Meeting Report

HIV/AIDS and Drug Use: Building Research Collaboration in Asia

Meeting supported by the

National Institute on Drug Abuse
Fogarty International Center
In partnership with the Hanoi Medical University

November 15-18, 2010
Hanoi, Vietnam

NIDA AIDS Research Program

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I. INTRODUCTION: SHARED CHALLENGES AND OPPORTUNITIES FOR REGIONAL COLLABORATION

The National Institute on Drug Abuse (NIDA) and the Fogarty International Center (FIC) share a common interest in enhancing research development in HIV prevention, treatment, and care in Asia. From November 15 to November 18, 2010, these two organizations, in partnership with the Hanoi Medical University, brought together participants from across the region to address challenges to implementing research. The conference, **HIV/AIDS and Drug Use: Building Research Collaboration in Asia,** held in Hanoi, Vietnam, identified the need for increased collaboration among researchers, clinical practitioners, and multiple stakeholders (both government and donor agencies).

In Asia, an estimated 4 million drug users are HIV positive, which is among the highest HIV infection rates in the world. Injection drug use remains the primary driver of the HIV epidemic in the region. However, both long-term and more recent changes in patterns of drug use and HIV transmission, tied to new forms of regional economic development and migration, highlight the rapidly shifting dynamics of the twin epidemics of drug use and HIV throughout Asia. The connectedness of the regional epidemic reveals as well the shared challenges faced by national responses and the needs and opportunities for a coordinated multinational strategy for improved prevention and treatment programs for drug users.

The conference drew researchers, program representatives, and policymakers from across Asia to set priorities for future research, to address challenges to implementing research and research findings in programmatic activities, and to identify opportunities for cross-national collaboration. Conference objectives were to:

- Enhance research development in the region through networking among researchers with common interests in prevention, treatment, and care from eight Asian countries (Vietnam, China, Cambodia, Laos, Thailand, Burma, Malaysia, and Indonesia) in collaboration with U.S. researchers.
- Link current research and program implementation and evaluation results from the Asian region with programmatic activities, including those supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Global Fund, and others, in individual countries.
- Provide information on current and former research activities in the region, as well as on U.S. National Institutes of Health and other Federal government opportunities for research, research training, and program implementation and evaluation.

II. COUNTRY REPORTS: IMPORTANT TRENDS AND CHALLENGES

Each participating country presented the most current data on the state of its drug-related HIV epidemic. A few important trends clearly emerged.

A. Changing Patterns of Drug Use

In addition to ongoing heroin use, all countries reported increased noninjection and polydrug use. For example, in Thailand, heroin users dominated the drug treatment population until 1996, when methamphetamine users began to represent an increasing proportion of new cases and now represent nearly 80 percent of the country's treatment population. China has reported a 21.2 percent increase in use of drugs such as methamphetamine and Ecstasy (MDMA). In Burma, polydrug use, along with increasing use of amphetamine-type stimulants (ATS), has emerged as a serious problem. In Malaysia, drug users who reported lifetime use of ATS had almost double the rates of HIV infection compared with those who did not.

B. Changing Dynamics of HIV Transmission

In some countries such as Vietnam, where the HIV epidemic has been driven primarily by injection drug use, heterosexual transmission is becoming an increasingly important vector of HIV. In China, heterosexual transmission now represents half of all HIV infections (attributed to improved testing among the heterosexual population). The result of this shift is the feminization of the epidemic and the emergence of female partners as an increasingly vulnerable population for HIV infection. In Malaysia, there has been a fivefold increase in HIV infection among women. Indonesia and Malaysia also reported increasing injecting drug users (IDUs) among men who have sex with men (MSM) and sex workers, representing new routes of transmission risk into other populations. Furthermore, the movement of HIV risk among index groups is occurring at different times in each country, according to varying stages of the HIV epidemic and the epidemic response. For example, low-prevalence countries, like Laos, are just beginning to see HIV among drug users.

C. Microepidemics

A recurring theme at the conference was the impossibility of generalizing one epidemic to an entire country and the need to focus instead on the dynamics of local epidemics to drive local responses. For example, in Burma, higher concentrations of HIV prevalence were observed around opium production sites in the North and East, along distribution routes, and in major urban centers. Microepidemics are occurring along national borders, especially Vietnam, Laos, and Thailand, and were identified as an important focus for regional research collaboration.

All countries represented at the conference have made significant strides toward including harm reduction in their national policy agendas. The degree of acceptance and implementation of harm reduction programs varies widely, depending on the country's political climate, financial and technical capacity to conduct research and roll out programs, and levels of stigma and discrimination against drug users in the community. Some achievements include: Thailand's recent announcement of a national needle exchange program, Cambodia's initiation of national methadone treatment, Vietnam's inclusion of harm reduction in a national legal framework for AIDS prevention and introduction of methadone in key urban sites, China's growing national network of methadone centers, and Malaysia's inclusion of buprenorphine/naloxone as an additional treatment modality for opiate dependence.

Countries shared the following core challenges in achieving an evidence-based national public health response to the drug-driven HIV epidemic.

1. *Drug Detention Centers*

Mandated treatment of drug users and the underlying set of assumptions that support closed settings pose a common challenge for several countries. While some participants declared that drug detention centers were not prisons and should be integrated with treatment in voluntary clinics, others expressed concern that these centers were ineffective (as evidenced by high relapse rates) and that these centers were focused more with getting drug users out of the community than helping them get off drugs. Thailand, for example, is seeing a movement toward more voluntary treatment; however, only 30 percent of Thai drug users enter treatment voluntarily. Many participants noted the lack of access to methadone and other preventive and treatment modalities within the detention centers themselves. Further, while it is assumed that with increased methadone availability and emphasis on community-based treatment, there will be a decline in enrollment in detention centers, a participant pointed out that this might just represent more drug users being sent to jail.

2. *Relationship with Law Enforcement*

In most countries, drug abuse is viewed primarily as a security problem rather than a social issue. The division of labor between public health professionals and law enforcement officials in directing the response and setting national priorities poses a significant challenge. Another challenge is the need for changes in the legal structure so that public health programs can operate legally. This helps ensure that drug users who attempt to access services are not at risk of arrest through sustained and more periodic police crackdowns. Throughout the conference, there was therefore a sustained discussion about the need to engage law enforcement early on when designing research studies as well as when implementing prevention and treatment interventions to coordinate response.

