



COMMUNITY HEALTH AWARENESS GROUP

3028 E. Grand Blvd. (313) 872-2424 phone
 Detroit, MI 48202 (313) 872-5546 fax

Cindy Bolden Calhoun, Executive Director

BOARD OF DIRECTORS

Silas Norman, Jr., M.D., President
Nancy Ferguson, Corporate Secretary
Dr. Charmaine Johnson, Asst. Corporate Secretary
Kevin Carter, Corporate Treasurer

Marsha Y. Bey
Vernithia Parker

Maxcine Green
Debra Ann Smith

Facing the challenge of dual epidemics

A message from Dr. Calvin Trent

As the Director of the Detroit Health Department Bureau of Substance Abuse and Co-Chair of the Partnership for a Drug-Free Detroit, I am in a unique position to see the strengths of our treatment and prevention community. The city of Detroit is truly blessed with a cadre of providers dedicated to making Detroit a drug-free community and dedicated to providing the best possible services to persons affected by the disease of addiction to alcohol and other drugs. One of our most innovative and



Calvin R. Trent Jr.
PhD
 Director, DHD Bureau of Substance Abuse

committed providers is the Community Health Awareness Group (CHAG). This organization has been outreaching to many of our most at-risk populations. It has been meeting the problem in the community on the frontlines and in the trenches. CHAG, since its inception, has taken on the challenge of slowing the dual epidemics of addiction and HIV/AIDS and has been doing a fantastic job. As I move about the community, I see and hear about your good works.

Continued on Page 6

One-stop shopping

African Americans in the City of Detroit who are at-risk for HIV infection through drug use are now able to get everything they need through one organization. On March 18 Community Health Awareness Group (CHAG) held an open house celebration of the new substance abuse program, Point of Change, at its own satellite location, on the eastside of Detroit.

CHAG has been providing HIV prevention and care services targeting the African American drug using population in Detroit since 1985. We were the first community-based organization to receive a charter from the City of Detroit in 1996 to provide syringe exchange and a comprehensive harm reduction HIV prevention program.

Point of Change will reach 3000 injection drug users with outreach, pre-treatment,

treatment and aftercare services. The program was made possible through a 5-year grant from the national Department of Health and Human Services. "This grant allows us to fulfill a vision we have had for a long time," said Executive Director Cindy Bolden Calhoun. The \$500,000 per year grant provides the funding to expand substance abuse

services to persons at risk of HIV infection with the dual purpose of reducing their substance use, and sex and needle sharing risk behaviors.

"We worked closely with Dr.

Trent from the Detroit Health Department's (DHD) Bureau of Substance Abuse in writing the grant for the program," said Bolden Calhoun. And Point of Change works in close collaboration with DHD in its implementation. Three days a week a DHD substance abuse services staff works out of the

Continued on Page 3

POINT OF CHANGE SERVICES

- Community Drop-In Center
- Pre-treatment Program
- Substance Abuse Treatment
- Aftercare Case Management
- Aftercare Support Groups
- Hepatitis C Support Groups

President Bush backs foreign AIDS bill

President Bush has given his support to a \$15 billion international AIDS bill that has been the center of partisan debate.

Sponsored by Rep. Henry Hyde (R-Ill.), the bill has been the subject of intense negotiations between the White House and Capitol Hill Republicans and Democrats.

The bill's origin was in the State of the Union address, when Bush proposed a five-year, \$15 billion plan to fight AIDS. The money was to go to prevention and treatment in 12 African nations, Haiti and Guyana.

But instead of the quick enactment expected, the proposal stalled in partisan arguments. Conservatives said the money

should not go to groups that promote abortion. But Hyde's bill, makes no mention of abortion.

Administration officials say they will nonetheless press to keep AIDS money from going directly to family planning. Also angering conservatives has been the Democrats' addition of "use of condoms" to one of the healthy lifestyles the AIDS initiative is meant to promote. *New York Times* (04.29.03)

The House adopted the \$15 billion initiative after conservatives won a requirement that one-third of the money be used to promote abstinence. *New York Times* (05.02.03)

AIDS advocates praised President

Bush's request that Congress pass a \$15 billion global AIDS initiative, but they expressed concern that in the United States — especially in the South — the disease is being ignored. "The global catastrophe ... must be an important priority," said Jeff Graham, executive director of the Atlanta-based AIDS Survival Project. "But we need to make sure that we don't deal with it at the expense of people here at home."

Bush's global AIDS effort comes as his administration has proposed an 8 percent decrease in the main domestic AIDS funding program, although that includes a 25 percent increase in AIDS drug assistance. *Atlanta Journal-Constitution* (04.30.03)::

New strategies for a changing epidemic

HIV testing should become a routine part of medical care according to the Centers for Disease Control and Prevention (CDC).

