

CDUHR news

Center for Drug Use and HIV Research in the New York University College of Nursing

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CDUHR Newly-Affiliated Investigators

CDUHR is pleased to announce three newly-affiliated NYU investigators. These investigators, with a wide range of experience and accomplishments in HIV and drug use-related research, greatly enhance the multidisciplinary within the Center.

Vincent Guilamo-Ramos, Ph.D., is a professor at the NYU Silver School of Social Work. His areas of research interest include examining the role of families in promoting adolescent health (with an emphasis on HIV/AIDS, sexually transmitted infections [STIs], and unintended pregnancies), parent-adolescent communication, intervention research, and substance use. Dr. Guilamo-Ramos has conducted research with vulnerable populations in New York City (the South Bronx, Harlem, and the Lower East Side), the Dominican Republic and India. His current projects include:

- “Affective Influences on Adolescent Risk Behavior: Couple and Family Contexts” (NICHD) explores explanatory models of couples’ sexual risk behavior among 11th and 12th grade high school students.
- “Family and Cultural Influences on Sex among Latino Youth” (CDC) examines social, familial and cultural factors that impact sexual decision-making among Mexican, Puerto Rican and Dominican adolescents transitioning from middle school to high school.
- “High-Use Alcohol Venues: Tourism, Sex Work and HIV in the Dominican Republic” (NIAAA, M. Padilla, Co-Principal Investigator) examines factors associated with alcohol use and HIV sexual risk behavior among tourism workers.
- “Network Determinants of Risk among Formerly Incarcerated Latino Men (FILM)” (NIMH, M. Munoz-Laboy, Co-Principal Investigator) investigates HIV risk among the networks of FILM in order to develop a culturally-appropriate, network-based intervention.



Vincent Guilamo-Ramos

- “Reducing Sexual Risk Behavior: A Clinic Based Approach” (NICHD) is developing a parent-based intervention to reduce sexual risk behavior among Latino and African-American adolescents.



Perry Halkitis

Perry Halkitis, Ph.D., is Associate Dean for Research and Doctoral Studies, Professor of Applied Psychology and Public Health at the NYU Steinhardt School of Culture, Education, and Human Development, and

Director of the Center for Health Identity, Behavior and Prevention Studies. He is Co-Director of the NYU CTSI TL1 pre-doctoral training program. He serves on the Committee on Psychology and AIDS of the American Psychological Association (APA), and is a member of the Advisory Committee on HIV and STD Prevention and Treatment of the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH) College of CSR Reviewers. Dr. Halkitis’ research focuses on health, human behavior, and development, with applications to HIV/AIDS, drug abuse, and psychosocial burdens. His current projects include:

- “Syndemic Production among Emergent Adult Men” (NIDA) examines the interaction of overlapping epidemics (syndemics) of unprotected sexual behavior, drug use and mental health burden among MSM transitioning into adulthood.
- “HIV, Illicit Drug Use and Aging in MSM” (CDUHR, CFAR, NYU School of Medicine & NYU) assesses syndemic production including HIV/STI risk behaviors among MSM, aged 50 and older, using psychosocial and biomedical markers.

Jennifer McNeely, M.D., M.S., is a general internist and Assistant Professor at the NYU School of Medicine, and a clinician in the Adult Primary Care and Virology clinics at *(continued next page)*



Jennifer McNeely

Bellevue Hospital. Dr. McNeely's research focuses on the implications of substance use for individuals and health systems, and on improving the identification and treatment of addiction in general medical settings. Her current research projects include: "Screening for Substance Use with Computer Assisted Self Interview in Primary Care" (NIDA K23) and "Audio-Guided Computer-Assisted Self

Interview (ACASI) for Substance Use Screening in Primary Care Patients" (NYU Center of Excellence on Addictions). These studies aim to provide a more efficient screening approach by adapting the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) for patient self-administration, and testing its validity compared to the traditional interviewer-administered ASSIST.