D. Scaling Up Treatment

Scale-up of methadone treatment has occurred throughout the region, yet structural challenges remain to achieving adequate coverage. Cambodia, for example, has successfully initiated a national methadone program in the past year. Vietnam is opening more methadone centers, but changes in the legal framework are necessary to improve coverage and mandatory treatment centers remain a powerful deterrent for people accessing methadone in the community. Other problems, cited by Thailand and China, include inadequate dosage, low-quality clinic services, uneven coverage, poor access, low retention rates, and weak infrastructure for service delivery. There was no consensus over whether community-based or permanent institutional-based services are the most effective strategy. Yet most participants agreed that methadone and other treatment modalities should be integrated with voluntary counseling and testing (VCT) and antiretroviral (ARV) treatment to ensure early diagnosis and appropriate care, to manage the interaction between ARV drugs and methadone, and to improve adherence and long-term retention in care. Among providers, the primary reason for refusing to prescribe ARVs to drug users is concern that they will not adhere to a treatment regimen.

III. EVIDENCE TO DRIVE PRACTICE AND POLICIES

A. Better Size Estimation and Surveillance Data

Challenges in the measurement of the denominator have made it difficult to determine the magnitude of the problem and therefore arrive at accurate service coverage estimates. Furthermore, because HIV and drug use are both sensitive topics, population sampling remains a huge challenge. It is therefore nearly impossible to conduct a large-scale evaluation at the country level. These limitations in the data make it important to triangulate different methods of size estimation for different populations to achieve good estimates. In many cases, rigorous local evaluation is not feasible or cost effective, illustrating the need to develop integrated surveillance systems both within countries and across Asia. Another concern expressed by epidemiologists was the lag time between infection and detection and how best to factor in this gap when analyzing surveillance data.

B. Epidemiological Responses to Changing Dynamics of Epidemic: Defining Who Is at Risk

Recent trends in the changing regional dynamics of the HIV and drug use epidemics necessitate the use of new kinds of data and methods. Much discussion focused on the identification of emerging risk groups, including their patterns of interaction and overlap. First, a good working definition of who is a drug user (rather than who is drug dependent) must be developed in order to estimate the size of the risk population. While countries like China require drug users to register, estimates also need to account for the size of the unregistered drug-using population. Second, it will be important to focus on the interface between drug use and sexual transmission and the identification of other kinds of bridge populations, such as MSM who use drugs or populations such as female sexual partners of MSM and IDUs. There were also concerns raised in the discussion over risk-group categorization. For example, the complexity of behavioral risk in populations will not be illuminated by surveillance data alone and will require additional qualitative (ethnographic) data to shape structural interventions.

C. Important Considerations for Uses of Evidence for Policy Development and Evaluation

Researchers spoke of their need to be aware how surveillance data and epidemiological findings are used for policy development and evaluation when designing data collection and analysis strategies. For example, *how much* evidence (e.g., what kinds of size estimations) do policymakers need in order to decide to scale-up programs or shift policies? A routinely cited example is the case where there is an abundance of international evidence to support a particular intervention, such as methadone, but where policymakers demand local evidence instead.

Another priority identified was the need for evidence that helps to better assess the success or failure of interventions. Two examples include the level of intervention coverage—such as medication-assisted treatment or needle and syringe programs (NSPs)—necessary to lower community HIV reservoirs; and cost-effectiveness studies that demonstrate the impact of prevention interventions compared with public security approaches to address both drug use and HIV.

IV. DESIGNING TREATMENT AND PREVENTION INTERVENTIONS

Participants agreed on the need for expanded treatment for both drug use and HIV as strategies to reduce HIV acquisition and ongoing transmission. A major concern was the lack of medication-assisted treatment for amphetamine-type stimulants (ATS) and the urgent need for effective treatment modalities.

A. What Should the Term "Treatment" Include?

There was a call among participants to refer not to substitution therapy but to "medication-assisted treatment." This idea that treatment does not equal substitution highlights the fact that no medication alone is fully effective in rehabilitating drug abusers and in significantly reducing HIV and other infectious diseases risks and transmission rates. Rather, psychosocial and behavioral interventions are needed to enhance and sustain the effects of medical treatments. Whether treatment is venue- or outreach-based, services must be sensitive to the diverse needs of drug users within each country, province, and district. Services must also be effective at reaching hidden populations. When developing drug treatment models, policymakers must account for stigma experienced by drug users and acknowledge the need for some flexibility in treatment regimens. Furthermore, as drug use patterns become more complex, prevention strategies need to be combined to target both injection and noninjection drug use.

B. Treatment as Prevention

Treatment of HIV among drug users as a prevention mechanism was cited as an absolute priority. In particular, early detection and better management of HIV-infected cases among drug users, integration of ARV with other services for drug users to improve treatment outcomes, and the expansion of ARV treatment coverage to reduce new infection cases were considered essential. Calls were also made more generally for integrated models of care, including those that address substance abuse, ARV, mental health, tuberculosis (TB), hepatitis C virus (HCV), and continuum of care within incarceration settings. Many participants emphasized the need to address barriers to access to services and retention, including stigma and concern among providers about poor adherence to treatment regimens that is often given as a reason for not commencing ARV treatment for drug users. Participants also endorsed the importance of models that address the need for a seek, test, treat, and retain continuum.

C. Special Considerations in Designing Research and Program Interventions for Drug Users

Many ethical considerations arise when conducting research or interventions with populations such as drug users who are engaged in illicit behavior. For example, participants disagreed about whether or not it is possible to conduct research in closed settings. Some urged refusing to work with centers that not only violate the human rights of drug users but also make it impossible to obtain informed consent from those who are being held against their will. Others stressed that not all detention centers are the same, even within the same country, and that it is possible in certain settings to obtain consent and pursue research that may benefit internees.