"Advancing HIV Prevention: New Strategies for a Changing Epidemic — United States, 2003" published in April outlines new CDC recommendations to state health departments that form part of a new strategy aimed at preventing HIV transmission by people who do not know they are infected. The strategy places HIV on a par with other health problems — such as high cholesterol — for which people are screened once they are suspected to be at risk.

"Each year we continue to see about 40,000 new HIV infections domestically," said CDC Director Dr. Julie Gerberding. "We have well over 800,000 people living with HIV in our country, but an estimated 200,000 of these people do not know they

are infected. ... This is an intolerable situation," she said.

The guidelines stem from the realization that existing HIV prevention programs "have really stalled recently," said Gerberding.

With the number of new HIV cases hovering around 40,000 annually for the past decade, Gerberding and many other public health officials say it is time for physicians to screen for HIV just as they do for diabetes or hypertension. To encourage such testing, CDC wants to streamline the pre-test counseling process.

The agency will also allocate \$35 million in new funds to allow states to try alternative approaches that get patients diagnosed and into treatment, she said. *Los Angeles Times* (04.17.03)

The recommendations can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm>.

4 KEY COMPONENTS

- **Routinely offering HIV tests** as part of medical appointments in high HIV-prevalence locations, or when personal background makes it likely patients are at high risk.
- **Making 20-minute rapid HIV tests available** in nonmedical settings such as jails and homeless shelters. These recently approved tests are mostly used in medical institutions.
- **Tracing the partners** of those found to be HIV-infected and offering them testing and training in prevention.
- **Making HIV one of the conditions for which pregnant women are checked**, unless they specifically refuse to be tested, (Note: This is already state law in Michigan) and encouraging testing of all newborn children. *Atlanta Journal-Constitution* (04.18.03)

Point of Change: One-stop shopping

Continued from Page One

new eastside office doing substance abuse services assessment and intake.

Point of Change, however, is much more than just signing clients up for treatment. This new program opens a whole new door of opportunity for CHAG to provide substance abuse services that address the full spectrum of needs for those wishing to end their addiction — the best prevention for HIV and hepatitis C infections. Point of Change provides an informal meeting place in a community setting for prospective clients

to get information on treatment, and — when ready — on-site assessment, placement referrals and treatment follow-up services. The federal grant funding also allows our staff to secure spaces in local



Irene Garza

treatment centers for clients.

“We use a comprehensive approach to address the dual epidemics of HIV and substance use,” said Bolden Calhoun. “This new center allows us to provide a unique service that treats substance abuse and reduces the risks of HIV/AIDS.”

“Point of Change is an evidence-based program that helps clients succeed at substance abuse treatment,” said Harry Simpson, who has returned to CHAG to become the new program’s Director of Substance Abuse Services. The new program is staffed over 50% by people who themselves have been through recovery. Point of Change staff can help clients with obstacles to entering treatment, like child-care and transportation and then place the client in appropriate treatment to meet his or her specific needs.

“We will link people in need of substance abuse treatment to available services,” said Simpson. There are a number of assessments that occur to make sure that the individuals who enter Point of Change are not only provided access to treatment



Photo by POC Volunteer Lenin Villavicencio

Detroit City Councilwoman Alberta Tinsley-Talabi cuts the ribbon at the Point of Change open house. Assisting are, from left: Lindsay Wright-EL, Monique Sheppard, Harry Simpson, and David Griffen.

POINT OF CHANGE STAFF

- **Harry Simpson**, Director of Substance Abuse Services
- **David Griffen**, Group Facilitator Specialist
- **Irene Garza**, Aftercare Case Manager
- **Lindsay Wright-EL**, Advocacy Outreach Worker
- **Monique Sheppard**, Receptionist/Data Manager

but are referred to the appropriate treatment. “This isn’t just an intervention to get individuals into treatment. We will also support them while they are there,” he said.

Point of Change does not end with treatment. “There are other outreach programs in place to continuously support people after they have come out of treatment,” said Bolden Calhoun. CHAG has provided support services for persons living with HIV for almost two decades, so clients of the new Point of Change program will be working with experienced veterans. Simpson, himself is the former ED of CHAG.

The program was developed as a re-

sponse to former Mayor Archer’s “Call to Action” in 2001, following a citywide study that identified the need for substance abuse services as an important component for HIV prevention.

And the east side of Detroit, where the Point of Change satellite office is now located, was particularly sited as an area that needed these services. “Our presence right here in the community – where prospective clients can just drop in – is an important component of this new substance abuse program,” said Simpson.

Point of Change provides a much-needed continuum of support for those wishing to end their substance addiction. Our staff provides the kind of personal pre-treatment counseling and post treatment follow-up that will help insure successful treatment outcomes.