CDUHR NEWS BRIEFS

CDUHR Adds Intervention Research Core

An Intervention Research Core was added to CDUHR to support the development of intervention studies for CDUHR-affiliated investigators. Marya Gwadz, Ph.D., and Ann Kurth, Ph.D., will be the Director and Deputy Director, respectively, of the core. Each has over 20 years experience in developing, implementing and evaluating HIV intervention projects. Several activities are planned including:

- A mentorship program to provide individual guidance in developing interventions.
- A basic introductory course on intervention research, common research designs to test interventions, and an overview of issues to consider when developing research proposals.
- A seminar series to discuss HIV-related behavioral intervention research studies. Presentations will emphasize theoretical, operational, and design decisions, what worked or did not work, and lessons learned.

CDUHR Adds Deputy Directors

Michele Shedlin, Ph.D., joined the Interdisciplinary Research Methods Core, to provide consultation on qualitative research methods. Madeline Naegle, Ph.D., was appointed to the Infectious Diseases Core, for her expertise in nursing and other provider issues. David Perlman, M.D., was added to the Theoretical Synthesis Core to enhance integration of biomedical and socio-behavioral theories.

Dissemination Core Changes and Additions

Joseph Lunievicz was appointed as the Director of the Dissemination Core. Andrew Osborne, M.S., Ed.

was appointed as a Deputy Director. Shiela Strauss, Ph.D., joins the Dissemination Core as a Deputy Director for her expertise on organization-level dissemination and implementation issues.

John Jay College of Criminal Justice Becomes an Affiliated Institution

John Jay College of Criminal Justice and CDUHR have formally become affiliated institutions. Travis Wendel, J.D., Ph.D., Kirk Dombrowski, Ph.D., Ric Curtis, Ph.D. and Bilal Khan, Ph.D., join CDUHR as affiliated investigators and provide expertise in criminal justice issues.

Don Des Jarlais Appointed to the Scientific Advisory Board for PEPFAR

Don Des Jarlais, Ph.D., was appointed to the scientific advisory board (SAB) for the President's Emergency Plan for AIDS Relief (PEPFAR). This is the first time that a SAB has been formed for PEPFAR. The board will provide advice on global evaluation and research issues to guide PEPFAR's agenda. For additional information on the SAB, go to: <http://www.pepfar.gov/sab/>.

Ann Kurth Serving on IOM Committee to Evaluate PEPFAR

Dr. Ann Kurth is a member of the Institute of Medicine (IOM) committee mandated by Congress to evaluate the PEPFAR program. She was also part of the evaluation planning committee that submitted its report to Congress July 2010. The final impact evaluation report is scheduled for fall 2012. For additional information on the committee, go to: <http://tinyurl.com/4tcrxw4>.

National HIV Behavioral Surveillance: NYC Heterosexuals Living in High-Risk Areas

Principal Investigator: Holly Hagan, Ph.D.

Funding Agency: Centers for Disease Control and Prevention

Background and Objectives

In 2004, the first round of the National HIV Behavioral Surveillance (NHBS) projects were conducted in 25 U.S. cities with the highest incidence of HIV/AIDS. Its purpose was to document nationwide trends in HIV infection and HIV-related risk behavior for three populations at risk for HIV: men who have sex with men (MSM), injection drug users (IDUs), and heterosexuals at high-risk. Each group was surveyed in one year cycles. This summary reports on the 2006-2007 New York City component of the NHBS of heterosexuals at high-risk.

The study measured HIV risk behaviors, assessed HIV testing history, and estimated HIV prevalence and incidence. In addition, the study tested a new definition of heterosexuals at high-risk, one based on geography and social networks. Evidence shows that heterosexually-transmitted HIV is clustered in high poverty neighborhoods. Furthermore, despite equivalent levels of individual risk, some social networks have higher levels of HIV.¹

Participants and Methods

High-risk areas (HRAs) were determined by indexing new HIV diagnoses and household poverty by New York City zip codes. Areas were rank ordered and the

top 30 zip codes were categorized as HRAs. (The HRAs clustered around Flatbush, central Brooklyn, Harlem, the south Bronx and Far Rockaway.)

