

# HIV Impact

A Closing the Gap newsletter of the Office of Minority Health, U.S. Department of Health and Human Services

## HIV/AIDS and Substance Abuse *Making Connections with Cross-Training*

By Linda Quander, Ph.D.

**R**e-use and sharing of blood-contaminated syringes and other equipment for drug injection contributes significantly to the transmission of HIV. Yet it's not only the injection drug users (IDU) who are at risk, but individuals who may have sex with them. The infants of mothers who contract HIV through sharing needles or having sex with an IDU may also become infected.

People who use non-injection drugs such as crack cocaine or methamphetamines are also at greater risk of acquiring HIV than those who don't use drugs. Because drugs can cloud judgment and interfere with communication, drug users are more likely to engage in riskier sexual behavior, according to experts. Such behavior might include exchanging sex for drugs or money or failing to use condoms correctly.

In order to address the strong link between HIV/AIDS and substance abuse, three federal agencies, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA), offer "HIV/AIDS, TB and Infectious Diseases: The Alcohol and Other Drug Abuse (AODA) Cross-Training Initiative." The foundation of this connection is cross-training, which provides professionals with the knowledge and skills to respond to the interrelated health and behavior problems of patients.

According to Marvena Simmonds, government project officer for the AODA Connection Cross-Training Initiative at SAMHSA's Center for Substance Abuse Treatment (CSAT), the collaboration began with CDC and SAMSHA around January 1993. HRSA joined the group in September 1998. The collaboration responds to the urgent need to integrate services and improve training resources in dealing with HIV/AIDS and substance abuse. "When one goes into a state initially, there is a great deal of work to show the agency representatives how they can collaboratively work together," she added. Through the initiative, a two-day cross-training workshop is offered as a part of a system of training and technical assistance.



### The benefits of cross-training

Warren Hewitt, AIDS coordinator for CSAT's Office of Policy and Planning, pointed out that "The ability to cross a number of disciplines is important, irrespective of what door the patient comes through."

Donna Gold of Health Systems Research, Inc., and project director of the HIV/AIDS Cross-Training Initiative, agreed. "Differences in philosophy, training, funding, culture and priorities

keep us from being effective and reaching our potential," she said. "Cross-training offers support in building bridges." With enhanced knowledge, skills, and cultural awareness, a stronger network of resources evolves. This improves access to the health care system, making it less burdensome and more user-friendly for clients.

Cross-training also creates a higher level of competency for community-based organizations and state-operated organizations, said James M. Donagher, director of HIV and Senior Services at the Connecticut Department of Mental Health and Addiction Services. "After the cross-training workshop, we saw a person, not a problem—recognizing that anything we did for that person affected all aspects of his life."

Workshop modules are easily adaptable to diverse areas and particular racial/ethnic groups. For example, in Connecticut, substance abuse, mental health, criminal justice, public health, and Ryan White program representatives are currently working on an integration planning grant proposal to provide cross-training to African American and Latino consumers. Donagher said, "What is important about this proposal is that trained consumers would help to point to where service gaps are."

Providers need to be able to collaborate and provide services to individuals at high risk for concurrent disorders, Hewitt said. "In the HIV wars, when we see people are doing well, we're happy. Yet, there may be other problems. The absence of identifiable disease does not mean the patient is well."

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Experts agreed that local capacity is strengthened when networks are built across systems to sustain ongoing training, communication, and collaboration. Project directors will continue to target diverse audiences, including faith-based communities and CBOs involved in outreach programs to high-risk ethnic and cultural groups. They also have a special interest in training infectious disease and substance abuse educators and clinicians who work with adolescents.

For more information about cross training opportunities, visit <http://www.treatment.org/Topics/infectious.html>. You may also send inquiries to [xtraininginfo@hsrnet.com](mailto:xtraininginfo@hsrnet.com).

### More on Cross-Training

#### Join Together

<http://www.jointogether.org>

#### National Association of Alcoholism and Drug Abuse Counselors (NAADAC)

<http://www.naadac.org>

#### National Association on Drug Abuse Problems (NADAP)

<http://www.nadap.com>

#### National Institute of Drug Abuse (NIDA)

<http://www.nida.nih.gov>

#### The Lindesmith Center

<http://www.lindesmith.org>

#### The Phoenix House Foundation

<http://www.phoenixhouse.org>

## HIV/AIDS and Drug Use Among Minorities

Racial and ethnic minority populations in the United States are most affected by injection drug use (IDU)-associated AIDS. According to the Centers for Disease Control and Prevention (CDC), IDUs accounted for 36 percent of all AIDS cases among both African American and Hispanic adults and adolescents in 1998, compared with 22 percent of all cases among white adults and adolescents.

IDU-associated AIDS accounts for a larger proportion of cases among women than men. Since the epidemic began, 59 percent of all AIDS cases among women have been traced to injection drug use or sex with men who inject drugs.

A CDC study published in the September 1998 issue of the *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* showed young disadvantaged females, especially African American females, are affected with HIV at earlier ages and at higher rates than their male peers.

AIDS is the leading cause of death among African Americans between the ages of 25 and 44. Many of these individuals were probably infected as teenagers. For example, in urban areas, young men of color who have sex with men have higher HIV infection rates and reveal high-risk behaviors.

Another CDC study of more than 2,000 young adults in three inner-city areas found crack smokers were three times more likely to be infected with HIV than non-smokers. School drop-outs, juvenile offenders, and homeless and runaway youth, who often are drug users, are disproportionately affected too.

### New OMHRC Ad Highlights HIV/AIDS Crisis in African American Communities

The Office of Minority Health Resource Center has developed an advertisement that aims to raise awareness about the problem of HIV/AIDS among African Americans. With a theme called "Generations," the new ad features people of different ages who are living with HIV.

The ad includes a statement from Surgeon General David Satcher, M.D., which underscores the importance of HIV/AIDS prevention and treatment. OMHRC information specialists are available to handle requests for information about HIV/AIDS, which may include distributing publications or putting callers in touch with community services and other federal agencies such as the Centers for Disease Control and Prevention.

Look for the OMHRC ad in the September 2000 issue of *Ebony* magazine and the November 2000 issue of *Essence* magazine. The ad also appears in the magazine of the Southern Christian Leadership Conference and the *Journal for Minority Medical Students*. OMHRC will also work on a similar outreach ad targeted to the Hispanic community.

## An Extraordinarily Important Juncture

by Sandra L. Thurman • Director • Office of National AIDS Policy

During my recent travels to South Africa for the XIII International AIDS Conference, I visited Shepherd's Keep, an orphanage just outside of Durban. It was there that I held a little girl with bright earnest eyes, not more than 6 months old. The following day, she tested negative for HIV. We rejoiced at the news; though, tragically, we knew that this little girl's fate would not be shared by millions of other children just like her, those left behind and living in a world with AIDS.

We are at an extraordinarily important juncture in our battle against AIDS. After nearly two decades of shared struggle, many entered this new millennium with the hope that the worst was behind us. The sobering truth is that this pandemic is far from over. In fact, with 5.6 million new infections worldwide each year, we are just at the beginning of AIDS and will be waging this war for generations to come. Yet amidst this tragedy lies the opportunity to support children and families both here at home and around the world. However, that opportunity will only be realized if, together, we move from rhetoric to action.