Another consideration involves conducting research or interventions with stigmatized or marginalized populations, especially when attempting to protect patient confidentiality and obtain informed consent where there is a significant power differential and where standards of privacy may differ across cultures. In terms of obtaining informed consent, participants discussed the relevance of consent when people within certain cultural settings are expected to make decisions with their families instead of as individuals.

To improve research while also ensuring protections for drug users, the consensus was strongly in favor of community engagement in research design and integrating research findings into program implementation. Engaging communities facilitates exchange of information, promotes mutual trust and identification of hidden populations, and fosters use of local cultural and social structures that may influence effectiveness. It also allows communities to be empowered and to integrate their concerns into the study or program design and use the findings to improve local conditions. For example, presentations from Vietnam and China gave examples of success in working with community leaders to build local trust and ownership of research studies and programs.

V. HOW CAN RESEARCH FINDINGS BE TRANSLATED FROM POLICY INTO REALITY? HOW CAN WE TRANSLATE RESEARCH INTO PROGRAMS?

Given the diverse challenges facing the region, including the changing dynamics of the epidemic itself; the political climate; and the financial, technical, and human capacity to implement interventions, there were recommendations for combined efforts to bridge and shorten the gap between research and practice, both within specific countries and across multiple countries. In particular, the need for increased collaboration among researchers, clinical practitioners, and multiple stakeholders (both government and donor agencies) was identified as a way to coordinate and facilitate response. To reduce the lag between publication of data and its eventual impact on policy, three broad areas of reform were suggested.

A. Fostering “Implementation Science”

Implementation science addresses creating a continuum of research into practice. In addition to clinical trials, which often present ethical and practical challenges, there is a critical need for implementation research to adapt and assess program effectiveness in achieving expected outcomes. One key to successful implementation will be to use existing programs as platforms to ask operational research questions. Researchers will need to design and conduct studies with an eye to their potential programmatic and policy implications.

B. Closing the “Responsibility Gap”

The gap between research and policymaking involves identifying which structures and what kind of leadership are needed to help translate research findings quickly and effectively into policy. Policymakers as well as law enforcement and key government officials need to be included early on as stakeholders so that evidence-based science, as opposed to ideology, drives policy decisions and resource allocation.

Creating these buy-in mechanisms involves working with all levels of government. This often means building consensus first among local partners and then working toward the national level. A successful example of this model is the Policy Initiative in Vietnam, which worked with provinces and government ministries to drive policy and resource allocation. Areas identified for further inquiry include exploration of models of rapid conversion of research into policy change that have worked in the region, such as the implementation of drug abuse treatment in Malaysia and the historical circumstances that have led to policy changes in different countries in Asia.

C. Addressing Long-Term Goals

Designing programs that are sustainable is essential, especially as countries face the loss of external financial support as they graduate to middle-income status. Countries must also confront the dilemma of ensuring sustainability through expansion of current programs that were developed when there was more foreign and nongovernmental (NGO) aid. Using research findings more creatively and organizing and delivering services through cost-effective programs will be top priorities. These issues will undoubtedly drive research in different directions. Participants agreed that they need to not only achieve sustainability of programs but also strengthen health systems as a whole, including capacity building and training of clinicians and outreach workers. These twin goals will require improved coordination between government and NGOs so that new partnerships and policies are not just adopted but retained and expanded.

Overarching research issues and next steps identified during the meeting include the following.

1. *Research Priorities*

- Better measurements for population-size estimations and improved strategies for identifying and testing people who use drugs, to facilitate design of studies using representative populations.
- Improved methods of tracking the changing dynamics of drug and HIV epidemics, which may mean existing surveillance sites may need to be reevaluated.
- Better measurement of behavioral risk-taking among both IDU and non-IDU populations, including recreational drug users (e.g., among MSM, sex workers), to provide data for targeted interventions.
- Improved access and quality of methadone maintenance programs, community-based delivery models, improved treatment retention and effectiveness, use of other medication-assisted treatments, interventions to address ATS, and combined medication and behavioral treatment approaches.
- Integration of HIV prevention and care, including common comorbidities, with drug treatment; development of seek, test, treat, and retain continuum of care models.
- Interventions to address treatment and prevention of non-IDU and to prevent transition to injection drug use.
- Fostering better understanding of the impact of current programs on the trajectory of the dual epidemics.
- Reducing stigma and dealing with real and perceived safety concerns around drug users.

- Addressing bioethical and political issues when designing and implementing research.

2. *Formation of Regional Research Networks*

- Four days of networking provided a good opportunity for participants from the different countries to interact, explore interests, and discuss potential research collaborations. Participants were selected to represent researchers, government program staff, and program implementation partners. The agenda was designed to minimize didactic presentations and to foster interactions and discussion to enhance collaboration between researchers and program field sites in-country in order to develop research partnerships, especially those related to implementation science.
- Possible venues for other face-to-face meetings were identified, including an upcoming meeting in Malaysia around the launch of the *Lancet* supplement, the International AIDS Society (IAS) meetings, and the NIDA International Forum at the annual College on Problems of Drug Dependence (CPDD) meeting in June 2012.
- An Asian Interest group will be set up on the NIDA International Virtual Collaboratory (NIVC) in early 2011 as a communications platform to continue the dialogue among participants, to follow up on the development of research collaboration and training opportunities, and to share other information. Meeting participants will soon be contacted about joining the group, which has many useful features. (See Appendix IV.)

3. *Information on Opportunities to Support Future Research and Research Capacity*

- Various FIC and NIDA opportunities to explore research questions of interest were described, as well as opportunities to collaborate with PEPFAR and NGO initiatives.
- Using the NIDA International Virtual Collaboratory to post NIH and other opportunities as they become available was suggested.
- Some participants called for a special session on the NIH electronic application process for those interested.