Respondent-driven sampling was used to recruit participants. The study team began by recruiting eight initial

“seeds” through street and facility outreach. The seeds were asked to recruit three other participants (“people like yourself”), and then those participants were asked to recruit three others. Recruitment continued in successive waves until the sample size for the study was met. To be eligible for the study, participants were required to live in, or be recruited by someone who lives in an HRA, age 18-50, report vaginal or anal sex with an opposite sex partner in the last 12 months, speak English or Spanish, and be a resident of New York City. A total of 1,015 people were recruited, 850 were eligible for the study.

Findings

Participant characteristics – Half of the participants were men, and half were women. More than half were age 40 or older, 30% were between 18-29. Seventy-six percent were Black, 19% Hispanic, and 4% were White. More than half had been homeless in their lives, with 39% being currently homeless. Almost two-thirds had an annual income of less than \$10,000. More than one-third had been incarcerated for over three months in their lifetime, 30% had been incarcerated in the past year. A large majority of the sample (84%) were unemployed.¹

HIV prevalence and HIV incidence – Of the 850 who were eligible for the study, 827 were tested for HIV. Overall, 8.6% were HIV-positive (8% men, 9.2% women; 10.1% Black, 4.3% non-Black; 13.6% aged 40-50, 3.3% aged 18-39).² Only four of the 71 (6%) participants who tested positive for HIV self-reported as being positive.² When IDUs and MSM were excluded from the analyses, overall, 7.4% were HIV-positive (6.9% men, 7.8% women; 8.3% Black, 3.8% non-Black; 12.7% aged 40-50, 2.7% aged 18-39).² Overall, annualized HIV incidence was 3.31%, and when IDUs and MSM were excluded from the analyses, HIV incidence was 2.59%.²

Association between HIV and HSV-2 – A case control study examining the association between HIV and HSV-2 was conducted. The cases were HIV-positive participants (excluding IDUs and MSM) who were matched with HIV-negative controls on age, gender and race/ethnicity. HSV-2 prevalence was higher among those who were HIV-positive (89.7%) compared to the controls (78.4%). Those with HSV-2 infection were 3.5 times more (continued next page)

Project Staff:

Travis Wendel, J.D., Ph.D.
Project Director

Alix Conde
Research Associate

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Research Assistant

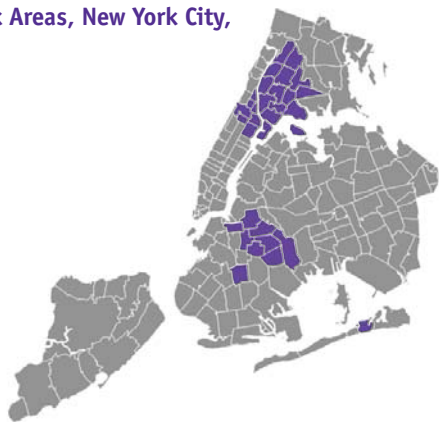
Noel Trejo
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Samuel Jenness, M.P.H.
Research Scientist,
NYCDOHMH

High-Risk Areas, New York City, 2006

HRAs



likely to be HIV-positive. In addition, HSV-2 was associated with not being homeless in the past year, and self-reported STI (excluding HSV-2).³

Sexual partnerships with IDUs – In the past year, 13.8% of the participants had an IDU sex partner, 24% had a partner with an unknown injection history, and 62% had only non-IDU partners. Factors associated with having an IDU sex partner in the past year included being female, having an income of less than \$10,000/year, unprotected sex with three or more partners, and crack use. Participants with IDU partners were more likely to be HIV-positive than those with no IDU partners (9.6% vs. 4.6%).⁴

HIV testing – Approximately 80% of the participants had ever been tested for HIV, and only one-third had been tested in the past year. Over 90% encountered one of four potential testing settings (health care provider, homeless shelter, jail/prison, drug/alcohol treatment) in the past year. For men, HIV testing in the past year was associated with encounters with homeless shelters, jails/prisons and health care providers; for women, only encounters with health care providers was associated with recent testing.⁵

Implications and Recommendations

Individual risk behaviors do not appear to explain the high prevalence of HIV among this sample of participants. Most reported low numbers of sex partners and average rates of unprotected sex. High rates of sexual mixing with IDUs, high rates of incarceration, high prevalence of STIs (particularly HSV-2) are factors that should be taken into account. The majority (94%) who tested positive for HIV did not know their status; two-thirds had not been tested for HIV in the past year. Expanding testing in institutional and community settings is recommended.