Here in the United States, we have fought long and hard and have achieved many successes that are cause for celebration. We have come a long way from the days when an AIDS diagnosis was a near-term death sentence, when ignorance and indifference were the rule and not the exception, when treatments were desperate and unproven, and when government was firmly entrenched in denial.

New and better drugs have generated a sense of great hope and optimism and are providing many people living with HIV and AIDS a chance to live longer and healthier lives. The Ryan White CARE Act, currently in conference in the U.S. Congress, serves an estimated half million people living with HIV and AIDS, and has become a model of health care delivery not only in the United States, but around the world.

Nevertheless, we must remember, that we have an arduous road ahead of us and that each success brings increasingly complex challenges. The heralded news of a decreasing death rate has been met with the equally devastating news that the rate of new infection remains steady at 40,000 per year. In addition, new infections are disproportionately impacting communities of color, women and young people, and HIV and AIDS continues to move deeper into under-served communities and into communities already plagued by poverty, homelessness, and substance abuse. For many of those already living with HIV, new drug therapies remain far out of reach, and for many others, they simply do not work.

Though many of us are all too familiar with the devastating impact of AIDS here at home, it is almost impossible to comprehend the grip that AIDS has on villages and communi-

ties around the world, particularly in sub-Saharan Africa. Over the past two years, our commitment to fighting AIDS has reached beyond our own borders, and this commitment stands as a testament to our growing spirit and energy for uniting with the millions around the world who have joined us in this fight.

It will take all of our collective wisdom and expertise to move us productively through this next phase of this journey called AIDS. As we seek to keep pace and gain ground, the magnitude of our challenge looms large. Nevertheless, the faces of the children and families crying out for our help beckon us all to find ways to do better, to be smarter, and to move faster in the face of this increasingly devastating disease. Together, we must use our successes and recent signs of hope, not as an invitation to rest but as a source of inspiration for facing the future and for fighting on.

We must commit together to build from this tragedy a foundation for hope, a legacy of courage and compassion, and a vision for the future. I pray that someday the bright eyes of our children will reflect a world that joined together to fight AIDS and won. 

### Responding to the AIDS Epidemic

In April 1997, President Clinton appointed Sandra L. Thurman to be director of the Office of National AIDS Policy (ONAP) at the White House. In August 2000, President Clinton also appointed Thurman to be the presidential envoy for AIDS cooperation. She is the first presidential envoy to deal strictly with a worldwide health issue. She will continue to serve as director of ONAP, which works closely with community-based and national organizations to communicate the Federal response to the AIDS epidemic.

The office also reflects its organizational concerns in the development of Administration policies. Among its responsibilities, ONAP works closely with the Presidential Advisory Council on HIV/AIDS, which provides essential input into Administration efforts. ONAP also created and facilitates an Interdepartmental Task Force on HIV/AIDS. The Task Force serves to foster communication and coordination among those Federal agencies involved in HIV/AIDS policy and initiatives.

For more information on ONAP, go to <http://www.whitehouse.gov/ONAP>. 

## Microbicides: Increasing Prevention Options for Women

By Linda Quander, PhD

Worldwide HIV infections are increasing most among women, who contract the virus primarily through sex with infected male partners. Research on safe and effective topical microbicides is critical because microbicides are a female-controlled preventive measure against sexually transmitted diseases (STDs).

The term microbicide covers a group of gels, foams, creams, and films that kill bacteria and viruses. Women apply topical microbicides before having sex. According to the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), microbicides create a barrier to the STD pathogen or kill the pathogen upon entering the body.

A February 2000 report from the Alliance for Microbicide Development estimates almost 70 small biotechnology firms and university researchers are actively involved in microbicide research. Although scientists are evaluating existing spermicides and other substances for their safety and prevention benefits, microbicides are not currently available. The Center for Health and Gender Equity proposes that microbicides could be available to consumers within five years with increased investment.

Successful condom users are not the target market for microbicide research and product development. Condoms are considered the best choice for the prevention of HIV and other STDs. Microbicides are meant as an alternative for individuals who are unable to use condoms consistently and correctly.

### Social and biological vulnerability of women

Coercion, economic dependence, and sometimes violence prevent many females from “negotiating” condom use or from leaving relationships with high-risk behaviors. For example, an evaluation of the suitability of vaginal microbicides for the prevention of sexually transmitted infections (STIs) in Zimbabwe reveals the limited power of women.

In the study, published in the April 2000 issue of the *National Academies of Practice Forum*, women responded less positively than men about whether they would be able to use condoms for the length of the study, get their partners to participate in the study, or get their partners to take an HIV antibody test. In addition, 88 percent of men and women agreed that women would need their husbands’ permission to participate in the study.

What makes such social constraints even more problematic is the fact that from a biological standpoint, women are more vulnerable to STDs than men. During and after unprotected intercourse, mucous membranes in the vagina are vulnerable to infectious fluids. And some STDs produce lesions, making it easier for HIV to enter the body. Even without lesions, the body battles

infection by increasing the number of CD-4 cells. The increased presence of these cells means increased HIV risk. Younger women are at significant risk because the cervix is physiologically less mature and so more susceptible to infection.

### International Campaign Promotes Options

In 1998, the Global Campaign for STI/HIV Prevention Options for Women was created as an international effort to increase investment in female-controlled prevention methods such as microbicides and the female condom. The National Black Women’s Health Project and the National Asian Women’s Health Organization (NAWHO) are among domestic campaign sponsors.

NAWHO released survey results in 1999 that showed 87 percent of Asian American men are sexually active, but 89 percent of them have never seen a health care provider for reproductive services such as family planning or STD education and treatment—behavior that puts Asian American women at risk for disease too.

Possible products are under development primarily as a result of grants from NIH. Patricia Reichelderfer, Ph.D., a microbiologist with NIH’s National Institute of Child Health and Human Development (NICHD) said, “NICHD sees where the AIDS epidemic is increasing and understands that microbicide research will be helpful in reducing the rates of HIV infection among minority women.” She encourages minority women to be aware of their options, to follow microbicide research, and to participate in clinical trials. In 1998, 62 percent of new AIDS cases among women in the United States were among African American women. Latinas represented 19 percent of new AIDS cases among American women.

Experts say both personal preferences and cultural issues are sure to affect microbicide use. Factors that may affect use include undetectability of the product, disposable packaging, lubricating properties, ease of application, color, and odor. Products that are suitable in one setting may be inappropriate in another. For example, Family Health International (FHI) has found that some microbicides are not desirable in places that lack indoor plumbing. And in some parts of Africa, there is a bias against products that lubricate because that is thought to indicate the presence of disease.

For more information on the Global Campaign for STI/HIV Prevention Options, contact the Center for Health and Gender Equity’s website at <http://www.change@genderhealth.org>. For more information on NAWHO’s survey, visit <http://www.nawho.org>. 

## Private and Public Sources Support Microbicide Research



The Bill and Melinda Gates Foundation recently awarded \$25 million to support studies of formulas that can be used to protect women against HIV and other sexually transmitted diseases (STDs).

