Program (HHEP)**

HHEP is a 12-session, manual-guided, group-level program for HIV-positive and HIV-negative injection drug users. The primary goals of HHRP are health promotion and improved quality of life. The intervention focuses on abstinence from or reduction of illicit drug use, reduction of sexual risk behaviors, and improved medical, psychological, and social functioning. HHRP is based on the Information-Motivation-Behavioral Skills (IMB) model of HIV prevention behavioral change. According to this model, there are three steps to changing behavior:

- 1) providing HIV prevention information;
- 2) motivating engagement in HIV prevention; and
- 3) providing opportunities to practice behavior skills for HIV prevention.

HHRP takes a harm reduction approach to behavior change in which abstinence from drug use or sexual risk-taking behavior is one goal along a continuum of risk-reduction strategies. The HHRP intervention presents information that recognizes the cognitive difficulties that may be experienced by the target population, providing information in an empathic, directive, non-confrontational manner that emphasizes structure and consistency.

Other DEBI interventions also address the relationship between drug and alcohol use and high-risk sexual behaviors.

For more information see: <http://www.effectiveinterventions.org>.

#### **Sources**

From the Director of the AIDS Research Program, August 10, 2006  
<http://www.nida.nih.gov/about/organization/arp/arp-directormessage.htm>

New Estimates of U.S. HIV Prevalence, 2006  
<http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/prevalence.htm>

---

## Delaware News

Delaware's Division of Substance Abuse & Mental Health (DSAMH) continues to focus on improving services to our clients through education. Our annual training catalog is a rich resource for service providers, clients, and administrators that detail the workshops and in-services that are offered throughout the year. These workshops and in-services span a multitude of educational opportunities ranging from the Addiction Severity Index to Windows Computer Skills. View the Training Catalog on the web at: <http://www.dhss.delaware.gov/dhss/dsamh/train>

The DSAMH Medical Library has recently improved its print and electronic resources in the arenas of substance use treatment and prevention; check out more information on the web at: [http://www.dhss.delaware.gov/dhss/dsamh/medical\\_library.html](http://www.dhss.delaware.gov/dhss/dsamh/medical_library.html)

Mark your calendars now for the 38th Summer Institute on Substance Abuse & Mental Health. The dates are July 27-31, 2009 at The University of Delaware's Clayton Hall. Experts from across the nation will be teaching best practices, evidence based protocols, and emerging new topics.



© Yuri Arcurs | photospin.com

## Washington, D.C. News

The Addiction Prevention and Recovery Administration (APRA), has collaborated with the Central East ATTC to coordinate Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT) training for District of Columbia providers participating in the Adolescent Substance Abuse Treatment Expansion Project (ASTEP). By incorporating evidence-based practices into their clinical programs, ASTEP participants will strengthen their service delivery infrastructure and improve treatment outcomes.

APRA is also working with the Central East ATTC and the Treatment Research Institute (TRI) to offer training in the Addiction Severity Index (ASI) assessment tool. In its capacity as the Single State Agency for substance abuse, APRA will continue to support the dissemination of evidence-based practices to ensure that District residents have access to quality treatment services.

# Maryland News

## 7th Annual Management Conference

The Maryland Alcohol and Drug Abuse Administration held its seventh annual management conference October 1–3, 2008 in Ellicott City, Maryland. The conference focus was the process of moving Maryland from a treatment and prevention system, one which treats addiction as an acute disease and that emphasizes a single discreet episode of treatment, to a system with a recovery oriented model of care which recognizes the chronic nature of the disease and requires a range of support services in order to meet the life-long needs of our patients.

