

Tammy Boney Returns to RAP Office for BestBET Study



Tamara Boney-Wyche

Tamara Boney, former Site Coordinator for Project RAP has returned to the RAP Office at 5th and Girard as study Coordinator for the BestBET Study. Ms. Boney left the RAP Office in May of 1996 to take a job with the Center for Substance Abuse Treatment. She was Evaluation Coordinator on a demonstration project known as the Criminal Justice Treatment Network. This was a collaborative effort between the Philadelphia Court of Common Pleas and the City of Philadelphia's Health Department.

Ms. Boney has a Masters Degree in Sociology, with a minor in criminal justice and wanted to explore the criminal justice aspect of substance abuse research. This was an opportunity for her to do both--criminal justice and substance abuse research. When the grant ended for this project in September 2001, Ms. Boney returned to the Center for Studies

of Addiction to concentrate on research involving women, HIV, and substance abuse.

The changes in Ms. Boney's professional life coincided with important changes in her personal life. Ms. Boney was married in October 1998 to Michael Wyche, a patient care technician at Lankenau Hospital in Bryn Mawr. In December of 1999 Ms. Boney and Mr. Wyche became the proud parents of a baby boy who they named Makyle.

Ms. Boney is very excited to be working with women again, and she is particularly excited about the community component of the study. She says, "I can't wait for the study to start. I look forward to

the challenge of coordinating the various aspects of the study, such as the assessments, intervention groups, follow-ups, and community partnering."

The BestBET study is a long-term follow-up study based on the previous pilot project, the WomenFIT project. Dr. Erica Gollub, principle investigator for WomenFIT and BestBET, has researched women and HIV prevention for the last 12 years. BestBET is a three-year study, funded by the National Institute on Drug Abuse (NIDA) and aimed at helping women substance users to reduce their risk of sexual transmission of HIV and STDs. The study will be recruiting 240 active drug users from North and West Philadelphia, who will be randomized into two groups. One group will be offered HIV testing and counseling every six months, and the other group will be offered HIV testing and counseling plus a five-session, small

group intervention led by two peer leaders. Following the five sessions, held at the RAP Office, the women will be offered two additional discussion groups to be held at a community center. These groups will be held at three and six month intervals. One of the aims of the study is to improve women's links with community based organizations; the study is seeking community partners who will work with the study to provide women with continuing resources after the study is over.

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The women in the BestBET study will be tested for STDs and HIV every six months and the researchers will seek to determine whether the five-group intervention and the two reunion groups help to reduce infection rates more than the standard six-month HIV testing and counseling. This study, and the upcoming Microbicide Study (*see page 3*) are particularly important for the Center because of their focus on drug using women and HIV risk. This population has often been overlooked in research and HIV education, and these studies will make an important contribution to our knowledge about preventing HIV infection in this community.

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Community Advisory Board Loses Dedicated Member Drew Kearney



Drew Kearney (left) with other CAB members at a recent meeting.

Early in the morning of Sunday, October 21st, the University of Pennsylvania Project RAP Community Advisory Board lost one of its most dedicated and beloved members, Drew Kearney. Mr. Kearney passed away in the night from HIV related complications. Mr. Kearney was also a

longtime Prevention Point Philadelphia volunteer and staff member. Members of Prevention Point Philadelphia found out about his death on Sunday while they were walking in the annual AIDS Walk. Prevention Point has created a fund to help Mr. Kearney's family with funeral expenses. To contribute to the fund send a check to:

Prevention Point Philadelphia
333 W. Girard Ave.
Phila., PA 19123

Please write "Drew Kearney Funeral Fund" on the memo line of the check. The funeral will be held on Friday, October 26th at Garzone's Funeral Home located at 1830 East Somerset Street in Kensington. At the time the Newsletter went to press, the time for the service had not been set. Please call Garzone's at (215) 831-8787 to check the time. For more information call Prevention Point Philadelphia at (215) 787-0112.

HIV Prevention Research Division Assists YO ACAP with Research

The HIV Prevention Research Division is assisting the Youth Outreach Adolescent Community Awareness Program (YO ACAP) on two research projects. The first project is known as Project Shake Down and is being funded by the Centers for Disease Control and Prevention. For this project YO

ACAP is conducting HIV prevention outreach and testing in four risk pockets (identified by zipcode) in Philadelphia. The Division staff assisted YO ACAP in developing questionnaires and data collection strategies that will allow them to better document and evaluate the services they provide.