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3. Hagan, H., et al. (2010). Herpes simplex virus type 2 associated with HIV infection among New York heterosexuals living in high-risk areas. *International Journal of STD and AIDS*, 21, 580-583.
4. Jenness, S. M., et al. (2010). Heterosexual HIV and sexual partnerships between injection drug users and noninjection drug users. *AIDS Patient Care and STDs*, 24, 175-181.
5. Jenness, S. M., et al. (2009). Missed opportunities for HIV testing among high-risk heterosexuals. *Sexually Transmitted Diseases*, 36, 704-710.

An Intervention for Migrant Puerto Rican Drug Users

Principal Investigator: Sherry Deren, Ph.D.

Funding Agency: National Institute on Drug Abuse

Background

In a study of determinants of HIV risk among Puerto Rican drug users in East Harlem, NY and Bayamon, Puerto Rico, risk behaviors were found to be higher among drug users in Puerto Rico. These differences were primarily due to the scarcity of drug treatment, syringe exchange programs, and other related services in Puerto Rico.¹ The study also found that those who had used drugs in Puerto Rico, when they moved to and subsequently used drugs in NY, reported higher levels of risky injection behavior (e.g., shooting gallery use and sharing injection equipment) than those who had not used in Puerto Rico.² Based on these findings, the current study developed and evaluated an intervention for migrant Puerto Rican drug users.

Participants and Methods

Recruitment took place from 2005-2008 at four pairs of methadone maintenance treatment clinics in Manhattan, Brooklyn, the Bronx, and New Jersey (Elizabeth and Newark). Using a group randomized trial design, one clinic from each pair was assigned to the intervention, which consisted of training patients from Puerto Rico to conduct peer outreach for other Puerto Rican migrant drug users. In the comparison clinics, patients received a non-HIV health-related training. The study assessed whether the intervention was feasible, and its impact on those trained to be peer outreach workers.

To be eligible for the study, participants were required to be bilingual in Spanish and English, to have used drugs in Puerto Rico,³ and be available for one week of training and 12 weeks for conducting outreach activities. A total of 158 participants were recruited (80 from the intervention, 78 from the comparison clinics). Participants were interviewed about their risk behaviors, drug use, and talking with others about HIV, before training began and after the outreach period. Overall, almost three-quarters of the participants were men, the average age was 41 and almost half were born in Puerto Rico. Participants had been



(Top, from left to right) Honoria Guarino, Milton Mino, Carmen Ortiz-Priester, Sung-Yeon Kang & Sherry Deren (Bottom, from left to right) Gabriela Gavilano, Yesenia Aponte-Melendez, Rosa Colon

Project Staff:

Milton Mino
Project Director

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Research Assistant

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Field Site Coordinator

Gabriela Gavilano
Senior Research Assistant

Honoria Guarino, Ph.D.
Ethnographer

Sung-Yeon Kang, Ph.D.
Data Analyst

Carmen Ortiz-Priester
Administrative Coordinator

in methadone maintenance treatment programs (MMTPs) an average of three years. About half tested positive for heroin or cocaine at the initial interview and one-fifth were current injectors.

Findings

Recruitment and training of MMTP patients – Seventy percent of patients in the

intervention condition completed the one-week of training, and about half completed training and 12 weeks of outreach activities.⁴ Benefits cited by patients included enhanced self-esteem and communication skills.⁵ Several challenges were identified during the training, including the multiple service needs of patients,⁶ and how to address potential substance use triggers.⁵ Patients expressed a desire for continued involvement in similar work when the project ended.

