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CDUHR news

Center for Drug Use and HIV Research
in the Institute for AIDS Research at the National Development and Research Institutes, Inc.

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Setting an HIV/AIDS Research Agenda for New York State

The New York HIV Research Centers Consortium held its fifth scientific conference entitled "Setting an HIV/AIDS Research Agenda for New York State" on December 3, 2008 in New York City. The conference was attended by eminent HIV/AIDS basic science and social/behavioral researchers, clinicians, epidemiologists, and community representatives from over 30 institutions across NYS. Plenary presentations were made by Bart Aoki, Ph.D.,[1] Associate Director, California HIV/AIDS Research Program (CHRP) and Guthrie Birkhead, M.D., M.P.H.,[2] Deputy Commissioner, Office of Public Health, NYS Department of Health. The goal for the conference was to develop an HIV/AIDS research agenda for the State. The agenda will be used to supplement a NYS AIDS Advisory Council[3] (AAC) report which urges the creation of a NYS HIV/AIDS Research Initiative modeled on a successful California program.[4] The initiative would fund NYS-based HIV/AIDS research and encourage the development of programs and policies that specifically address HIV/AIDS issues in NYS.

NYS: The Epicenter of HIV/AIDS in the U.S.

NYS has the second highest AIDS case rate in the country with 28.5/100,000 (compared to 12.9/100,000 nationwide) in 2006; overall, NYS residents account for 16% of all HIV/AIDS cases nationwide. While NYC has the majority of cases in the state, the magnitude of the epidemic is also seen in other counties throughout the State. For example, the number of cumulative AIDS cases and persons living with HIV/AIDS (PLWHA) in Westchester County exceeds that of 23 states and dependencies in the U.S.. Monroe and Erie counties surpass 12 states, and Dutchess County exceeds 11 states in cumulative AIDS cases.[4]

NYS is the home to a diverse and unique population that is not found in other states.[4] With the availability of antiretroviral treatment (ART), the number of PLWHA over age 50 is increasing. Communities of color continue to be disproportionately impacted by the epidemic with Blacks and Hispanics accounting for approximately 80% of cases in the State. About one-third of PLWHA are concurrently diagnosed with HIV and AIDS or diagnosed late (progression to AIDS within 12 months of HIV diagnosis). A large proportion have inconsistent or delayed access to care after initial HIV/AIDS diagnosis.[2] Research is needed to address these and other issues of concern in NYS.

Need for a NYS-Sponsored Research Initiative

Funding from the National Institutes of Health (NIH) is not meeting the needs of NYS residents. Research funding for NYS institutions from the NIH has been declining for over 25 years. In 1984, NYS received 15.2% of federal research funds. By 2004, NYS received 8.5% of federal funds. In 2007, NYS trailed both California and Massachusetts in total NIH funding awarded to individual states; both have state-sponsored HIV/AIDS research initiatives.[4]

The California Model

In 1983, the California legislature established an HIV/AIDS initiative to fund meritorious research in California. The CHRP has awarded close to 2000 grants to over 50 California institutions.[1]

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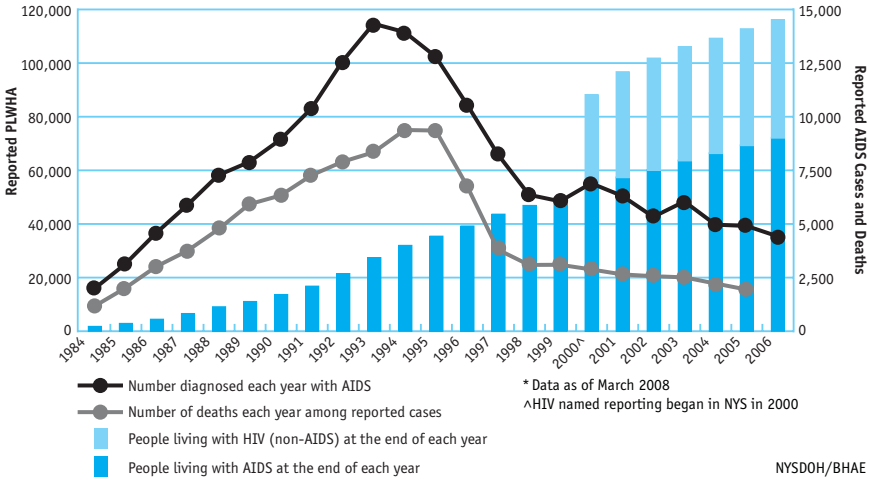
Trends in HIV and AIDS Cases — New York State, 1984–2006[2]



NYS HIV/AIDS RESEARCH AGENDA *Continued*

Bart Aoki

CHRP currently funds several types of grants[1]:

- Investigator-initiated grants to generate innovative pilot studies through Innovative Developmental Exploratory Awards (IDEAs).
- Training grants to develop a new generation of HIV/AIDS scientists through Dissertation Awards and Postdoctoral/Clinical Fellowships.
- Grants to institutions to encourage research collaboration in under-researched populations through Community Collaborative Awards and Collaborative HIV/AIDS Research Centers.