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HIV/AIDS and Drug Use: Building Research Collaboration in Asia

Appendix I: Meeting Agenda

HIV/AIDS and Drug Use: Building Research Collaboration in Asia

Fogarty International Center and National Institute on Drug Abuse -
U.S. National Institutes of Health* -
and Hanoi Medical University -
November 15-18, 2010 -
Hanoi, Vietnam -

Registration — Sunday, November 14

7:00 p.m. - *Welcome Reception and Registration*

DAY 1— Monday, November 15

8:30 a.m. - **Opening Session**

Registration for Local Attendees

9:00 a.m. - **Welcome and Introductions**
Overview of Meeting Objectives
Meeting Co-chairs: Jacques Normand, Le Minh Giang, Jeanne McDermott

10:00 a.m. - **Country Synopses: Overview of Drug Use and HIV/AIDS Epidemic**
Moderators: ***Ho Thi Hien*** *and* ***Steve Gust***

- **Vietnam, 10 – 10:30 a.m.** ***Nguyen Tran Hien***

10:30 a.m. - *Coffee Break*

11:00 a.m. **Continue Country Synopses: Overview of Drug Use and HIV/AIDS Epidemic**

- **Thailand, 11 – 11:30 a.m.** *Apinun Aramrattana*
- **Cambodia, 11:30 a.m. – 12 p.m.** *Vonthanak Saphonn*
- **China, 12 – 12:30 p.m.** *Ning Wang*

12:30 p.m. - *Buffet Luncheon- Getting to know one another*

1:30 p.m. **Continue Country Synopses: Overview of Drug Use and HIV/AIDS Epidemic**

- **Laos, 1:30 – 2 p.m.** *Chansy Phimphachanh*
- **Burma, 2 – 2:30 p.m.** *Sid Naing*
- **Indonesia, 2:30 – 3:00 p.m.** *Pandu Riono*
- **Malaysia, 3 – 3:30 p.m.** *Vicknasingam Kasinather*

3:30 p.m. - *Coffee Break*

4:00 p.m. - **General Discussion**

5:00 p.m. - *Adjourn for the day*

*With support (co-funding) from the NIH Office of AIDS Research

DAY 2 — Tuesday, November 16 -

8:30 a.m.	**OVERVIEW OF PLAN FOR THE DAY** Research Agenda Development: Discussion Panels to synthesize and draw out issues to develop a research agenda *Moderators*: ***Hong Nguyen and Richard Needle***
8:45 a.m. -	**PANEL - Epidemiology and Surveillance: Using Epidemiologic Data to Define Research Questions** *Panel Members: Shenghan Lai, Roger Detels , Nhu To Nguyen, Khanthanouvieng Sayabounthavong*
9:45 a.m. -	**PANEL - Prevention: Outreach and Venue-Based Strategies** *Panel Members: Michael Clatts, Tim Mastro , Chhorvann Chaea, Bangorn Siriroj*
10:45 a.m. -	*Coffee Break*
11:15 a.m.	**PANEL - Treatment as Prevention: Drug Use and HIV** *Panel Members: Marek Chawarski, Adeeba Kamarulzaman, Chhit Sophal, Fujie Zhang, Apinun Aramrattana*
12:15 p.m.	**PANEL – Adaptation and Evaluation of Successful Epidemiology/Surveillance, Prevention and Treatment Approaches** *Panel Members: Kevin Mulvey, Vivian Go, Hor Bun Leng , Lisa Maher*
1:15 p.m. -	*Buffet Luncheon*
2:15 p.m. -	**Challenges and Strategies to Conducting Research Among Drug Users** *Moderators: Thanda Khin and Steven Wolinksy*
	PANEL – Bioethical Issues *Presenter: Jeremy Sugarman* *Disscussant: Yali Cong*
3:00 p.m. -	*Coffee Break*
3:30 p.m. -	**Community Engagement and Public Security Issues** *Panel Members: Tasani Vongchak, Khuat Thi Hai Oanh, Datuk Mohd Zaman Khan*
4:30 p.m. -	**Day 3 Plan for Breakout Discussions: Topics and participants** *Moderators: Le Minh Giang and Jacques Normand*
5:00 p.m. -	*Adjourn for the day*

Day 3 - Wednesday, November 17, 2010 -

8:30 a.m. -	**Breakout Discussions on Building Multi-Country Collaborations in Priority Research Areas**
10:15 a.m. -	*Coffee Break*
10:45 p.m.	**Resume Breakout Discussions**
12:00 p.m. -	*Buffet Luncheon*
1:00 p.m.	**Presentation of Breakout Group Issues and Discussion** *Moderators: Jacques Normand and Le Minh Giang*
2:00 pm	**RESEARCH CAPACITY AND CAREER DEVELOPMENT ISSUES** **PANEL – Challenges and Opportunities for Returning Fellows and Trainees** *Moderators:* ***Irwanto and Myat Htoo Razak*** *Panel Members: Adhi Wibowo Nurhidayat, Jiang Du, Zunyou Wu, Ha Phan*
3:00 p.m. -	*Coffee Break*
3:30 p.m.	**PANEL – Regional Perspective for Research and Program Partnership Opportunities** *Moderators:* ***Hoang Huy Vu and Ted Hammett*** *Panel Members: Richard Needle, Geoff Monoghan , Jonathan Ross*
4:30 p.m. -	**NIDA/Fogarty Opportunities Panel** *Panel Members: Jacques Normand and Jeanne McDermott*
5:00 p.m. -	*Adjourn for the day*

Day 4 - Thursday, November 18, 2010

8:30 a.m.	**Wrap-Up Session** *Jacques Normand, Le Minh Giang and Jeanne McDermott*
10:00 a.m.	*Coffee Break*
10:30 p.m.	**Individual meetings arranged to explore collaborative ideas**
12:00 p.m.	*Meeting adjourns*
12:15 p.m.	*Buffet Luncheon*

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HIV/AIDS and Drug Use: Building Research Collaboration in Asia

Appendix II: Breakout Group Reports

HIV/AIDS and Drug Use: Building Research Collaboration in Asia

Appendix II
Breakout Group Reports

The meeting program called for breakout discussion groups following the presentation of the Country Reports. Meeting participants chose one of the three breakout groups listed below. A summary of each group's discussion recommendations is presented here.