And, because the new program is integrated into our veteran community-based HIV/AIDS service organization, we can offer the full spectrum of HIV prevention to AIDS and Hepatitis C care support services that may be needed by new clients.

For more information on Point of Change, drop in at the new office 14600 Mack Ave., or call (313) 822-4626.

In memory of **Veronica Mitchell**

BY LYDIA MEYERS

We lost a cherished alumnus on March 1, 2003. Veronica Mitchell was a CHAG Case Manager from 1995 to 1998. Among her many accomplishments as an AIDS advocate statewide, she started the Sister Support Group for women living with HIV at CHAG. It became the largest African-American support group in Michigan for those who were newly diagnosed.



Veronica Mitchell

Veronica was a sponge for knowledge. She soaked up everything I taught her as her supervisor and as her co-chair on the SEMHAC Needs Assessment Committee.

Veronica Mitchell was challenging. She was a little rough around the edges. She was loud and demanding and told it like it was, but she was also astute and will-

ing to stand up for those who couldn't speak for themselves. She would call you up and demand that you do something about a very important issue, and of course she was chomping sunflower seeds in your ear while talking. She once stood up at an early statewide care planning meeting and said, "This body is not representative of the community; I am the only black female here."

Losing Veronica felt a lot like my first loss of a PWA advocate. She began pushing people away and sometimes being downright ornery. She left the Detroit Medical Center clinic and went for medical care

where no one knew her. She quit the Southeastern Michigan HIV/AIDS Council (SEMHAC) and all her committee work and didn't want to let any of us help her. In spite of her efforts to push me away, I still feel privileged to have had her in my life for the past 9 or 10 years.

The Veronica stories in my mind are too numerous to pick one. What I remember most are the things that excited her, energized her and stimulated her to learn more, do more and push others to learn and do more. Veronica was a sponge for knowledge. She soaked up everything I taught her

as her supervisor and as her co-chair on the SEMHAC Needs Assessment Committee. And when I would tell her things she needed to do she would always say, "OK, Mommy!"

But my most vivid memories are the trips we took together and the speaking engagements we shared; her amazement at the fact that my mother served dinner on "the good china" for no special occasion, her excitement at seeing New York City, the Statue of Liberty, and an off-Broadway play; and her joy in being able to share her story for the benefit of others.

Rapid testing available at CHAG

A key in linking HIV prevention and care services is the ability to provide outreach counseling and testing in a timely manner. Recent FDA approval of a rapid test that can now be used in non-clinical settings with a special waiver has made this possible.

The Michigan Department of Community Health has authorized six community-based organizations in the state

to participate in a pilot study using the test called OraQuick™, which gives negative results as well as "preliminary positive" results in 20 minutes.

Community Health Awareness Group is participating in the pilot study and now has staff trained to provide rapid testing both at the office and at outreach locations. While a "preliminary positive" result is available in 20 minutes, this test

must be confirmed positive by another test that must be sent to the lab.

However, this early "heads up" with "preliminary positive" results allows CHAG test counseling staff to work with the client to begin discussing the options for care as well as developing a personal plan for preventing the infection of others, all on the same day the client has the rapid test.

Protection gets attention

A new female contraceptive device called FemCap received FDA approval in March and is currently on the market. It could protect against HIV and other sexually transmitted diseases if used in conjunction with a microbicide. *Los Angeles Times (04.28.03)*

FemCap is made from silicone rubber, which its developers said is less irritating than similar latex contraceptives, and can be worn for up to 48 hours, double the time recommended for similar birth control devices. A single FemCap can be reused for two years, costs approximately \$2 per month and comes in three sizes.

The device, which works to prevent pregnancy by completely covering the cervix to stop sperm from reaching the uterus, is also equipped with a delivery system for microbicides and spermicides *Kaiser Daily HIV/AIDS Report (04.24.03)*.

PROMISING TESTS

The University of Pittsburgh is conducting laboratory and clinical studies of a microbicide containing UC781, a molecule that “tightly binds to HIV and prevents it from infecting cells,” according to the *Post-Gazette*. UC781 belongs to the non-nucleoside reverse transcriptase inhibitor class of antiretroviral drugs, which directly inactivates the enzymes that HIV needs to replicate. Due to the potency of the agent, only a small amount would be needed, making the cost of the agent less than one cent per application. *Spice, Pittsburgh Post-Gazette (01.10.03)*

Another promising microbicide called BufferGel, is based on simple chemistry. A Johns Hopkins University team has devised a strategy that mimics the

What is a microbicide?

The word “microbicide” refers to a range of different products that share one common characteristic: the ability to prevent the sexual transmission of HIV and other sexually transmitted diseases (STDs) when applied topically. Microbicides include a range of products such as gels, films, sponges and other products.