CHRP has been successful at several levels[1]:

1. The program has generated additional funds for HIV/AIDS research—nearly seven dollars in Federal and private funds for every state dollar invested by CHRP.
2. Grants have resulted in an increased number of publications in high-impact journals.
3. A large majority of institutional and training grants resulted in cross-sector and multi-disciplinary collaboration.
4. A large proportion of trainees obtained HIV/AIDS research career positions within California.

Work Groups Developed NYS Research Priorities

For the December conference, four work groups were formed; each was to develop seven research priorities for NYS. The priorities were to: focus on issues of particular relevance to NYS, draw on unique NYS research expertise or resources, be research that can best be conducted in NYS and demonstrate the potential for economic development. Work group membership was selected to represent a diversity of content and disciplines within each area of emphasis.

Summary of the Initiatives Recommended

Basic Research Work Group (Chair: Vinayaka Prasad, Ph.D.; Co-chair: Martin Markowitz, M.D.)

- Basic HIV research on the structural biology of HIV proteins, identification of new drug targets, mechanisms of resistance to ARTs and mechanisms of innate acquired immune response to HIV.
- Use of systems biology approach to investigate differences among racially distinct groups in terms of HIV replication and susceptibility to HIV infection.
- Integrative studies for conditions related to aging (e.g., heart disease, liver disease, neurocognitive disorders), impact of recreational drug use, studies of co-morbidities (such as hepatitis C virus (HCV) and tuberculosis).
- Epidemiology to identify different subtypes of HIV including phylogenetic analyses of transmitted viruses; evaluating non-B subtypes, monitoring resistance and exploring genetic susceptibility to disease among the diverse populations in the State.

Social, Behavioral and Prevention Research Work Group (Chair: Marya Gwadz, Ph.D.; Co-chair: Beryl Koblin, Ph.D.)

- Train investigators, in particular those from under-represented groups, to ameliorate health disparities and provide important perspectives on cultural proficiency and expertise.
- Cross-disciplinary studies involving basic science, treatment, behavioral, social and community disciplines for all aspects of HIV research.
- Research to better understand and utilize existing systems and structures (e.g., education, health care, virtual networks) to optimize prevention, intervention and care.
- Observational and intervention research to optimize HIV testing and its positive impact.
- Improve impact of evidence-based interventions (EBIs), translation to community-based organizations (CBOs), improving the evaluation of EBIs and capacity building for CBOs that conduct EBIs.
- Secondary prevention research to improve intervention efficacy for positives and further our understanding of differences in HIV transmission rates in NYS as compared with other states.
- Innovative epidemiological research to understand the role of co-factors, such as social networks, sexually transmitted infections (STIs) and mental health in HIV transmission.

Clinical Research Work Group (Chair: Roy Gulick, M.D., Co-Chair: Mary Klotman, M.D.)

- Acute HIV infection and drug resistance issues regarding assessment, presentation and optimal treatment of acute HIV infection.
- Aging of the HIV-infected population which requires treating HIV along with medical issues related to aging.
- HCV/HIV co-infection requires collaboration between HIV and HCV researchers and clinicians to optimize assessment and treatment.

Guthrie Birkhead

- Heterosexual transmission of HIV questions regarding pathophysiology and pathogenesis, hormonal influences in women and the effects of STIs.
- Late-stage HIV disease and how to optimally manage inpatient hospitalizations and treat co-morbidities that occur in late-stage HIV disease.
- Life-style issues for HIV-infected patients which may include better treatments for smoking cessation, understanding the interaction of recreational drugs and HIV therapies and the benefits of nutrition and exercise.
- Perinatal HIV infection survivors are not well described in medical literature in terms of psychosocial and biomedical outcomes.
- "Personalized" HIV medicine issues regarding whether one can use genetics, HIV tropism, pharmacokinetics to predict HIV drug responses and toxicities and provide individualized treatment. How complementary therapies interact with HIV medications.