A. Men Having Sex with Men (MSM), Ethics, Multi-Country Collaboration

1. Epidemiology
   - Methods (drugs, HIV)
   - Dynamics of HIV; drug use patterns; methodological (qualitative/ethnography)

2. Prevention
   - Structural/law/policy
   - Integration of multiple strategies
   - Amphetamine-type stimulants (ATS)

3. Treatment
   - Drugs
   - HIV/AIDS
   - ATS

4. Implementation Research

5. Translating Research into Practice
   - Program monitoring, quality assurance/quality control (QA/QC)
   - Capacity building, scale-up, sustainability

B. Prevention and Treatment

1. Observational
   - Overlapping risk groups: injection drug users (IDU)/female sex workers (FSW)/MSM bridging into the general population
   - Understanding the interaction of FSWs and male sex workers (MSWs) and drug use

2. Intervention
   - Other medication-assisted treatment (MAT): suboxone, Vivitrol
   - Integration of services (methadone maintenance treatment [MMT] and psychosocial services)
   - Community-based treatment and rehab
   - Relapse prevention
   - MMT misuse—need for regionally tailored psychosocial interventions
   - Disclosure interventions and HIV prevention among partners
   - Antiretroviral (ARV) treatment among IDU as prevention
   - Stigma and discrimination reduction interventions: IDU, family/community, health care providers, institutional (policy/law) –integrated interventions
   - Research on motivational behavioral change

3. ATS (Amphetamine-Type Stimulants)
   - ATS treatment and psychosocial interventions
   - ATS use among FSWs and MSWs
   - Poly-drug use: MMT patients who use ATS
   - Peer-based outreach workers for ATS
   - ATS psychosis
   - Primary prevention (ATS, polysubstance use)
   - Sexual risk reduction among ATS
   - Medication development for ATS

4. HIV Treatment
   - Development of IDU access strategies to ARV treatment (for range of resource settings)
   - Barriers to adherence to ARV treatment
   - Factors and interventions for treatment failure
   - Cost-effectiveness (outcomes: morbidity, mortality, adherence)
   - Effective health care provider training (capacity building with HIV clinics)
   - Integrated approaches: behavioral prevention, cotreatments, colocations
   - Seek, test, treat, and retain models for HIV-positive patients
   - Clinical management of HIV
   - Comorbidities
   - Drug use
   - Drug use treatment
   - Drug interactions
   - Effective regimens (directly observed therapy shortcourse [DOTS], once daily)

5. Cross-Cutting Issues
   - Barriers to participation in studies
   - IDUs by age and gender, sexual partners, MSM, FSWs
   - Counseling capacity: MMT/ARV treatment + integrated psychosocial and medical treatment
   - Counseling strategies: Marek Chawarski's lay model
   - Ethical issues: e.g., provision of clean needles in research context

6. Implementation
   - HCV/HIV/HBV coinfection management
   - Given country policy issues, how to develop ethical outreach strategies
   - Which evidenced-based needs will shape changes in policy and laws

C. Implementation Science Research: Treatment as Prevention

1. Treatment of What?
   - Treatment of drug use
   - Treatment of HIV

2. Treatment of HIV
   - IDUs
   - Significant underfunding for ARV treatment for drug users
   - Late presenters
   - Stigma
   - Chaotic lifestyles
   - Provider reluctance—poor adherence
   - Non-IDU and treatment of HIV

3. Research Issues/Opportunities
   - Why—IDUs not accessing available treatment in a particular setting
   - Implementation research
   - Seek and Treat
   - DOTS
   - Models of care
   - Integrated models—substance use, ARV, mental health, tuberculosis (TB)
   - Community-based treatment
   - Incarcerated settings—continuum of care
   - Task shifting
   - Effect of ARV treatment on TB incidence
     –Community
     –Incarcerated settings
   - Role of stigma in preventing access to treatment, and how to overcome it
     –Individual
     –Community
     –Providers
   - ART in IDUs
     –RCT-preferred regimens
       - Once daily
       - DOTS
       - Drug-drug interactions in view of coinfections—TB, HCV
     –Pharmacological studies
       - Drug-drug interactions—methadone, buprenorphine, antituberculosis treatment

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Appendix III: List of Meeting Participants

HIV/AIDS and Drug Use: Building Research Collaboration in Asia
November 15-18, 2010

Participant List

***As of November 4, 2010**

AUSTRALIA

Lisa Maher, Ph.D
Professor, Program Head and NHMRC Research Fellow -
National Centre in HIV Epidemiology and Clinical Research -
Centre for Immunology (CFI) -
Corner West and Boundary Streets -
Darlinghurst, Sydney, NSW, 2010 -
Contact: 61-2-93850920, Lmaher@nchecr.unsw.edu.au -

BURMA

Thanda Khin, MA, MB, BS
Consultant, Health and Nutrition Section -
UNICEF in Myanmar -
90 E Inya Road -
Kamayut Township -
Yangon, Myanmar -
Contact: thandakhin@gmail.com -

Sid Naing, MBBS, MPH, MPA
Country Director -
Marie Stopes International-Myanmar -
524/10, New University Ave. Rd -
Bahan Township -
Yangon, 11201, Myanmar -
Contact: 95-1-544423, sidnaing@gmail.com -

CAMBODIA -

Chhorvann Chhea, MD, MPH, Ph.D
Deputy Director -
National Center for HIV/AIDS Dermatology and STD, MoH -
#245H, St 6A -
Sk Preak leap, Kh Roeussey Keo, Phnom Penh -
Contact: 855-23-432-090, cchhorvann@nchads.org -

Sophal Chhit, MD
Head of Center for Mental Health and Drug Dependence -
Ministry of Health -
#151-153, Kampuchea Krom Boulevard -
Phnom Penh -
Contact: 855-23-212-984, chhit_sophal@hotmal.com -

Bun Leng Hor, MD, MSc
Deputy Secretary General of the National AIDS Authority -
Professor of Epidemiology at the International University -
NO 16, St 271/150 -
Sangkat Toek Laak, Khan Toul Kork, Phnom Penh -
Contact: 855-23-884-910, bunleng04@yahoo.com -

Vonthanak Saphonn, MD, Ph.D
Deputy Director -
National Institute of Public Health -
#2, Kim Yl Sung Boulevard -
ToulKok, Phnom Penh -
Contact: research03@nchads.org -