There are over 35 potential microbicides currently being researched. Researchers once speculated that vaginal creams containing the spermicide nonoxynol-9 would block the spread of HIV. Later, they found that nonoxynol-9 actually increased a woman’s risk of contracting HIV because it could destroy healthy vaginal cells and “good” bacteria.

vagina’s natural defenses. Researchers found a pharmaceutical compound used to thicken ointments was able to preserve vaginal acidity, killing such STDs as HIV, gonorrhea, chlamydia, herpes, syphilis, HPV and trichomoniasis. This spring a clinical trial of 8,500 women in the United States, India and Africa will see if BufferGel can thwart HIV. If all goes well, BufferGel could hit US markets in two years. *Los Angeles Times (11.11.02)*

GATES GRANT BOOSTS FUNDING

Research on microbicides has been hampered by a lack of funding. It received a real boost in March with a \$60 million grant from the Bill & Melinda Gates Foundation to the International Partnership for Microbicides. And in April Sen. Jon Corzine (D-N.J.) reintroduced bipartisan legislation that would increase federal funding for microbicide research, expedite the National Institutes of Health five-year plan for such research and create a Microbicide Research and Development Branch within the National Institute of Allergy and Infectious Diseases, according to a Corzine release.

Corzine said that the Microbicides Development Act of 2003 would help “realize the promise of microbicides” to combat HIV/AIDS and other STDs in women, who are four times more likely than men to contract HIV if exposed to the virus. “[F]or too many women, particularly low-income women in the developing world and many in our own country who rely upon a male partner for economic support, there is no power of negotiation. We know these women are at risk — yet, we don’t give them the tools they need to protect themselves,” Corzine said. *Kaisernetwork (04.11.03)*

WHERE TO CALL

HOTLINES

National AIDS & STD hotline
(800) 342-2437
24 hours daily

in Spanish
(800) 344-7432
8 a.m. to 2 a.m. daily

Michigan AIDS hotline
(800) 872- AIDS (2437)
9 a.m. to 9 p.m. weekdays

HOTLINE FOR WOMEN
(800) 554-4876
2 to 9 p.m. Mon., Wed., Fri.

COMMUNITY HEALTH AWARENESS GROUP
(313) 872-2424

Founded in 1985, Community Health Awareness Group (CHAG) is a not-for-profit, minority operated, community-based AIDS service organization.

Our mission is to address current health issues and concerns of the African American citizens of Detroit, to provide compassionate and nonjudgmental services through culturally appropriate and ethnically sensitive programs, and to develop effective ways of promoting and implementing positive health strategies to influence the overall quality of life of the African American community.

A message from Dr. Calvin Trent

Continued from Page One

At Palmer Park, Cass Park and along Woodward I can count on seeing the needle exchange program, I hear of support groups making lifesaving differences in the lives of men and women struggling with or at risk for HIV/AIDS and of supportive services extended to many of our most traditionally under-served citizens.

Now CHAG has taken another innovative step in serving our people. It has joined with two substance abuse treatment programs to address these epidemics from a more comprehensive position than has been tried. The Detroit Lighthouse Plus II

program is a treatment program targeting Men who have sex with Men (MSM) and the SHAR Men's treatment program targets men at high risk for HIV. Combining the substance abuse treatment provided by these providers with the skills of CHAG in case finding, counseling, and supportive services positions the Detroit community to be extremely effective in reducing HIV and the substance abuse that fuels it.

At the Partnership we call this "Partnering for a Purpose" and we congratulate CHAG and its partners on putting together a coalition that is a model for the nation.

meet the new staff at CHAG

Inez Porter, MSW

Intensive/Traditional Case Manager
Case Management

Linda Norman, MSW

Intensive/Traditional Case Manager
Case Management

Mary Golish, MSc

Jail Case Manager
Case Management

Victoria Mendez

Mobile Outreach Specialist
Outreach

David Griffen, MSW

Group Facilitator Specialist
Point of Change

Monique Sheppard

Receptionist/ Data Entry Specialist
Point of Change

mark your calendar

Swing Against AIDS Golf Challenge

Saturday August 23
Chandler Park Golf Course

AIDS Walk Detroit

Sunday September 21
Royal Oak
CHAG needs team members or donations

AIDS Walk MI – City of Detroit

Saturday September 27
Belle Isle
CHAG needs team members or donations

For more information on these events, contact Marc Hunt at (313) 872-2424.

COMMUNITY HEALTH AWARENESS GROUP

3028 E. Grand Blvd.
Detroit, MI 48202
(313) 872-2424 phone
(313) 872-5546 fax



This newsletter is sponsored by Community Health Awareness Group, and is funded in part with an unrestricted educational grant from Agouron.