According to the announcement made at the recent XIII International AIDS Conference in Durban, South Africa, funds will be awarded to researchers with connections to the Eastern Virginia Medical School. Researchers will examine different types of microbicides, including gels, creams, suppositories and sponges. *For more information, go to <http://www.gatesfoundations.org>.*

The National Institute for Allergy and Infectious Diseases (NIAID) has increased its funding for topical microbicide research from \$12.2 million in 1996 to approximately \$20.5 million in 2000. The Topical Microbicide Program Projects are at the core of its microbicide research activities. The program supports multi-year projects at six U.S. institutions including:

- The University of California, Los Angeles, which investigates protegrins, naturally occurring protein fragments with antibiotic properties;
- The University of Cincinnati's Children's Hospital, which investigates the microbicidal potential of over-the-counter spermicides and other new products, as well as the properties that microbicides must possess in order to prevent sexually transmitted infections;
- Pennsylvania State University's Hershey Medical Center, which develops a system to predict the safety and effectiveness of microbicides in clinical trials;
- Johns Hopkins University, which examines how sexually transmitted disease (STD) pathogens enter and infect cells, as well as how the body uses antibodies to prevent infection; and
- Emory University, which investigates porphyrin compounds, compounds with antibacterial properties, as well as antiviral compounds that could destroy HIV, herpes simplex viruses and other sexually transmitted viruses.

NIAID also supports clinical trials of new microbicidal products through its HIV Network for Prevention Trials (HIVNET) and Sexually Transmitted Diseases Cooperative Research Program. HIVNET is a multicenter, collaborative research network that evaluates the safety and effectiveness of interventions to prevent the transmission of HIV.

The Sexually Transmitted Diseases Cooperative Research Program supports multidisciplinary approaches to STD research. Scientists at universities in Alabama, Indiana, Maryland, Massachusetts, North Carolina, Pennsylvania, and Washington currently receive these funds. *For more information, go to <http://www.niaid.nih.gov>.*

## CDC Responds to Nonoxynol-9 Study



Microbicide research continues to be complicated and controversial. During the recent International AIDS Conference in Durban, South Africa, researchers presented a Joint United Nations Program on AIDS (UNAIDS) study that found of 990 HIV-negative prostitutes in Africa and Thailand, those using nonoxynol-9, a spermicidal gel, were significantly more likely to acquire HIV. As a result, the Centers for Disease Control and Prevention (CDC) suspended research studies using nonoxynol-9 among high-risk women in Miami and Los Angeles.

Lut Van Damme, M.D., director of the study, pointed out that the use of nonoxynol-type spermicides by monogamous, low-risk women should be safe. By contrast, frequent use of the N-9 gel could increase genital irritations, allowing HIV to spread to the bloodstream.

Jodi Jacobson, director of the Center for Health and Gender Equity, emphasizes that nonoxynol-9 was originally designed for use as a birth control tool and subsequently applied in this study as an HIV prevention measure. "In any scientific endeavor, there are lots of trial efforts," Jacobson said. "The trick is to move from what doesn't work to what does work." Researchers continue to examine other microbicides which should be safer.

CDC has posted a "Dear Colleague" letter on the web to summarize the findings and implications of the UNAIDS study. *Go to <http://www.cdc.gov/hiv/dhap.htm> to obtain this letter and future assessments of guidelines for use with high-risk groups. You may also call the National Prevention Information Network (NPIN) at 800-458-5231.*

### More on Microbicides

**Fact Sheet on NIAID Topical Microbicide Research**  
<http://www.niaid.nih.gov/factsheets/topmicro.htm>

**Guide to Microbicide Research and Development**  
<http://www.cdc.gov/hiv/pubs/microbib/microbib.pdf>

## SAMHSA Offers Comprehensive Community Treatment Program

Through the Comprehensive Community Treatment Program for the Development of New and Useful Knowledge, the Substance Abuse and Mental Health Services Administration (SAMHSA) encourages rigorous study of the effectiveness of treatment approaches for special populations and/or service settings.

The purpose of the program is to generate knowledge concerning drug abuse treatment in three areas: (1) special populations; (2) integrated substance abuse treatment, screening and early intervention in non-traditional settings; and (3) innovative programs.

Through announcement PA-99-050, SAMHSA's Center for Substance Abuse Treatment (CSAT) will support three types of grants: (1) full studies of treatment programs and services; (2) exploratory/pilot studies; and (3) enhancement/expansion grants. State or local government units, community-based organizations, and state or private colleges, universities and hospitals may submit applications.

Recurring receipt dates, depending on the availability of funding, are: January 10, May 10 and September 10.

For more information, review *Federal Register notice "ADDENDUM to SAMHSA/CSAT Program Announcement PA 99-050," published on December 13, 1999. You may also go to <http://www.samhsa.gov/grant>.*

## CDC and ATSDR Announce Funds for Public Health Conferences

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) can provide partial support for specific non-federal conferences in the areas of health promotion, disease prevention information, education programs and applied research. Approximately \$1,100,000 may be awarded by CDC in fiscal year (FY) 2001. An average award of \$20,000 will fund 45 to 55 conferences. Approximately \$50,000 may be awarded by ATSDR in FY 2001. An average award of \$8,000 will fund approximately six conferences. Letter of intent dates are: October 2, 2000 for Cycle A; January 2, 2001 for Cycle B; and April 2, 2001 for Cycle C. Application deadlines are: December 11, 2000 for Cycle A; March 9, 2001 for Cycle B; and June 15, 2001 for Cycle C.

For more information or to request an application kit, call 888-GRANTS (888-472-6874). You may also go to <http://www.cdc.gov/od/pgo/funding/01002.htm> to obtain the program announcement.

## More Partners, More Resources

By Linda Quander, PhD

Public-private partnerships are now recognized as important in trying to solve complex and expensive public health crises, including the AIDS epidemic. Nationally and internationally, new partnerships are being formed which involve all kinds of organizations, from government to community-based organizations to for-profit firms. Here are some important steps for building partnerships that work:

### 1. Look beyond money.

A financial contribution should not be the only type of contribution you seek from a partner. When the private sector is asked to join a partnership, too often it is primarily to provide money. But it is important to engage partner participation through the use of employees' knowledge and skills. Their contribution of talent can provide invaluable technical assistance.

Michael Reich, M.D., Harvard University, School of Public Health, said, "For-profit organizations are accepting a broader view of their social responsibility. They have come to realize public health goals are related to their immediate and long-term objectives."

For more information on public-private partnerships, go to <http://www.hsph.harvard.edu/partnerships>.

### 2. Participate in networks, conferences, and other educational activities.

Theron Scott, a community educator at Johns Hopkins University's Project Save, finds community-based organizations (CBOs) can raise their awareness of funding and other partnership opportunities through participating in meetings and conferences sponsored by educational institutions. "Training and technical assistance can be allotted to help CBOs and other organizations get on an even playing field," Scott said.

For example, Project Save has provided training and technical assistance not only to CBOs, but has partnered with Morgan State University in Baltimore to find funding sources. Also, Women at Risk, a CBO in Baltimore, had access to Project Save's computers, equipment and supplies.

For more information on The Johns Hopkins School of Public Health's partnerships, go to <http://www.jhsph.edu>.

### 3. Promote partnerships both inside and outside your organization.

William Foege, M.D., the Bill and Melinda Gates Foundation senior health advisor, said "Resources become a magnet...Success brings success." Use interpersonal communication and mass communication to ensure that employees and volunteers, as well as external audiences know the benefits of your partnership. For example, use internal and external newsletters, annual and other reports, media releases, and web sites to spread the word.