Outcomes for MMTP patients – Patients who were trained and conducted outreach (completers) were significantly more likely to talk with their sex partners, other drug users, friends and acquaintances/strangers about HIV-related issues after outreach activities ended, compared to those in the comparison group, and those who did not conduct outreach. Completers were also more likely to report that they were helping others and felt respected in their community. There was also a trend for completers to report greater involvement in vocational activities.⁴

Characteristics of migrants recruited by MMTP patients – Recruiting migrants who were current drug users was a challenge for MMTP patients since many no longer had contacts with other migrant drug users. A total of 100 migrant drug users were recruited, who reported high levels of risk - almost half were drug injectors (45%) and of these, 39% shared injection equipment.

Additional analyses undertaken:

Predictors of injection and sex risk behaviors – Higher frequency of injection was found for those migrants born in Puerto Rico and those who were HIV-negative. Those more likely to share paraphernalia

were more likely to be born in Puerto Rico, to purchase drugs jointly with others and reported lower self-efficacy for reducing sharing. For sexual risk behaviors, unprotected sex was more likely for those who were younger and those who were HIV-negative.⁷

Impact of interculturality and social support on HIV risk – Individuals who were intercultural (engaged in both Puerto Rican and mainland cultures) were less likely to be injectors, and if they did inject, were less likely to share injection equipment. Intercultural individuals were also less likely to have multiple sex partners or to trade sex for money or drugs. Both interculturality and social support were independently associated with lower injection and sexual risk behavior.⁸

Implications and Recommendations

Results indicated that MMTP patients can be trained as peer outreach workers, benefit from conducting outreach, and reach high-risk drug users. Support services for patients conducting outreach are needed, including providing transitions to similar work after training is completed. Migrant drug users from Puerto Rico who engaged in high-risk sex behaviors were more likely to be younger and homeless, and those with high injection-related risk were more likely to be born in Puerto Rico and purchased drugs jointly with other drug users. Efforts to reach these vulnerable populations are needed. It was also found that migrants who are intercultural and have greater social support engage in fewer HIV risk behaviors. Connecting migrant drug users to local organizations and social support mechanisms is recommended.

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5. Guarino, H., et al. (2010). Training drug treatment patients to conduct peer-based HIV outreach: An ethnographic perspective on peers' experiences. *Substance Use and Misuse*, 45, 414-436.
6. Colon, R. M., et al. (2010). Challenges in recruiting and training drug treatment patients as peer outreach workers: A perspective from the field. *Substance Use and Misuse*, 45, 1892-1908.
7. Deren, S., et al. (2010). Migrant drug users: Predictors of HIV-related sexual and injection risk behaviors. *Journal of Immigrant and Minority Health*, 12, 179-186.
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Ann Kurth

Care Corrections: Technology for Jail HIV/HCV Testing, Linkage, and Care (TLC)

Principal Investigator: Ann E. Kurth, Ph.D.
(Co-Principal Investigators: C. Beckwith & I. Kuo)
Funding Agency: National Institute on Drug Abuse & National Institute of Allergy and Infectious Diseases

Individuals who are incarcerated are disproportionately affected by HIV and viral hepatitis, and often lack access to healthcare resources when they are released back to their communities. This research will adapt and evaluate information and communication technology-based tools for HIV testing and adherence to treatment, and add rapid hepatitis C virus (HCV) testing and prevention for jailed populations. The new tools, CARE Corrections Screen (for rapid HIV/HCV testing) and CARE+ Corrections-Call (a computerized counseling tool for HIV-infected persons) will contain content specific for incarcerated individuals including maintenance of HIV treatment with linkages to community care following release, and automated text messaging to support linkage to community HIV care. These tools will be implemented in the Rhode Island and Washington, DC jail systems to determine whether they: 1) are feasible and acceptable among detainees; 2) are more effective in linking those who are HIV-infected to community-based care compared to standard jail discharge; and 3) are cost-effective in terms of implementing a Seek, Test and Treat strategy in incarceration settings.