CHINA

Yali Cong, Ph.D
Professor, Medical Ethics Program -
Peking University Health Science Center -
38 Xueyuan Road -
Haidian District -
Beijing -
Contact: 86-10-8280-5543, ethics@bjmu.edu.cn -

Jiang Du, MD
Attending Psychiatrist
Shanghai Mental Health Center Shanghai Jiaotong University, School of Medicine
600 Wouth Wanping Road
Shanghai, 200030
Contact: 86-21-6438-7986, dujiang@live.com

Shusen Li, MD, MSc, Ph.D
Research Fellow -
National Center for AIDS/STD Control and Prevention, China CDC -
155 Changbai Road -
Changping District -
Beijing, 102206 -
Contact: 86-10-5890-0384, liu.epi@gmail.com -

Zhijun Liu, MD, MSc
Chief Medical Officer
U.S. CDC Global AIDS Program China Office -
Suite 403, Dongwai Diplomatic Office Building -
23 Dongzhimenwai Dajie -
Chaoyang District -
Beijing, 100600 -
Contact: 86-10-6532-9908, lzj@cn.cdc.gov -

Ning Wang, MD, Ph.D
Deputy Director, National Center for AIDS/STD Control and Prevention -
Chinese Center for Disease Control and Prevention -
155 Changbai Road -
Changping District -
Beijing, 102206 -
Contact: 86-10-5890-0906, wangnbj@163.com -

Zunyou Wu, MD, Ph.D
Director, National Center for AIDS/STD Control and Prevention -
Chinese Center for Disease Control and Prevention -
155 Changbai Road -
Changping District -
Beijing, 102206 -
Contact: 86-10-5890-0900, wuzy@263.net -

Fujie Zhang, MD
Director, Division of Treatment and Care
Department of International Cooperation, National Institute of Hygiene and Epidemiology
National Center for AIDS/STD Control and Prevention
Chinese CDC
No.27 Nanwei Road
Beijing P.R.
Contact: 8610-63039086, zhang.fujie.t@gmail.com

INDONESIA

Irwanto Irwanto, Ph.D
Head, Center for HIV/AIDS Research -
Atma Jaya Catholic University -
Jalan Jenderal Sudirman -
51 Jakarta 12930 -
Contact: irwanto_i@yahoo.com -

Adhi Wibowo Nurhidayat, MD, MPH
Psychiatrist
Drug Dependence Hospital RSKO Jakarta
Jalan Lapangan
Tembak 75 Cibubur Ciracas
Jakarta, 13720
Contact: 62-21-87711970, adhinur@yahoo.com

Ignatius Praptoraharjo, MS
PhD Student
School of Public Health, University of Chicago
1603 W. Taylor Street
Chicago, IL 60612
Contact: 312-996-5356, iprapt2@uic.edu

Pandu Riono, MD, MPH, Ph.D
Lecturer & Researcher
University of Indonesia, Fac. Of Public Health
Kampus UI
Dpeok 16424, West Java
Contact: 62-21-7871636, pandu.riono@gmail.com

Diah Setia Utami, MD
Director
Drug Dependence Hospital RSKO Jakarta
Lapangan Tembak No 75
Ciracas-Cibubur
Jakarta Timur 13720
Contact: 62-21-87711970, diahwib@yahoomail.com

LAOS

Chansy Phimphachanh, MD, MPH
Director
Center for HIV/AIDS/STI, Ministry of Health, Lao PDR
Km3, Thadeau Road
Sisattanak district
Vientiane Captial
Contact: 856-21-354015, gfachas.nou@gmail.com

Khanthanouvieng Sayabounthavong, MD, MSc
Head of STI Unit
Center for HIV/AIDS/STI, Ministry of Health, Lao PDR
Km3, Thadeau Road
Sisattanak district
Vientiane Capital
Contact: 856-21-354015, gfachas.nou@gmail.com

MALAYSIA

Adeeba Kamarulzaman, MD
Professor of Medicine and Infectious Diseases
University of Malaya
Faculty of Medicine, University of Malay
Lembah Pantai
59100 Kuala Lumpur
Contact: 6-03-79494625, adeeba.kamarulzaman@gmail.com

Vicknasingam Kasinather, Ph.D
Senior Lecturer
Centre for Drug Research, Universiti Sains Maylasia
Centre for Drug Research
Universiti Sains Maylasia
11800, Penang
Contact: 6-04-6568669, vickna@usm.my

Datuk Mohd Zaman Khan
President -
Maylasia AIDS Council -
Contact: 6-03-40451033; zaman@mac.org.my -

THAILAND

Apinun Aramrattana, MD
Head, Center for Substance Abuse Research
Research Institute for Health Sciences, Chiang Mai University
110 Intawaroros Rd.
Sripoom Sub-district
Muang district
Chiang Mai, 50200
Contact: 66-53-221849, apinun.aramrat@gmail.com

Bangorn Sirirojn, MA
Senior Scientist
Substance Abuse Research Center, Research Institute for Health Sciences
110 Intawaroros Rd.
Sripoom Sub-district
Muang district
Chiang Mai, 50200
Contact: 66-53-892298, Bangorn@chiangmai.ac.th

Tasanai Vongchak, MPH
Researcher, Research Institute for Health Sciences -
Chiang Mai University -
110 Intawaroros Rd. -
Sripoom Sub-district -
Muang district -
Chiang Mai, 50200 -
Contact: 66-53-942517, tasanai@rihes-cmu.org -

USA

Marek Chawarski, Ph.D
Assistant Professor, Department of Psychiatry -
Yale University School of Medicine -
CMHC/SAC, Room S206 -
34 Park Street -
New Haven, CT 06519 -
Contact: 203-974-7606, marek.chawarski@yale.edu -

Michael Clatts, Ph.D
Professor, Director of Center of Global Health Research -
School of Public Health, University of Puerto Rico -
P.O. Box 365067 -
San Juan, 00936-5067 -
Contact: 787-751-0772, Michael.clatts@upr.edu -

Katherine Davenny, MPH
Associate Director, AIDS Research Program -
NIDA/NIH -
6001 Executive Boulevard -
Bethesda, MD 20892 -
Contact: kd25h@nih.gov -