Opening remarks were provided by Maryland's Department of Health and Mental Hygiene Secretary, John Colmers, and Fran Harding, the newly appointed Director of SAMHSA's Center for Substance Abuse Prevention (CSAP). Ms. Harding shared her vision for CSAP and the important role of prevention in recovery oriented models of care. We were very fortunate to hear from national leaders in the addiction field such as Dr. Thomas Kirk, the Commissioner of Connecticut's Department of Mental Health and Addiction Services and Dr. Ijeoma Achara, who was the strategic planner of Philadelphia's behavioral health system. Both have been instrumental in moving their systems to a recovery oriented model of care. In addition, Dr. Laudet, Director for the Center for the Study of Addiction and Recovery, provided the participants with a clear understanding of what the research findings are concerning addiction treatment as well as what is known and not known about recovery models. The closing of the conference was highlighted by a presentation by Maryland's recovery workgroup. This is a group which the administration convened last year to develop an implementation plan to begin the process of transforming Maryland's addiction system. The workgroup is made up of stakeholders represented by providers, and they along with the recovery community, advocates, family members, support services and administrators provided an overview of their planning activities and spoke about the next steps needed to transform our system into a recovery oriented system of care.

If you want to learn more about the conference, please visit the ADAA website at [www.maryland-adaa.org](http://www.maryland-adaa.org). There you will find PowerPoint presentations by both plenary speakers and workshop facili-

tators. Also, the current issue of the COMPASS, a quarterly newsletter published by the Alcohol and Drug Abuse Administration, is devoted to the conference as well. You can obtain a copy of the COMPASS by visiting the above website. The Office of Education and Training for Addiction Services (OETAS) want to thank all who participated in the management conference for the generous positive and constructive feedback you provided on your evaluations. Your comments are always welcome as we find them quite useful in planning future events.

## Continuing Education

For those in search of training opportunities to sharpen their counseling skills as well as the ever elusive CEUs for their recertification, OETAS can provide the answer. There is an array of courses offered throughout November and December. In November, we provided the always popular course, *Compassion Fatigue, Burnout and Renewal*, the second part of the *Mediation and Conflict Resolution* course, as well as a course on the *Addiction Severity Index*. In December, there will be an opportunity to attend *Substance Abuse Prevention Specialist Training*. This course will be of particular interest to those who are new to the prevention arena or who would benefit from a general overview of the prevention field. *Strategies and Techniques in Counseling the Resistant Patient* and *Acudetoxication Specialist Training: Learning the Acudetox Protocol* are two courses which may assist you in approaching your patients in a new way. Additional details about these six courses, as well as an application form, may be found on the ADAA website at [www.maryland-adaa.org](http://www.maryland-adaa.org).

In addition to what's been listed above, on December 8 we had a day of training with Dr. David Mee-Lee on using the ASAM Patient Placement Criteria for the treatment of substance-related disorders for defendants within the criminal justice system. This was presented in partnership with the Office of Problem Solving Courts. Dr. Mee-Lee is Chief Editor of the Revised Second Edition of the ASAM Criteria, ASAM PPC-2R.

If you desire additional information, please call us at 410.402.8585 or contact us at: [oetas@dnhm.state.md.us](mailto:oetas@dnhm.state.md.us).

# New Jersey News

## Supported Recovery Services

In 2004, the Division of Addictions Services (DAS) was awarded the Federal Access to Recovery grant that became the New Jersey Access Initiative (NJAI). The major focus of that grant has been the development and implementation of the Recovery Mentor Associate. The Mentor was designed to give clients in treatment the emotional and concrete support normally outside the role of the treatment provider and counselor. Through the NJAI, DAS has become a forerunner in providing Supportive Recovery Services to vulnerable clients.

For example, what happens when clients are faced with obstacles that are beyond the scope of practice of their treatment agency and the drug and alcohol counselor's expertise? For clients in early recovery, taking care of day-to-day responsibilities and accessing additional resources is often a challenging process. Recovery Support Services can provide the "extra" hands needed to help clients with these and other services that are most often left to clients to perform for themselves. By working with recovery mentors, peer educators, and/or recovery coaches, clients gain emotional support and guidance to assist them in navigating through community systems and overcoming obstacles that might impair their recovery. Recovery support services can assist clients with the following:

- Accompanying clients to doctor appointments.
- Assisting clients with smart shopping and budgeting.
- Linking a client to religious resources to tap into and build on their spirituality.
- Helping a client access community support services, e.g. financial and medical assistance.