Elizabeth Eckhardt

A Computer-Based HIV and STI Curriculum for Deaf High School Students

Principal Investigator: Elizabeth Eckhardt, Ph.D.
Funding Agency: National Institute of Mental Health

Results from a previous study conducted by this research team showed that students at deaf high schools had low levels of HIV knowledge and engaged in high-risk sexual behaviors. Deaf youth are at particular risk due to a lack of access to HIV information, in part, because of generally low reading levels. Differences in learning style, culture, as well as

linguistics (use of American Sign Language [ASL]) make it necessary to adapt curricula for these youth. The project will develop a prototype of a computer-based HIV curriculum in ASL by adapting evidence-based HIV curricula for youth. The aim is to increase HIV and STI knowledge, and to help develop negotiation skills and decision-making strategies regarding risk reduction. The prototype will be tested in high schools for deaf students and changes in student knowledge, skills and attitudes will be assessed. It will also be evaluated for acceptability and feasibility for development of a full-scale curriculum.



Travis Wendel

National HIV Behavioral Surveillance System – New York City

Principal Investigator:
Travis Wendel, J.D., Ph.D.

(Co-Principal Investigators: H. Hagan & A. Neaigus)
Funding Agency: Centers for Disease Control and Prevention

In 2004, the CDC established the National HIV Behavioral Surveillance (NHBS) system to monitor HIV prevalence and risk behaviors among three populations at high-risk: men who sex with men (MSM), injection drug users (IDUs) and heterosexuals in high-risk areas. The first round of the NHBS surveyed 25 cities from 2004-2007 (see Current Research on page 3), and the second round took place in 21 cities (2008-2010). The third round (2011-2015) will be in 19 cities, with each of the groups surveyed in one year cycles. The current study is the New York City component of the national program. Activities for the project include: 1) a core survey measuring HIV risk behavior, prevention activities, and history of HIV testing and incarceration; 2) a local questionnaire developed with input from individuals, service providers and community leaders; and 3) HIV testing. The results from the surveys will help in the development of prevention education programs, service initiatives and allocation of resources.

July 2010 – December 2010

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CDUHR-Affiliated Investigators' Projects

New York University College of Nursing

ARV Adoption & Adherence in a US Mexico-Border Community-Based Clinic (NCMHHD)
PI: Michele Shedlin, Ph.D.

Care Corrections: Technology for Jail HIV/HCV Testing, Linkage and Care (TLC) (NIDA & NIAID)

PI: Ann E. Kurth, Ph.D. (C. Beckwith & I. Kuo, Co-Principal Investigators)

Computerized Counseling to Promote Positive Prevention and HIV Health in Kenya (NIMH)
PI: Ann E. Kurth, Ph.D.

Development and Testing of a Jamaican Mother-Daughter HIV Risk-Reduction Program (NINR)
PI: M. Katherine Hutchinson, Ph.D.

Drug Abuse Research on GALT and HIV Pathogenesis (NIDA)
PI: Sherry Deren, Ph.D. (Site PI: Martin Markowitz, M.D.)

Enhancing Innate Vaginal Defenses to Reduce the Risk of HIV (Gates Foundation)
PI: Ann E. Kurth, Ph.D.

Feasibility for Integration of Saliva Screening for Antibodies to HIV-1/HIV-2 into NYUCD Dental Clinics (CDUHR, NYU School of Medicine CFAR, & NYU)
PIs: M. Katherine Hutchinson, Ph.D. & Nancy Van Devanter, DrPH

Peer-Driven Intervention to Enroll Minorities/Women in HIV/AIDS Clinical Trials (NIAID)
PI: Marya Viorst Gwadz, Ph.D.

Prevention Intervention for Drug Use & Related Behaviors with Incarcerated Youth (NIDA)
PI: Noelle R. Leonard, Ph.D.

Reducing HIV Transmission by Promoting Sexual Health among Drug Users (NIDA)
PI: Holly Hagan, Ph.D.

Reproductive Health Decisions and HIV Infection Risk (NICHD)
PI: Ann E. Kurth, Ph.D. (J. Kiarie, Co-Principal Investigator)

A Spanish-Language Intervention to Enhance Routine HIV Patient Care Delivery (NIMH)
PI: Ann E. Kurth, Ph.D.