Health Policy Research Work Group

(Chair: Robert Bank; Co-chair: Ginny Shubert)

- Determining individual, structural and contextual factors, service systems and policies associated with delayed HIV testing and entry into care.
- Exploring the non-medical determinants of discontinuous care.
- Determining the most effective models of care so as to reform health care access and delivery.
- Impact of transitioning to different medical insurance coverage (e.g., from fee for service to Medicaid managed care).
- Identify frequent users of multiple systems (e.g., corrections, shelters, mental health care) and develop system treatment approaches to reduce cost and improve outcomes.
- Impact of non-medical public health interventions such as housing on HIV prevention, health care access and cost.
- Determine what community level intervention in education, employment and housing is needed within neighborhoods that experience disproportionate health disparities and assess whether it will reduce HIV transmission.

Next Steps and Recommendations

A full report and executive summary of the recommendations from the four work groups are currently in development. They will be provided to the AAC and the New York State Legislature, and will be available on the CDUHR website (www.cduhr.ndri.org).

1. Aoki, B. (2008). The California HIV/AIDS Research Program: A model of state-supported research. Presented at the NY HIV Research Centers Consortium Conference.
2. Birkhead, G. (2008) Setting an HIV/AIDS research agenda in New York State. Presented at the NY HIV Research Centers Consortium Conference.
3. For a description of the AIDS Advisory Council, see: http://www.health.state.ny.us/diseases/aids/workgroups/aac/index.htm
4. AIDS Advisory Council (2008). The continuing HIV/AIDS crisis in New York: A course of action to advance and foster HIV/AIDS research tailored to the needs of New Yorkers. New York: AIDS Advisory Council.

NEW CDUHR PROJECTS

In this section of the newsletter, information regarding three new CDUHR projects are described.

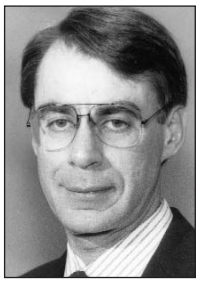
Ellen Benoit

Feasibility of Recruiting Nondisclosing Black MSM/W for Drug Use/HIV Research

Funding Agency: National Institute on Drug Abuse
Principal Investigator: Ellen Benoit, Ph.D.

Black men and women are six and nineteen times more likely to be infected with HIV than White men and women, respectively. While there is speculation that Black men who have sex with men and women (Black MSM/W) serve as a "bridge" population in facilitating HIV infection among Black women, there is little empirical evidence, nor has there been systematic research on patterns of their drug use and disclosure of sexual activity to partners. The project will investigate the feasibility of conducting ethnographic research on HIV risk among drug using Black MSM/W who do not identify as gay or homosexual, and do not disclose their same sex activity to their female partners. In addition, it will attempt to collect preliminary data on how Black MSM/W decide whether and what they disclose about their drug use and sexual practices. The study will recruit and interview Black MSM/W *(Continued next page)*

through four sources: 1) existing social networks found through previous research in low income, high HIV prevalence neighborhoods, 2) MSM venues (e.g., clubs, bars, parks, street locations), 3) internet websites, and 4) groups and organizations serving drug users and ex-offenders. If the study yields a successful strategy for recruiting and interviewing Black MSM/W, it will be used to help design future studies which can collect more extensive data that can inform appropriate risk reduction efforts.



Don Des Jarlais

HIV Infection in Ethnic Minority IDUs: An International Systematic Review

Funding Agency: National Institute on Drug Abuse
Principal Investigator: Don C. Des Jarlais, Ph.D.
Co-Investigator: Holly Hagan, Ph.D.

In the U.S., African-Americans comprise 13% of the population and 52% of injection drug use AIDS cases; Hispanics constitute 14% of the population and 24% of injection drug use AIDS cases. These disparities are not the result of more injection drug use among African-Americans and Hispanics, but of higher rates of HIV infection among African-American and Hispanic injection drug users (IDUs) in many areas of the country. Similar disparities (i.e., higher rates of HIV infection among ethnic minority IDUs) have also been observed in many foreign countries. The current study will conduct a systematic review of published and unpublished data from the U.S. and internationally on ethnic group differences in HIV infection among IDUs. The study will develop procedures for combining quantitative and qualitative data from multiple research studies in a single geographic area into a "history of the HIV epidemic among IDUs" in that area. In addition, it will determine the frequency with which substantial differences in HIV prevalence occurred, or did not occur, among ethnic minority vs. ethnic majority IDUs. The study will identify potential causal factors that may generate or reduce these differences. The research will create an extremely rich dataset on HIV infection among ethnic drug users that will be made available for use by other researchers and HIV prevention service providers to address the disparities found in the U.S. and other countries.