Recovery mentors have special relationships with clients as they are most often individuals who have been touched by addiction in some way — either through their own addiction or the addiction of someone close to them. They not only empathize with clients, but they can "show them the ropes." In

addition to supporting our clients, recovery mentors often fulfill their own need to "give back" to their community by assisting their peers. The recovery mentor relationship can mean the difference between clients continuing on their recovery journey or giving up hope.

The NJAI has provided over \$2.4 million in services to over 7,000 individuals in New Jersey to access mentors, treatment, transportation, spiritual counseling, job readiness, and other medical services. Although the NJAI program is winding down, the Division of Addictions Services' goal is to sustain Supported Recovery Services in New Jersey by encouraging and facilitating professional partnerships between treatment agencies and those agencies that employ recovery mentors. In this regard, DAS recently sponsored a two-day recovery mentor conference held on September 22 and 23, 2008. The "Building Recovery Communities" conference provided a continued forum for education, support, and collaboration in sustaining recovery support services throughout New Jersey.



© Yuri Arcurs | photospin.com



Central East  
**ATTC**

Unifying science, education  
and services to transform lives.

**8737 Colesville Road, Suite 300  
Silver Spring, Maryland 20910-3921**

**FIRST-CLASS MAIL**  
**U.S. POSTAGE**  
**PAID**  
**PERMIT # 1228**  
**MERRIFIELD, VA**

The **DIALOGUE**

FALL 2008

The **DIALOGUE** is published by the Central East Addiction Technology Transfer Center (Central East)

8737 Colesville Rd., Ste. 300  
Silver Spring, MD 20910-3921  
Phone: 240/645-1145  
Fax: 301/565-3390  
www.ceattc.org

**Director**

Thomas G. Durham, PhD

**Editor**

Aaron Williams, MA

**Director of Operations  
and Conferences**

Kathleen Hauck, CGMP

**Director of Training**

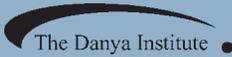
Ryan Springer, MPH

**Project Coordination/  
Logistics**

Tamara Henry

**Administrative Assistant**

Lillian Matheson

  
The Danya Institute  
www.danyainstitute.org

# Products

## for Counselors and Other Substance Abuse Professionals



**HIV/HCV Resource Disc**

This mini CD-ROM contains many resources and links, including a clinical and prevention toolkit, resources for specific populations, and resources in Spanish.

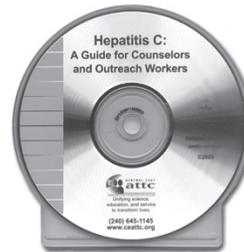
**CD-ROM: \$3**



**Keeping it Real 2008 Conference**

This conference targeted outreach workers and front line staff in the HIV/AIDS, hepatitis, and substance abuse field. Conference proceedings are available on a CD-ROM with audio.

**CD-ROM: \$15**



**Hepatitis C: A Guide for Counselors and Outreach Workers**

Designed for addiction counselors and outreach professionals, this 2-hour online course provides an overview of the hepatitis C

virus (HCV), including the function of the liver, HCV infection, risk factors for HCV infection, incidence and prevalence, signs and symptoms, natural history and progression, acute and chronic infection, health consequences, and co-infection. It examines such modes of transmission as drug use, tattooing and body piercing, transfusions and transplantations, sexual transmission, mother to infant transmission, and occupational transmission. It reviews various affected populations. It reviews diagnosis and testing, who should be tested, why individuals should be tested, and diagnostic tools. The course examines various treatment options, such as interferon treatment. Finally, the course examines a variety of prevention issues, such as HCV vaccines and prevention messages. The course overview is available in CD-ROM format.

Visit our website for other products and services at: [www.ceattc.org](http://www.ceattc.org).

**Online at [www.ceattc.org](http://www.ceattc.org): \$20 CD-ROM: \$5**