Substance Abuse and Health Vulnerability: Colombian Refugees in Ecuador (NIDA)
PI: Michele Shedlin, Ph.D.

Other New York University Schools

Affective Influences on Adolescent Risk Behavior: Couple and Family Contexts (NICHD)
PI: Vincent Guilamo-Ramos, Ph.D., NYU Silver School of Social Work

Audio-Guided Computer-Assisted Self Interview (ACASI) for Substance Use Screening in Primary Care Patients (NYU COE Addictions)
PI: Jennifer McNeely, M.D., NYU School of Medicine

Family and Cultural Influences on Sex among Latino Youth (CDC)
PI: Vincent Guilamo-Ramos, Ph.D., NYU Silver School of Social Work

High-Use Alcohol Venues: Tourism, Sex Work and HIV in the Dominican Republic (NIAAAA)
PI: Vincent Guilamo-Ramos, Ph.D., NYU Silver School of Social Work (M. Padilla, Co-Principal Investigator)

HIV, Illicit Drug Use and Aging in MSM (CDUHR, NYU School of Medicine CFAR, & NYU)
PI: Perry Halkitis, Ph.D., NYU Steinhardt School of Culture, Education, and Human Development

Network Determinants of Risk among Formerly Incarcerated Latino Men (NIMH)
PI: Vincent Guilamo-Ramos, Ph.D., NYU Silver School of Social Work (M. Munoz-Laboy, Co-Principal Investigator)

Reducing Sexual Risk Behavior: A Clinic Based Approach (NICHD)
PI: Vincent Guilamo-Ramos, Ph.D., NYU Silver School of Social Work

Screening for Substance Use with Computer Assisted Self Interview in Primary Care (NIDA)
PI: Jennifer McNeely, M.D., NYU School of Medicine

Syndemic Production Among Emergent Adult Men (NIDA)
PI: Perry Halkitis, Ph.D., NYU Steinhardt School of Culture, Education, and Human Development

National Development and Research Institutes, Inc.

Community Vulnerability and Responses to Drug-User-Related HIV/AIDS (NIDA)
PI: Samuel R. Friedman, Ph.D.

A Computer-Based HIV and STI Curriculum for Deaf High School Students (NIMH)
PI: Elizabeth Eckhardt, Ph.D.

A Culturally and Linguistically Appropriate Deaf Depression Screener (NIMH)
PI: Elizabeth Eckhardt, Ph.D.

Feasibility of Recruiting Nondisclosing Black MSM/W for Drug/HIV Research (NIDA)
PI: Ellen Benoit, Ph.D.

Online Buprenorphine Training for Outreach Workers and Case Managers (NIDA)
PI: Janie Simmons, Ed.D.

Staying Safe: Long-Term IDUs Who Avoided HIV & HCV (NIDA)
PI: Samuel R. Friedman, Ph.D.

Staying Safe: Training IDUs in Strategies to Avoid HIV and HCV Infection (NIDA)
PI: Pedro Mateu-Gelabert, Ph.D.

Beth Israel Medical Center

HIV and Hepatitis Care Coordination in Methadone Treatment (NIDA)
PI: David C. Perlman, M.D.

HIV Infection in Ethnic Minority IDUs: An International Systematic Review (NIDA)
PI: Don C. Des Jarlais, Ph.D.

Multiple HIV Prevention Packages for IDUs in Estonia (NIAID)
PI: Don C. Des Jarlais, Ph.D.

Risk Factors for HIV/AIDS in Drug Users (NIDA)
PI: Don C. Des Jarlais, Ph.D.

WHO Survey Coordinating Center, Drug Injecting Study- Phase 2 (WHO)
PI: Don C. Des Jarlais, Ph.D.

John Jay College of Criminal Justice

Injection Drug User Network Topologies and HIV Stabilization Dynamics (NIDA)
PI: Kirk Dombrowski, Ph.D. (R. Curtis & B. Khan, Co-Principal Investigators)

National HIV Behavioral Surveillance – NYC (CDC)
PI: Travis Wendel, J.D., Ph.D. (H. Hagan & A. Neaigus, Co-Principal Investigators)

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