Roger Detels, MD, MS
Professor -
University of California, Los Angeles -
School of Public Health, UCLA -
650 Young Drive South -
Los Angeles, CA 90095-1772 -
Contact: 310-206-1601, detels@ucla.edu -

Claire Edington, BA
Ph.D Candidate, Dept. of Sociomedical Sciences, Mailman School of Public Health
Columbia University
722 West 168th Street
9th Floor
New York, NY
Contact: cee@2106@columbia.edu

Vivian Go, Ph.D
Associate Professor -
Johns Hopkins University School of Public Health -
615 North Wolfe Street -
Room E-6610 -
Baltimore, MD 21205 -
Contact: vgo@jhsph.edu -

Lloyd Goldsamt, Ph.D
Deputy Director, Institute for International Research on Youth at Risk
National Development and Research Institutes, Inc.
71 West 23rd Street
8th Floor
New York, NY 10010
Contact: 917-438-0894, Lloyd.Goldsamt@ndri.org

Steven Gust, Ph.D
Director, International Programs -
NIDA/NIH -
6001 Executive Boulevard -
Bethesda, MD 20892 -
Contact: sgust@nih.gov -

Eun Young Kim, Ph.D
Research Assistant Professor -
Northwestern University -
202 East Superior Street -
Lurie 9-159 -
Chicago, IL 60611 -
Contact: 312-928-2528, e-kim@northwestern.edu -

Shenghan Lai, MD
Professor -
Johns Hopkins School of Medicine -
600 N. Wolfe Street -
Pathology #301 -
Baltimore, MD 21287 -
Contact: 410-502-2656, slai@jhmi.edu -

Timothy Mastro, MD
Vice President, Health & Development Sciences -
FHI -
2224 E NC Highway 54 -
Durham, NC 27713 -
Contact: 919-544-7261, tmastro@fhi.org -

Jeanne McDermott, CNM, MPH, Ph.D
Program Officer
Div of Training and Research
Fogarty International Center, NIH
Bldg 31 Rm B2 C39
31 Center Dr. MSC 2220
Bethesda MD 20892-2220 USA
Contact: 301 496-1492, 301 402-0779 (FAX), jeanne.mcdermott@nih.gov

Marian Needle, Ph.D
Consultant -
NIDA AIDS Research Program and International Program -
1134 Bonview Lane NE -
Atlanta, GA 30324 -
Contact: 404-814-9158, mpneedle@gmail.com -

Richard Needle, Ph.D, MPH
Senior Public Health Advisor
U.S. President's Emergency Plan for AIDS Relief (PEPFAR) -
2100 Pennsylvania Avenue. NW -
Washington, DC 20037 -
Contact: 202-663-1332, needlerh@state.gov -

Jacques Normand, Ph.D
Director, AIDS Research Program -
NIDA/NIH -
6001 Executive Boulevard -
Bethesda, MD 20892 -
Contact: 301-594-6561, jnormand@mail.nih.gov -

Myat Htoo Razak, MBBS, MPH, Ph.D
Program Director -
Fogarty International Clinical Research Training Program/NIH -
31 Center Drive -
B2C39 -
Bethesda, MD 20892 -
Contact: 301-402-0779, MyatHtoo.Razak@nih.gov -

Jeremy Sugarman, MD, MPH, MA
Harvey M. Meyerhoff Professor of Bioethics and Medicine -
Berman Institute of Bioethics and Department of Medicine -
Hampton House 351 -
624 N. Broadway -
Baltimore, MD, 21205 -
Contact: 410-614-9567, jsugarm1@jhmi.edu -

Steven Wolinsky, MD
Professor and Chief, Division of Infectious Diseases -
Northwestern University -
645 N. Michigan Avenue -
Suite 900 -
Chicago, IL, 60611 -
Contact: 312-695-5088, s-wolinsky@northwestern.edu -

VIETNAM

Simon Baldwin, MPH
Senior Technical Officer HIV and Drugs -
Family Health International Vietnam -
7th Floor Hanoi Tourist Building -
18 Ly Thuong Kiet St. -
Hoan Kiem District -
Hanoi -
Contact: 84-4-3934-8550, simon@fhi.org.vn -

Thanh Bui, DrPH
Post Doctoral Research Fellow
The University of Texas Health Science Center at Houston, School of Public Health, Center for International Training and Research
119 Ky Con Street
District 1
Ho Chi Minh City
Contact: thanh.c.bui@gmail.com

Rachel Burdon, MD. MPH
HIV Care and Treatment Senior Technical Officer -
Family Health International Vietnam -
7th Floor Hanoi Tourist Building -
18 Ly Thuong Kiet St. -
Hoan Kiem District -
Hanoi -
Contact: 844-3934-8560, Rachel@fhi.org.vn -

Le Minh Giang, MD
Vice Chair, Department of Ethics and Social Medicine, Faculty of Public Health
Hanoi Medical University
01 Ton That Tung – Dong Da
Hanoi
Contact: 84- 9-1328-1842; leminhgiang@hmu.edu.vn

Theodore Hammett, Ph.D
Vice President/Chief of Party: Health Policy Initiative, Vietnam -
Abt Associates Inc. -
&2 Xuan Dieu, Floor 3 -
Tay Ho District -
Hanoi -
Contact: 84-4-3718-2652, ted_hammett@abtassoc.com -

Phan Thi Thu, MD, DrPH
Center for Promotion of Advancement of Society Institute of Social Medical Studies
#17 Alley 1 Nguyen Thi Dinh Street
Trung Hoa ward
Cau Giay district
Hanoi City
Contact: 84-4-558-274, ptha@isms.org.vn

Hien Thi Ho, Md, Ph.D
Lecturer -
Hanoi School of Public Health -
138 Giang Vo St. -
Ba Dinh -
Hanoi -
Contact: hth1@hsph.edu.vn -

Khuat Thi Hai Oanh, MD, MSc
Executive Director -
Center for Supporting Community Development Initiatives (SCDI) -
#11 ngo 378, Le Duan Street -
Hanoi -
Contact: 84-4-3572-0689, oanhkhuat@scdi.org.vn -