For more information on building partnerships, visit <http://www.globalhealth.org>

## Not There Yet

### *Improving Latino Participation in HIV/AIDS Prevention Planning*

*By Héctor Rivera-Larroy, MPA • Director of Education • National Association of People with AIDS*

When I was a child growing-up in my native Puerto Rico, my grandmother Martha would have my sister, my cousin, and myself help her around the kitchen for the chance to scrape the cauldron where she had cooked rice pudding. She always knew what to offer us to get the results she wanted. She was a wise woman.

As time went by, I learned that her secret was to know the people she was working with, and that was as important as all the knowledge you can get in a classroom. Now I know, as my grandmother did in the past, how powerful a call can be when you provide something of interest to the people you are calling. I learned to transfer her wisdom into a practical life tool that we can apply to HIV prevention planning and the recruitment of Latinos for this process.

HIV/AIDS figures continue to rise in the Latino community. While Latinos represent approximately 11 percent of the total population, we account for nearly 20 percent of new AIDS cases reported through June 1998. Prevention funding, not to mention accessibility to treatment funding, is not proportional. Therefore, it is important that prevention and care planning programs for the Latino community be created with the input and feedback of this community. It is extremely urgent to ensure inclusion of members of this community.

Besides being a target population by the Centers for Disease Control and Prevention for research, Latinos were not a direct and influential part of HIV prevention and care programs prior to the implementation of prevention and care planning groups. Community prevention and care planning were developed to reflect the belief that HIV prevention priorities, needs, and services can best be determined in the community.

For the first time, Latinos were given the right to determine the types of intervention and prevention programs suitable for our own community. Latinos are no longer a silent voice. It is important to understand both the barriers and strategies for increasing Latino involvement in prevention planning.

#### Barriers to Latino Participation

Even though many successes have been achieved, such as the inclusion of Latino-specific programming and increased funding in some communities, there are some unmet goals regarding the process of community planning. Latinos are underrepresented in planning bodies on HIV/AIDS issues. Barriers include:

- Lack of parity, inclusion, and representation, particularly for those who are in rural areas or are seasonal workers;
- Inability to perform duties because of lack of training;
- Inaccessibility of essential information and resources due

- to language difficulties;
- Inaccessibility to meeting sites because of long distances or lack of transportation;
- Inconvenient meeting hours;
- Individual survival versus community needs;
- Fear of being associated with gay males in a traditionally homophobic community or being labeled as HIV positive; and
- Lack of knowledge, sensitivity, and cultural competence concerning the Latino community from the planning body members.

#### Getting Latinos Involved

There are many things that we can do to increase the participation of Latinos in our planning bodies. Here are some tips...

- Know the importance of the power of one-on-one contact in our community. Friends and comadres/compadres are very important for us.
- Be creative and set up fun events. Get us involved in things that are interesting.
- Go to minority organizations, community-based organizations, or faith-based institutions that are already involved with the community.
- If you are using flyers or newspapers, feature people living with AIDS in photos to raise awareness and reduce shame.
- Provide transportation subsidies.
- Arrange a meeting site within or close to the Latino community.
- Satisfy our special needs by providing translation services, food, and child care.
- Provide financial incentives.
- Provide mentorship programs.
- Provide planning group members with sensitivity training. You have to recognize that just as Latinos are diverse, so is our perspective on community planning.

It is especially important to obtain technical assistance from the organizations that work with HIV/AIDS issues or already have experience working with Latinos. Some good examples are:

- National Association of People with AIDS: 202-898-0414
- US-Mexican Border Health Association: 915-581-6645
- National Council of La Raza: 202-785-1670
- Academy for Educational Development: 202-884-8928
- Latino Commission on AIDS: 212-675-3288. 

## Reaching Minority Inmates with HIV/AIDS Pre-release and Discharge Planning

By Linda Quander, Ph.D

Editor's Note: This article is the second in a two-part series on HIV/AIDS and Minorities in Prison. The first article appeared in the Summer 2000 issue of HIV Impact.

Many minority inmates suffer a variety of illnesses and come from poor communities that lack adequate access to HIV/AIDS services. Reaching inmates with services during periods of incarceration benefits overall public health by reducing medical costs and rates of disease transmission. Here's a look at how some programs are making progress.

### Involve inmates in the development of educational materials.

Chugachmiut, a community-based Alaska Native organization in Anchorage, Alaska, provides health care to villages throughout the Chugach region. Through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), Chugachmiut developed a pilot project to provide HIV/AIDS prevention education to inmates and correctional personnel at the Spring Creek Correctional Center (SCCC), Alaska's only maximum security prison. SCCC is located in Seward, Alaska, a small fishing community at Prince William Sound.

According to Tracy Speier, Chugachmiut's infectious disease program coordinator, inmates were very involved in the development of all intervention materials, including "Killing Time: The Real Deal," a video produced by prisoners for prisoners. In fact, Speier said, "Inmates were the ones to pull the project through, seeing it as a tool to help their peers."

Due to differences in literacy skills, inmates felt a video would be most effective. A main goal was to show how many inmates began to see how their behavior on the inside affected those on the outside. One prisoner wrote the initial scripts and used his self-taught video production skills. Other prisoners wrote, sang, and recorded (at SCCC) the music for the video.

Ideally, upon arrival at SCCC, inmates view the video, hearing frank talk from their peers about the risks of drug use, anal sex, and blood spills after fights. Speier said that Sarah Williams, director of programs for the State of Alaska Department of Corrections, found the real-life format was pivotal. As a result, inmates now receive training on how to handle blood-borne pathogens after fights.

Copies of "Killing Time: The Real Deal" have been distributed to all correctional facilities in Alaska. Chugachmiut is also distributing other copies to all correctional commissioners, directors and administrators at the state level. *For more information, call 907-562-4155 or contact Tracy@chugachmiut.com. To obtain a copy of the video, call 907-762-9500 or write: Syntex Productions, 701 East Tudor Road, # 120, Anchorage, AK 99503.*

### Emphasize peer-based education and prevention programs

Experts find peer-based education and prevention programs are cost effective and credible. Because of shared experiences, inmates have the power to reach each other. Successful programs select peer educators who represent the racial, cultural, and linguistic characteristics of the inmates.

Personal relationships make a difference, said Steve Magura, former principal investigator of the National Institute of Drug Abuse-funded program at the New York City Department of Corrections Adolescent Reception and Detention Center on Rikers Island.

As a part of this program, African American and Hispanic paraprofessionals conducted face-to-face baseline and post-release follow-up interviews of 157 Rikers' incarcerated youth, ages 16 to 19 years old. Personal interviews dealt with alcohol/drug use, drug dealing, criminal justice involvement, sexual behaviors, family background, peer characteristics, education, psychological status, and attitudes towards crime, drug use and AIDS. Because interviewers also had jail or prison experience and were in recovery from addiction, according to Magura, they helped obtain valid responses to very sensitive issues. *For more information about the Rikers Health Advocacy Program, call Sociometrics Corp. at 650-949-3282.*

### Understand that gender differences can impact case management.

In many correctional facilities, case managers coordinate care and act as patient advocates. Clinicians and patients decide on the best treatment considering clinical, behavioral, and logistical factors such as correctional work, program, and meal schedules.