The second project is funded by the Department of Health and Human Services. This project is demonstrating a new strategy for HIV testing. The new strategy involves the use of the Project RAP van which is parked adjacent to blocks where high risk activities such as drug use and sex work are common. It is thought that by making HIV testing more convenient to the people who frequent these locations higher risk people will participate in HIV counseling and testing. Project RAP staff drive the van and help with street outreach and data entry.

YO ACAP was founded in 1989 to address the issues relating to HIV transmission and prevention among youth and young adult African Americans. YO ACAP operates under the auspices of The Greater Philadelphia Urban Affairs Coalition (GPUAC), an organization that serves the needs of disadvantaged communities in Philadelphia. YO ACAP operates a variety of health related programs including the Summer Peer Educator Training Program, which trains young people between the ages of 14 and 17 to become peer educators; Targeted HIV/AIDS Alternative Case Management, which targets young people between the ages of 15 and 25, providing them with information on HIV and other health issues and supporting them in dealing with environmental risk factors; Gender Specific HIV/AIDS Mental Health Support, aimed at women from families suffering from abuse, neglect, substance abuse, and other problems; Project Reach, a media campaign aimed at raising awareness about HIV, drug and alcohol abuse, and other health issues among young people; HIV Testing and Counseling; HIV/AIDS Comprehensive Community Education and Prevention; HIV/AIDS Medical and Psychosocial Case Management; and a Hepatitis C Support Group.

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Spotlight on Johnnita Prince: RAP Staff

Johnnita (Angel) Prince, joined the center on August 13, 2001 as clinical research nurse for the Microbicide Study. Ms. Prince formerly worked for the Philadelphia Department of Public Health as a nursing supervisor. She oversaw the HIV, prenatal, pediatric, and internal medicine clinics at Health District 9 at 131 E. Chelton Avenue. Ms. Prince worked there for five and a half years. Before that she worked at Health District 4 in West Philadelphia for six years.

Ms. Prince was also a member of a family violence network that is associated with Physicians For Social Responsibility. This group meets once a month to discuss domestic violence issues and to strategize ways to prevent and address these issues. Ms. Prince had been part of this group for the last two years. Ms. Prince, who had worked with Dr. Lisa Maslankowski at Health Center 9, renewed her acquaintance when Dr. Maslankowski joined the network in March. After discussing Ms. Prince's interest in research, and the need for a nurse for the upcoming Microbicide Study, Ms. Prince joined the study.

The Microbicide Study, which has been submitted to Penn's IRB, will begin recruitment around the end of November. The Microbicide Study will be a phase I safety study which will examine two vaginal microbicides, PMPA (tenofovir) and a cellulose sulfate gel. Seventy-two women in three cities--Philadelphia, Providence, Rhode Island, and New York City will be enrolled.

Ms. Prince is very excited about the Microbicide Study because of the beneficial effects it could have for women. "This is definitely a women's health issue, so I foresee it as a means of women protecting themselves against HIV. This includes our daughters, sisters, and friends. And for once women will be in control of the means of protecting themselves."

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Further blurring the distinctions between illicit drug markets and terrorism, Hutchinson added that, "We see in [international drug trafficking] groups a merger of international organized crime, drugs, and terror."

Hutchinson's comments before the House Subcommittee on Criminal Justice, Drug Policy, and Human Resources, were as interesting for what they did not mention as for what they did. Although Hutchinson noted that "Afghanistan has been at war since 1979, the year the Soviet Union invaded" and "due to the warfare-induced decimation of the country's infrastructure, narcotics are the primary source of income in Afghanistan," he spoke not a word about the US role in Afghanistan's disintegration or the making of Osama bin Laden.

In its largest covert operation ever, the CIA funneled \$3 billion dollars through Pakistan's Inter-Services Intelligence Agency to Islamic radicals from around the Moslem world, including bin Laden's organization. This CIA effort resulted in the decade-long war to throw out the Russians, during which US policy-makers turned a blind eye to opium production among their allies. Those same warlords, creatures of US largesse, then drove the country so much further into the ground with their civil wars in the 1990s that the Taliban looked like a good option to Afghans. (Those same warlords, by the way, now constitute the Northern Alliance, which hankers for a new round of US financing to drive the Taliban from power and reseat itself in Kabul.)

The drug warriors are on the march, with "terrorism" as their new mantra. If they would rather blame drugs than the past errors of US foreign policy, that is understandable. But there is little evidence to suggest that it will lead to more effective drug policy or anti-terrorism policy.



Angel Prince

In The News

(continued from back page)

directed to finance terrorist activities, as well as the extent to which both types of organizations rely upon the same money-laundering and smuggling facilitators or systems, is of paramount concern to the DEA."