Geoffrey Monaghan, MD, Ph.D
HIV/AIDS Prevention and Care Expert
United Nations Office on Drugs and Crime, Country Office for Vietnam
25-29 Phan Boi Chau Str.
Hoak kiem District
Hanoi
Contact: 84-4-3822-0584, geoff.monaghan@unodc.org

Kevin Mulvey, Ph.D
Substance Abuse Treatment Advisor
Substance Abuse and Mental Health Services Administration, PEPFAR Vietnam
US Embassy, Hanoi
Unit 4550
Box 3125
DPO, AP 96521-3125
Contact: 84-4-3850-5028, mulvekp@vn.cdc.gov

Thuong Nguyen, MD, MD, DTM&H
Deputy Chief of Department of Public Health -
Pasteur Institute Ho Chi Minh City -
167 Pasteur Street -
District 03 -
Ho Chi Minh City -
Contact: 84-8-3820-2815, nguyenthuong@yahoo.com -

Hong Nguyen, MPH
Chief of Vulnerable Populations Section, HIV Prevention Branch -
CDC Global AIDS Program Vietnam -
American Embassy -
7 Lang Ha Street -
Dong Da -
Hanoi -
Contact: 84-4-385-0528, nguyenht@vn.cdc.gov -

Nhu Nguyen, MD, Ph.D
Program Manager -
Family Health International Vietnam -
7th Floor Hanoi Tourist Building -
18 Ly Thuong Kiet Street -
Hoan Kiem District -
Hanoi -
Contact: 84-4-934-8650, tonhu@fhi.org.vn -

Tran Hien Nguyen, MD, MPH, Ph.D
Director -
National Insititute of Hygiene and Epidemiology, Hanoi, Vietnam -
1 Yersin -
Hai ba Trung District -
Hanoi -
Contact: 84-4-3972-3130, ngtrhien@yahoo.com -

Van Phung, MSc
Project Management Specialist -
HHS/OS, US Embassy/Hanoi -
US Embassy, Rose Garden Tower -
170 Ngoc Khanh Street -
Hanoi -
Contact: 84-4-3850-5028, phungvtt@state.gov -

Jonathon Ross, MPH
Director, Office of Health -
USAID/Vietnam -
15/F, Tung Shing Square -
#2 Ngo Quyen Street -
Hanoi -
Contact: 84-4-3935-1265, jross@usaid.gov -

Dung Tham, MD
Chief
Department of International Cooperation, National Institute of Hygiene and Epidemiology
National Institute of Hygiene and Epidemiology
1 Yersin Street
Hanoi
Contact: 84-4-3821-0853, thamchidung@yahoo.com

Hoang Vu, MD, MPH
Project Manager, Program Evaluation/Quality Assurance -
Harvard Medical School AIDS Initiative in Vietnam (HAIVN) -
57 Ly Nam De Street, Hoan Kiem District -
Hanoi -
Contact: 84-4- 62700771, hhvu@emory.edu -

Meeting Report

HIV/AIDS and Drug Use: Building Research Collaboration in Asia

Appendix IV: NIDA International Virtual Collaboratory (NIVC) Fact Sheet

The Virtual Collaboratory: Tools and Services

JGPerpich, LLC

What is a Virtual Collaboratory?

"Collaboratory" is devised from the words "collaboration" and "laboratory." The Virtual Collaboratory is a suite of custom-designed and licensed software tools that operate over a wide range of bandwidth capabilities and computer platforms (Mac, PC, Linux etc.) JGPerpich, LLC advises clients on the application of tools such as **discussion forums, wikis, resource centers, profile directories** and **virtual meeting rooms**. Virtual Collaboratories include: NIDA International Virtual Collaboratory (**NIVC**), NIMH Virtual Collaboratory for Suicide Studies (**VCSS**) and NIDA/NIMH/NIAAA Virtual Collaboratory for Integrative Behavioral Health Services Research Network (**VCBH**).

The Virtual Collaboratory and JGPerpich Staff Help You Exchange Information, Data, Resources, and Ideas – on a secure, password-protected site. Since release of the Virtual Collaboratory in September 2005, JGPerpich staff has supported a number of projects and networks with more than 1500 research scientists and educators, including these programmatic activities:

Networking: JGPerpich staff will help you build online communities and find research partners, projects, speakers, and potential fellowship or job opportunities. Using the soon to be released Collaboration Matching Service database, researchers will be able to search for colleagues by geographic region, individual country, and/or research interests.

Training and Mentoring: By using the Internet-based Virtual Collaboratory, you can reduce the cost and inconvenience of travel for face-to-face meetings. With support from JGPerpich staff, trainers can conduct a webinar series in the Virtual Collaboratory using lectures, PowerPoint presentations, software applications, an accompanying discussion forum, and a final Q&A document, all of which can be recorded and archived in a resource center.

Research Collaborations: JGPerpich staff helps you identify and work with consultants and co-investigators using the Virtual Collaboratory to design and implement research projects in real and virtual time, improving project administration and expanding collaboration possibilities.

Working Group Support: Working groups can prepare a manuscript or project outline in a minimal amount of time with support from JGPerpich staff to improve communications using applications in the Virtual Collaboratory such as the discussion forum, virtual meeting room, resource center, and wiki.

Conferences and Workshops: The Virtual Collaboratory tools help you organize and plan conferences or workshops. Support from JGPerpich staff provides mentoring, leadership, and resources to identify and resolve critical strategic issues.

JGPerpich, LLC is an educational and professional services company that promotes collaborative research and training programs in the biomedical and behavioral sciences. JGPerpich staff use their expertise in neuroscience, public health, software design and programming, and online community building to help clients collaborate across time zones and geographic boundaries. Through use of an array of digital tools, including the Virtual Collaboratory, JGPerpich staff advises on the interactions necessary for successful collaborations to build strong networks, support working groups, provide training and mentoring programs and organize scientific conferences and workshops.

7315 Wisconsin Ave., Ste. 500E
Bethesda, MD 20814
www.perpich.com

Phone: +1.301.961.8711
Fax: +1.301.961.8714
info@perpich.com