According to clinicians' experiences with HIV-infected female inmates, women need more intensive case management than men because they place a greater value on personal relationships. In addition, women tend to give care to others before caring for themselves.

The Central California Women's Facility, in Chowchilla, promoted a holistic approach to female inmates. The Henry J. Kaiser Family Foundation and the California Endowment funded a demonstration program at the facility that identified medical,

"Inmates were the ones to pull the project through, seeing it as a tool to help their peers."

...continued on page 9

*Prison continued from page 8*

mental health, and social problems as a part of a more extensive discharge planning for female inmates.

Case managers provided special support to women in making contact with and keeping appointments with service providers. Prior to the program's start, the return to crime among HIV-infected women was 76 percent, in contrast with only 19 percent after the program's first 21 months of operation.

### Support integrated services.

In designing programs, it is necessary to remember that HIV/AIDS may be only one of many problems faced by those being released. More immediate problems may involve housing, food, employment, and substance abuse treatment. Services must address survival needs and other ongoing psychosocial problems through links to community-based organizations.

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) recently began a continuity of care HIV/AIDS demonstration program. It provides integrated correctional and community-based prevention, primary care, and other social services.

Karina Krane, public health advisor in the CDC Prevention Support Office, said, "It is hoped that during incarceration, inmates will gain the self respect to take responsibility for their own health and be motivated to transfer this behavior to other parts of their lives, including family and job issues."

Grantees are: the California Department of Health Services; Georgia Department of Human Resources; Florida Department of Health; Health Research Incorporated; New York State Department of Health; Chicago Center for Health Systems Development; Massachusetts Department of Public Health; New Jersey Department of Health and Senior Services.

*Program-level and client-level data collection has begun at all sites. HRSA will make the data available on its website at <http://www.hrsa.gov/hab>.*

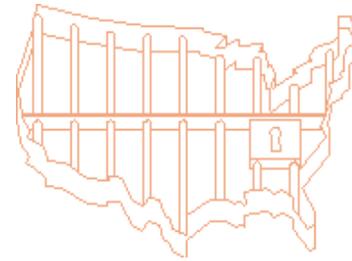
### Resources: HIV/AIDS and Minorities in Prison

#### The Correction Connection

159 Burgin Parkway  
Quincy, MA 02169  
(617)471-4445  
<http://www.corrections.com>

#### HIV Education Prison Project

Brown University School of Medicine  
Providence, RI 02912  
(401)863-2180  
<http://www.hivcorrections.org>



## Keys to HIV/AIDS Education and Prevention

A 1997 National Institute of Justice/ CDC survey shows successful HIV/AIDS prevention and education includes "most or all" of the following:

- Community-based prevention and education
- Gender-specific programs for women inmates
- Expansion of HIV curricula to deal with infectious diseases
- Availability of individual prevention and education
- Orientation sessions for incoming inmates
- Peer education
- Pre-trial and pre-release prevention and education
- Culturally-appropriate print and audiovisual materials
- Programs and materials in English and other languages depending on the prison population. &

## UCSF Seeks HIV Prevention Researchers in Minority Communities Program

The University of California at San Francisco announces the fifth year of the Collaborative HIV Prevention Research in Minority Communities Program of the Center for AIDS Prevention Studies (CAPS). Each year four new visiting professors enter the program. CAPS provides mentoring and funding for these investigators to do HIV prevention research with minority communities.

Visiting professors receive funds to spend six weeks during each of the three summers at CAPS. They work with other CAPS' researchers. They also receive up to \$25,000 for their research projects.

The program is designed for scientists in tenure track positions or investigators in research institutes who are committed to HIV and minority research. The application deadline is January 25, 2001. *For more information, contact Barbara Marin, PhD at [BMarin@psg.ucsf.edu](mailto:BMarin@psg.ucsf.edu)*

*You may also call 415-597-9162, or send a fax to 415-597-9213. Download program information and an application from <http://www.caps.ucsf.edu/projects/minorityindex.html>.* &

## Update on Technical Assistance Activities

### *Technical Assistance Activities For Your Information*

#### Overview

In 1998, President Clinton declared HIV/AIDS to be a severe and ongoing health crisis in racial and ethnic minority communities and announced a comprehensive new initiative in collaboration with the Congressional Black Caucus (CBC) to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic and other minority communities.

The Department of Health and Human Services (HHS) and the CBC held discussions about ways to enhance the fight against HIV/AIDS, especially in African-American communities. As a result, the Administration, HHS, and the CBC announced a special package of initiatives aimed at reducing the impact of HIV/AIDS on racial and ethnic minorities. The Initiative began Fiscal Year 1999 with \$156 million and increased to \$251 million for Fiscal Year 2000. For Fiscal Year 2001, the Administration, HHS, CBC, and the Congressional Hispanic Caucus requested \$247 million.

#### The Minority HIV/AIDS Initiative

To enhance the response to HIV/AIDS in racial and ethnic minorities, HHS is spending these funds across three broad categories:

- Providing technical assistance and infrastructure support;
- Increasing access to prevention and care; and
- Building stronger linkages to address the needs of specific populations.

#### Technical Assistance & Infrastructure Support

The inventory/assessment of Departmental technical assistance provided under the Initiative identified: "a need to ensure all organizations applying for funding have the technical assistance necessary to develop competitive applications, and that they have ongoing technical assistance to ensure that they are successful in implementing their funded programs."

In an effort to meet these needs, and expand the universe of grantees applying for funding, a technical assistance activity chart and calendar have been developed, highlighting scheduled technical assistance activities surrounding Federal Agency programs which are funded by the Minority HIV/AIDS Initiative.

#### Technical Assistance Activity calendar

The technical assistance activity calendar is a tool your organization can use to help identify technical assistance programs in which you may be eligible to participate. Names and phone num-

bers of Departmental contacts are included to help your organization get started. *For more information, visit [http://www.omhrc.gov/omh/aids/ta/ta\\_toc.htm](http://www.omhrc.gov/omh/aids/ta/ta_toc.htm)*

#### Getting Started

The Minority HIV/AIDS Initiative provides for grants to community-based organizations, research institutions, minority-serving colleges and universities, health care organizations, and state and local health departments. We recognize gaps in the ability of many organizations to be competitive for many of these grants. Therefore, pre/post grant award assistance and capacity building assistance is available through the Federal Agencies and Offices listed below.

For information regarding technical assistance activity related to the Initiative, please contact the following:

- **The Centers for Disease Control and Prevention (CDC)**  
Janet Cleveland - (404) 639-5200  
Megan Foley - (404) 639-8010
- **Health Resources and Services Administration (HRSA)**  
Brenda Woods-Frances - (301) 443-0415
- **Indian Health Services (IHS)**  
Daniel C. Simpson - (301) 443-1040
- **National Institutes of Health (NIH)**  
Victoria Cargill - (301) 402-2932
- **The Office of Minority Health (OMH)**  
Georgia Buggs - (301) 443-5084
- **The Office of Minority Health-Resource Center (OMHRC)**  
Oscar Lopez - (800) 444-6472, ext. 235
- **The Office on Women's Health (OWH)**  
Joanna Short - (202) 260-8420
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**  
Warren Hewitt - (301) 443-8387  
M. Valerie Mills - (301) 443-5305  
Lucy Perez - (301) 443-2679  
David Thompson - (301) 443-6523



San Francisco



Miami



Chicago



New Orleans



Houston



Washington, DC

## OMH Builds Healthy Organizations With Technical Assistance to ASOs and CBOs

The Office of Minority Health (OMH) recently set out to identify problems and issues that are important to its grant recipients. OMH and its resource center assessed the needs and challenges of these AIDS service organizations (ASOs) and community-based organizations (CBOs) through regional town meetings during the summer in San Francisco, Miami, Washington, D.C., Houston, Chicago, and New Orleans. OMH plans to return to these cities to provide tailored, skills-building training during the fall and winter of 2000.