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In The News

The following story appeared in issue 205 of The Week Online with DRCNet

Undaunted by a paucity of evidence, politicians and pundits eager to smash terrorism are drawing a polemical link between the Osama bin Laden network and illicit drug profits — and taking a few swipes at the drug culture while they're at it. Not that dopers should feel special. Opportunistic politicians have used the September 11 attacks on New York and Washington to rail against all their favorite bogeymen, from pacifism to "nihilistic modernism," from abortion and the ACLU to the failure to invade Baghdad in 1991.

But the rhetoric is beginning to take on an ugly new turn as some politicians take to implicitly blaming domestic drug consumers for the attacks. Reviving unpleasant memories of William Bennett and Darryl Gates, who went as far as suggesting all drug users should be taken out and shot (this would have included Gates' own son), US congressmen and British prime ministers alike are pointing the finger at drug consumers.

One hotbed of finger-pointing is Speaker of the House Dennis Hastert's (R-IL) 48-member Task Force for a Drug Free America. In remarks last week, Rep. Rob Portman (R-OH), who will co-chair the panel along with fellow drug warriors Rep. John Mica (R-FL) and Rep. Mark Souder (R-IN), came close to accusing drug consumers of being unpatriotic.

"By Americans spending money on their drug habits, we are helping to support the Taliban government, which protects terrorism," Portman said. "By stopping these drug traffickers, we are stopping the flow of cash

used to fuel these terrorist cells," he added. "The role that we have to play here is to be sure that US money, through people using illegal drugs in the United States, is not being used to subsidize terrorism," Portman said.

Portman, however, did not address a number of relevant facts. For example, Americans who use drugs

other than opiates are clearly not putting money in Kabul's coffers, since Afghanistan's primary drug crop is opium. US marijuana smokers, for example, may be enriching Mexican syndicates and the farmers of British Columbia, not to mention their fellow countrymen, who produce about half of the marijuana consumed in this country, but they are not enriching the Taliban. Likewise for cocaine, methamphetamine, ecstasy, and the whole panoply of uppers, downers,

consumer pharmacopeia.

As for Afghan heroin, little of it shows up on American shores. According to the Drug Enforcement Administration, "Most of the heroin seized by the DEA now comes from Colombia and Mexico. Previously, Southeast and Southwest Asian heroin dominated the US market, but these types are no longer available in sizeable quantities in cities along the East Coast, where, historically, there had been the greatest demand for heroin. In 1998, the DEA Heroin Signature Program indicated that 65 percent of the heroin seized in the United States originated in South America and another 17 percent came from Mexico. Further evidence of increasing amounts of Mexican heroin was substantiated in a 1998 independent study that indicated that 29 percent of the heroin used in the United States comes from Mexico."

Last but not least, legally used drugs made from opium, such as morphine, codeine or other opiates prescribed for pain — or used as anesthesia in operations — are not believed to enrich Afghani terror-mongers.

Portman's wide-of-the-bow shot at drug users, however, comes as no surprise. The Cincinnati Republican has made drug fighting a major part of his public image for years. He authored the Drug-Free Communities Act, which helps sustain federally-funded "grassroots" anti-drug groups, which have been actively fighting illegal drugs on the domestic front for several years. He is also a founder and current president of the Coalition for a Drug-Free Greater Cincinnati.

In his address to Congress this week, British Prime Minister Tony Blair joined the "blame the users" chorus. "The arms the Taliban are buying today are paid for with the lives of young British people buying their drugs on British streets," Blair emoted. "Ninety percent of the heroin on British streets originates in Afghanistan," he said.

That figure is probably close to the mark, but like Portman, Blair has morphed the bin Laden-drug connection into a Taliban-drug connection. Lacking evidence to tie bin Laden directly to drug trafficking, DEA administrator Asa Hutchinson was forced to resort to similar rhetoric to argue the drug-terror connection.

"Although DEA has no direct evidence to confirm that bin Laden is involved in the drug trade, the sanctuary enjoyed by bin Laden is based on the Taliban's support for the drug trade, which is a primary source of income in Afghanistan," Hutchinson told Congress this week.

While he had to stretch to turn bin Laden into a drug threat, Hutchinson was eager to offer his agency as a crucial part of the "war against terror."

"As the tragic events in New York, Pennsylvania, and Washington, DC, so horrifyingly demonstrate, terrorist violence is indeed a threat to the very national security of the United States," said Hutchinson. "Accordingly, the degree to which profits from the drug trade are

(continued on page 3)

page 4

Quote of the Month.

A society that will trade a little liberty for a little order will deserve neither and abuse both.

Thomas Jefferson



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