*Building Healthy Organizations: A Skills-Building Training* is designed to increase the quality, quantity, and cost effective-

ness of intervention activities in these six cities. It also aims to assist ASOs and CBOs in sustaining the infrastructure and resource base necessary to support intervention activities at these sites.

During the regional town meetings, OMH discussed what training strategy would work best for each location. OMH incorporated this feedback in technical assistance planning, and will offer interactive, hands-on workshops.

For more information concerning workshop topics, times and locations, go to <http://www.omhrc.gov>, or call 1-800-444-6472, ext.235 or ext. 222.

## HHS Funded HIV/AIDS Technical Assistance (TA) Activity Year 2000

### October

11-12 OMH- New Orleans, LA  
Building Healthy Organizations: A Skills-Building Training  
Oscar Lopez  
800-444-6472, extension 235

27-28 NIH- Crystal City, VA  
Treatment and Adherence Research in Minority Communities  
TA/Pre-Application Workshop  
Vicki Cargill  
301-402-2932

### November

1-2 OMH- San Francisco, CA  
Building Healthy Organizations: A Skills-Building Training  
Oscar Lopez  
800-444-6472, extension 235

TBA SAMHSA- Crystal City, VA  
Technical Capacity Expansion HIV Outreach Grantee Meeting  
David Thompson  
301-443-6523

**Legend:**

NIH- National Institutes of Health • OMH- Office of Minority Health • SAMHSA- Substance Abuse and Mental Health Services Administration

## Conferences in South Africa Shape Global AIDS Strategies

The XIII International AIDS Conference was held in Durban, South Africa, from July 9-14, 2000. According to the U.S. Agency for International Development (USAID), more than 10,000 doctors, scientists, and health experts attended the conference. During this gathering, USAID presented new significant studies. (Several of these studies are cited in this issue.) USAID's HIV/AIDS budget is \$200 million for 2000.

Another group of researchers met prior to the XIII International AIDS Conference to discuss the influence of poverty on HIV/AIDS, substance abuse, crime, and violence. Organized by Howard University and supported by the National Institute on Drug Abuse (NIDA), this conference took place in Capetown, South Africa, from July 1-5, 2000.

From July 5-7, 2000, the Third Annual Global Research Network Meeting on HIV Prevention in Drug-Using Populations was held in Capetown, South Africa. NIDA played a major role in creating this network. The meeting supported the dissemination and application of research-based principles concerning global HIV prevention strategies for drug users. 

## Congressional Briefing Reviews Recent HIV/AIDS Policies

Congressional representatives, health specialists, and celebrities participated in a special briefing sponsored by the Global Health Council, UNAIDS, and Merck & Company on July 26, 2000, in Washington, D.C.

Participants discussed many of the HIV/AIDS issues and strategies presented at the XIII International AIDS Conference in Durban, South Africa. Speakers included:

- Representative Jim McDermott (D-WA) of the House International HIV/AIDS Task Force, Representative Barbara Lee (D-CA) and other members of Congress;
- Actor Danny Glover, United Nations Development Programme Goodwill Ambassador;
- Durban Conference Co-Chair, Dr. Helene Gayle, Director of CDC's National Center for HIV, STD and TB Prevention;
- Sophia Mukasa-Monico, Executive Director, TASO, Uganda;
- Sandra Thurman, Director, White House Office on National AIDS Policy;
- Dr. Nils Daulaire, President and CEO of the Global Health Council; and
- Dr. Jeff Sturchio, Executive Director of Public Affairs for Europe, Middle East and Africa, Merck & Company.

The Global Health Council estimated that \$275 million in emergency supplemental funds is desperately needed to combat the HIV/AIDS crisis in Africa. The council asked Congress to provide approximately \$25-\$30 million to ten selected African countries through the U.S. Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), and other agencies of the U.S. Department of Health and Human Services (HHS) over the next two years. These funds would go to committed African governments, as well as to non-governmental and faith-based groups.

Glover said, "It's important that CBOs have a critical role in creating links and partnerships in the AIDS battle." This means "citizen action and citizen involvement," he added. According to Mukasa-Monico, the community in Uganda responded quickly. She said, "To mobilize the people is not hard, but to mobilize the upper levels of bureaucracy is hard."

Chatinkha Nkhoma, an HIV-positive AIDS activist with Global Access in Malawi, said, "Every house has been affected including the house of parliament. When they leave that house, they become one of us. We need to eliminate division." 

## HIV Infection Rates Rise in Asia Despite Attempts to Reduce Risk

China's HIV infection rates are growing at an alarming rate of 20 percent to 30 percent each year. According to China's National Center of AIDS Prevention and Control, unsafe sex does not account for most HIV cases. In fact, risky sexual behavior accounts for less than 7 percent of cases.

Intravenous drug use comprises more than 70 percent of HIV cases there. Illegal blood sales and prostitution also add to the spread of infection. China's increasing infection rates reflect a trend in Asia. U.S. Secretary of State Madeleine Albright said AIDS is a major threat to security in Southeast Asia in a July speech to the Association of Southeast Nations (ASEAN). She assured the members of ASEAN that the United States will continue to provide AIDS assistance to them.

Experts stress that the stigma of HIV/AIDS, inadequate HIV/AIDS funding, and ineffective coordination of programs are contributing to the increasing rates of AIDS in Asia. But there are some efforts that generate hope. For example, the *San Francisco Chronicle* recently reported that the Vietnamese and Canadian governments support a House of Hope or Hy Vong for drug users and prostitutes. The Hope Café provides clean needles and free condoms in order to combat the results of growing drug use and prostitution in Vietnam. In Ho Chi Minh City and Hanoi, there are condom cafes.

While billboards and ads promote safe sex in Vietnam, Reuters recently reported that the Chinese government will also promote condom use through media campaigns. Additionally, condom vending machines will be placed in bars, karaoke halls, and universities. These risk reduction efforts are not always long-term. The *New York Times* reported that local Chinese officials interfere with and stopped educational campaigns. They labeled these activities as inappropriate and indecent, fueling the spread of HIV. 

- **\$3 Million for HIV/AIDS Care Along U.S.-Mexico Border:** U.S. Department of Health and Human Services (HHS) Secretary Donna Shalala recently announced Ryan White Comprehensive AIDS Resources Emergency Act first-year funding of nearly \$3 million to support five community-based health care organizations and one center for improving and evaluating early detection of HIV and use of health care services for people with HIV disease living in the 2,000 mile U.S.-Mexico border region. A total of \$14.3 million will be awarded during the five-year program. First-year grants from the Health Resources and Services Administration go to Camino de Vida Center for HIV Services, Las Cruces, N.M.; Centro de Salud Familiar La Fe, Inc., El Paso, TX; El Rio Santa Cruz Neighborhood Center, Tucson, AZ; San Ysidro Health Center, Inc., San Ysidro, CA; and Valley AIDS Council, Harlingen, TX. Evaluation will be conducted by the University of Oklahoma in Norman. 
  
- **Guidance for Language Assistance for Persons with Limited English Skills:** HHS issued written policy guidance in August 2000 to help health and social services providers ensure that persons with limited English skills can effectively access critical health and social services. Published in the Federal Register by the HHS Office for Civil Rights (OCR), the guidance lays out and

more fully explains OCR's existing policies. It outlines the legal responsibility of providers who receive federal financial assistance from HHS—such as hospitals, HMOs, and human service agencies—to assist people with limited English speaking skills. *The written guidance, "Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency," is available through OCR's regional offices, in the Federal Register, or visit <http://www.hhs.gov/ocr>* 

- **New Grants to Improve Services to Uninsured Americans:** HHS announced in September 2000 that 23 local networks of health care providers, hospitals, community health centers, and local governments were awarded approximately \$22 million under a new federal program designed to improve access to health care for uninsured Americans. The Community Access Program (CAP) will help grantees in 22 states build integrated health care systems among local partner organizations, all of which are committed to expanding health services to uninsured individuals. Because racial and ethnic minorities in most communities are more likely than non-minorities to be uninsured, CAP grants support the government's goal to eliminate disparities in health status among all groups by 2010. President Clinton's budget request for fiscal year 2001 calls for \$125 million for CAP, five times the program's fiscal year 2000 operating budget. If approved, some of that money would be used to fund many applications that were approved in the current grant cycle but not funded due to budget limitations. *For more information on the CAP program, call 301-443-0536 or visit <http://www.hrsa.gov/cap>* 

For the latest news on HHS happenings, subscribe to the What's New at HHS Listserv.

<http://www.hhs.gov/whatsnew/>

## Online Publications

*AIDS Knowledge Base*  
<http://hivinsite.ucsf.edu/>

*AIDS Treatment News*  
<http://www.aidsnews.org/aidsnews/index.html>

*AIDS Weekly Plus*  
<http://www.NewsRx.com>

*British Medical Journal*  
<http://www.bmj.com>

*Doctor's Guide to AIDS Information and Resources*  
<http://www.pslgroup.com/AIDS.htm>

*IAPAC Monthly (formerly Journal of the International Association of Physicians in AIDS Care Web site)*  
<http://www.iapac.org>

*Library of the National Medical Society*  
<http://www.medical-library.org/>

*Journal of the American Medical Association (JAMA)*  
<http://jama.ama-assn.org/>

*Journal of the International AIDS Society*  
<http://www.aidsonline.com>

*The Lancet*  
<http://www.thelancet.com>

*The Merck Manual online*  
<http://www.merck.com/pubs/>

*Morbidity Mortality Weekly Report*  
<http://www.cdc.gov/mmwr/>

*Nature Medicine*  
(contents and abstracts available)  
<http://www.medicine.nature.com/nm>

## Length of Survival of Patients Hospitalized for HIV Vary by Race

Researchers at the University of California, Los Angeles, compared the relative risk of six-year mortality for Hispanic, black, and white HIV patients, after controlling for factors such as access to care, insurance, severity of illness and disease stage.

Overall, Hispanics had double the risk of dying during the six years than whites. Hispanics had median survival times that were more than eight months shorter than whites (16 vs. 24 months) and less than half that of blacks (16 vs. 35 months).

The shorter survival of HIV-infected Hispanics compared with HIV-infected blacks and whites is not explained by less access to general care or AIDS-specific treatment, according to the study, which was supported in part by the Agency for Healthcare Research and Quality. The study findings were based on a six-year follow-up of 200 adults with moderately advanced disease, who were hospitalized at seven Los Angeles area hospitals for HIV-related illness during 1992 and 1993.

The researchers cite the urgent need to develop interventions to overcome gaps in the health system serving the growing number of Hispanics with HIV disease.

*For more details, see "Ethnic and racial differences in long-term survival from hospitalization for HIV infection," by William E. Cunningham, M.D., M.P.H., David M. Mosen, PhD, Leo Morales, M.D., M.P.H., and others in the Journal of Health Care for the Poor and Underserved 11(2), pp. 163-178, 2000.*

## CDC Report Shows Importance of TB Screening for Persons with HIV

HIV-positive individuals should receive appropriate screening and treatment for tuberculosis (TB) infection. According to "Missed Opportunities for Prevention of Tuberculosis Among Persons with HIV Infection—Selected Locations, United States, 1996-1997," health care providers are cautioned to assess the HIV status for those who are in frequent, prolonged, or intense contact with those with active TB.

The research report builds upon earlier studies which show that those infected with HIV and TB are nearly 800 times more likely to progress to the potentially fatal active TB disease than those without HIV.

This research study investigates routine practices at public health clinics in 11 major urban areas. Findings indicate that for 87 percent of those who were close contacts of infectious TB patients, their HIV status was unknown. In addition, known HIV-positive persons with TB-infected contacts are in danger because less than one in six of the TB patients completed preventive treatment.

This research report underscores the need to increase the availability of HIV counseling and testing services, especially for close contacts of TB patients.

*For more information, go to <http://www2.cdc.gov/mmwr> and access the Morbidity and Mortality Weekly Report dated August 4, 2000, Volume 49, No. 30, page 685.*

## Survey Results Shape Substance Abuse Treatment in Correctional Facilities

*Substance Abuse Treatment in Adult and Juvenile Correctional Facilities* is a new report of findings from a first-time survey on substance abuse treatment in the nation's adult and juvenile correctional facilities. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the survey to identify the number of facilities which offered treatment, the number of inmates who received treatment, and the types of treatment services offered.

The Department of Justice (DOJ) worked in partnership with SAMHSA to survey 129 federal prisons, 1,187 state prisons, 3,121 jails and 3,127 juvenile facilities. DOJ states that approximately 50 percent of inmates in federal and state prisons in 1997 reported using drugs or alcohol while committing their crimes. Another one in six inmates revealed that they became involved in crime in order to get money for drugs.

According to SAMHSA's report, 40 percent of the nation's 7,564 adult and juvenile facilities provided substance abuse treatment to inmates and residents. Approximately 10.5 percent of the 1.6 million adults and juveniles surveyed received substance abuse treatment in correctional facilities that provided treatment. Treatment options included detoxification, group or individual counseling, rehabilitation and methadone or other phar-

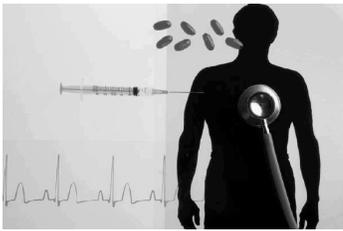
maceutical treatment. Although many correctional facilities provided individual and group counseling, a lower percentage of facilities offered family counseling.

SAMHSA officials acknowledge that many prisoners do not have family or social support systems, jobs, or housing upon release. These critical needs lead to a return to crime. The report states that providing family counseling and other support services is necessary in helping offenders go from life in prison to life in the community.

### New initiatives

In light of these survey results, SAMHSA intends to target \$10 million of its fiscal year 2001 capacity expansion grant funds to provide a continuity and variety of substance abuse and mental health services for prisoners returning to their communities. In addition, DOJ will develop "reentry partnerships" and "reentry courts" through a \$60 million initiative. Other significant assistance comes from the Department of Labor through a \$75 million initiative to bring young offenders into the mainstream economy.

*For more information on the SAMHSA study, go to <http://www.samhsa.gov/oas/CorrectionalFacilities.htm>.*



## CDC Releases HIV/AIDS Surveillance Slide Sets

On the Centers for Disease Control and Prevention National Center for HIV, STD and TB Prevention's website, HIV/AIDS Surveillance slide sets through 1999 are available. The following sets are provided by the Division of HIV/AIDS Prevention:

HIV/AIDS Surveillance- General Epidemiology  
Go to <http://www.cdc.gov/hiv/graphics/surveill.htm>

HIV/AIDS Surveillance by Race/Ethnicity  
Go to <http://www.cdc.gov/hiv/graphics/minority.htm>

HIV/AIDS Surveillance in Adolescents  
Go to <http://www.cdc.gov/hiv/graphics/adolesnt.htm>

HIV/AIDS in Women  
Go to <http://www.cdc.gov/hiv/graphics/women/htm>

Pediatric HIV/AIDS Surveillance  
Go to <http://www.cdc.gov/hiv/graphics/pediatric.htm>

Complete Slide Series  
All slide sets may be located at <http://www.cdc.gov/hiv/graphics.htm>

## CDC Offers A Comprehensive Approach to Preventing Blood-Borne Infections Among IDUs

**P**reventing Blood-borne Infections Among Injection Drug Users: A Comprehensive Approach gives detailed information concerning HIV and viral hepatitis infection in injection-drug users (IDUs). It also includes legal, social, and policy issues involving IDUs and hepatitis. Steps for communities to follow in carrying out a comprehensive approach to blood-borne infections are listed.

Go to <http://www.cdc.gov/hiv/projects/idu-ta/> to get this document and other related information. You may also download this information from a website of the Academy for Educational Development at <http://www.healthstrategies.org/Publications/publications.html>.

## HRSA Funds Support Online Knowledge Base on HIV/AIDS Service Models

**F**indings, results, methods, program descriptions, and resource materials from the Health Resources and Services Administration (HRSA) Special Projects of National Significance Cooperative Agreement Projects are available online. HIV/AIDS service models are drawn from 27 special projects funded by HRSA between 1994 and 1999.

The Online Knowledge Base is updated frequently. Attention is given to traditionally underserved populations.

In order to access materials, go to <http://www.TheMeasurementGroup.com>.

## SAMHSA Provides Internet-based Substance Abuse Treatment Facility Locator

**T**he Substance Abuse and Mental Health Services Administration (SAMHSA) has launched an automated locator service for drug and alcohol treatment facilities that are licensed, certified, or otherwise approved by substance abuse agencies in each of the states.

This service lists the name, address, telephone number, and services available for each treatment facility. Road maps to these facilities are also displayed. If the user desires, the search will include facilities up to a radius of 100 miles.

Go to <http://www.samhsa.gov> and click on "Looking for help with alcohol, drug or mental health problem." Then proceed to "Substance Abuse Treatment Facility Locator."

## CSAT Releases Online Substance Abuse Treatment Protocol for Persons with HIV/AIDS

**I**mportant aspects of the HIV-drug abuse dilemma are brought together online by the Center for Substance Abuse Treatment (CSAT) in Treatment Improvement Protocol #37, "Substance Abuse Treatment for Persons with HIV/AIDS."

Go to <http://www.samhsa.gov/csat/> to find information concerning demographic trends; medical assessment requirements; how to assess mental health needs; considerations for substance abuse counselors; how to integrate services; case management usage; pain management; ethical issues; legal and privacy issues; and funding and policy issues. CSAT will make printed copies available to treatment and prevention centers.

DEPARTMENT OF  
HEALTH & HUMAN SERVICES  
Public Health Service  
Office of Minority Health Resource  
Center  
P.O. Box 37337  
Washington DC 20013-7337

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## *HIV Impact*

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### Upcoming Conferences

#### OCTOBER

- 21-25: Third National Harm Reduction Coalition Conference. Communities Respond to Drug Related Harm: AIDS, Hepatitis, Prison, Overdose, and Beyond... To be held in Miami, FL. Sponsored by the Harm Reduction Coalition, Advocates for Recovery Through Medicine, AIDS Action Council, American Foundation for AIDS Research, Broadway Cares/Equity Fights AIDS, Center for Health Policy Development, Center on Crime. Contact: 212-213-5376, ext. 31; Website: <http://www.harmreduction.org>.
- 26-28: If I Close My Eyes, I Shut Out the World: Sixth International Meeting of the Rainbow International Association Against Drugs. To be held in Rimini, Italy. Sponsored by the Rainbow International Association Against Drugs. Contact: +39.0541.362.111; Website: <http://www.rainbow-network.org>.
- 29: Clinical Approaches to Working with Homeless, Mentally Ill Individuals: Challenges and Rewards. To be held in Philadelphia, PA. Sponsored by the Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, the American Psychiatric Association Committee on Poverty, Homelessness and Psychiatric Disorders. Contact: 800-444-7415; E-mail: [nrc@prainc.com](mailto:nrc@prainc.com).

#### NOVEMBER

- 3-4: 13<sup>th</sup> Annual Conference and Exposition of Association of Nurses in AIDS Care: Chasing a Changing Tide. To be held in San Juan, Puerto Rico. Sponsored by the Association of Nurses in AIDS Care. Contact: 703-925-0081; Website: <http://www.anacnet.org/aids/>.
- 9-12: National AIDS Treatment Advocates Forum. To be held in Dallas, TX. Sponsored by the National Minority AIDS Council. Contact: 202-483-6622, ext. 343; Website: <http://www.nmac.org>.
- 11: Implementing Healthy People 2010: 2000 Healthy People Consortium. To be held in Boston, MA. Sponsored by the Department of Health and Human Services. Contact: 202-690-6245 or 800-367-4725; Website: <http://www.health.gov/healthypeople/partners/>.
- 12-16: American Public Health Association: Eliminating Health Disparities. To be held in Boston, MA. Contact: 514-847-2293; Website: <http://www.apha.org/meetings>.

#### DECEMBER

- 1: World AIDS Day. The theme for 2000 is "AIDS: Men Make a Difference"
- 4-7: National STD Prevention Conference: Connecting Science with Solutions. To be held in Milwaukee, WI. Sponsored by the American Social Health Association. Contact: 404-233-6446; Website: <http://www.stdconference.org/>
- 7-9: Medical Management of AIDS: A Comprehensive Review of HIV Management- Winter Symposium. To be held in San Francisco, CA. Sponsored by the Office of Continuing Medical Education, University of California at San Francisco. Contact: 415-476-5208; Website: <http://www.medicine.ucsf.edu/programs/cme>.
- 13-15: Eighth Texas Minority Health Conference: Eliminating Health Disparities. To be held in Dallas, TX. Sponsored by the Texas Department of Health Office of Minority Health and the Texas Health Foundation. Contact: 512-458-7629; E-mail: [eva.holguin@tdh.state.tx.us](mailto:eva.holguin@tdh.state.tx.us).