Prevention Intervention for Drug Use & Related Behaviors for Incarcerated Youth

Funding Agency: National Institute on Drug Abuse
Principal Investigator: Noelle Leonard, Ph.D.
Co-Investigators: Charles Cleland, Ph.D., Marya Gwadz, Ph.D.
Project Staff: Zohar Massey, Assistant Project Director; Amy Swihart, Research Assistant

Youth offenders have high rates of mental health problems and substance use and abuse, which increase the likelihood of recidivism and also place them at elevated risk for HIV. Youth who are incarcerated are more likely to have higher rates of mental health problems and to have committed crimes involving violence. While incarceration provides the opportunity for treatment, the availability of treatment often falls short of what is required to reduce recidivism and enhance mental health. There is growing recognition that difficulties in regulating emotions underlie mental health and substance use problems in this group. Power Source is a prevention intervention that was developed by providers who work with offending youth and has been adopted by juvenile detention facilities across the U.S. but has not yet been tested for efficacy. The Power Source intervention uses behavioral skills-building training and mindfulness meditation to target impulse control, anger management, stress reduction and conflict resolution. In a multi-session group randomized trial, the study will examine the effects of the Power Source intervention on behavior problems, recidivism, delinquent behavior and HIV-related sexual and substance use risk behaviors among incarcerated youth aged 16-18 in a New York City jail. Results of the study will be disseminated widely and used to design a subsequent, larger trial of the Power Source intervention.

Noelle Leonard, Marya Gwadz, Amy Swihart, Zohar Massey; Charles Cleland (rear)

The HCV Synthesis Project team:
Corina Lelutiu-Weinberger, Ph.D.
Enrique Pouget, M.Phil.
Sommer Rentmeesters, M.P.H.
Roberta Scheinmann, M.P.H.
Rebecca Stern, Ph.D.

Synthesis: HCV Epidemiology and Prevention in Drug Users

Principal Investigator: Holly Hagan, Ph.D.
Funding Agency: NIDA

Background and Objectives

Hepatitis C virus (HCV) is endemic in injection drug user (IDU) populations around the world. HCV is spread efficiently through blood exposures and through the sharing of syringes and other injection equipment. Since the discovery of the HCV in 1989, hundreds of studies and surveys have been conducted to characterize its occurrence among drug users. Rates of HCV prevalence among IDUs range widely with rates reported from 10% to 100%. A meta-analysis[1] was conducted to document consistencies across various studies and to reconcile contradictory research findings regarding factors that may influence transmission, the period of susceptibility to HCV (when prevention can occur), the extent of HCV infection among non-injection drug users (NIDUs) and differences in infection rates among racial and ethnic groups.

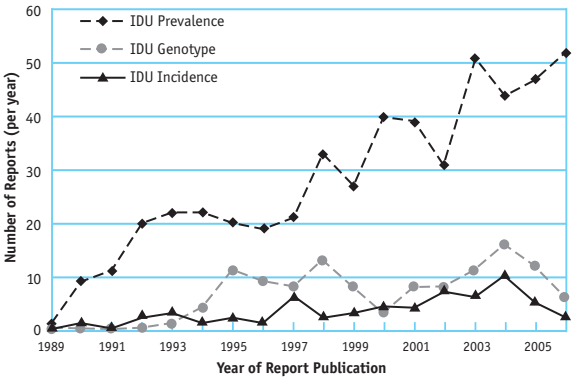
Data Reports and Methods[2]

Searches of published literature were conducted on MEDLINE, PsychInfo and other electronic databases for articles published from 1989 to 2006. Manual search methods included: hand searching of journals on drug use, infectious disease and public health, footnote chasing[3], and reviewing proceedings from scientific conferences on hepatitis, HIV, infectious disease and harm reduction. Internet searches of websites for government public health organizations and international health or drug control organizations were also conducted. Consultants engaged in HCV research from around the world were enlisted to submit reports from their own studies, or from other studies they had learned about through professional contacts at conferences or other meetings.

Reports were included in the meta-analysis, if:

- Participants were reported to be IDUs or NIDUs of heroin, cocaine or methamphetamine
- HCV prevalence rates, HCV incidence rates, HIV/HCV co-infection, and/or genotype distribution were included
- Separate estimates for HCV rates were reported for IDUs and NIDUs (since rates are expected to vary between the two risk groups)
- HCV status of participants were ascertained by a blood or saliva test

Through searches for published and unpublished reports from the U.S. and abroad, 629 reports were found to be eligible for coding for the meta-analysis. The largest proportion of reports were from western Europe (41%), followed by North America (26%), Asia (11%), and Australia/New Zealand (10%).



Number of reports per year describing HCV prevalence, incidence or genotype distribution in injection drug users in the HCV Synthesis Project.[2]

Meta-Analytic Findings

HCV prevalence: Effects of gender and age — Among a subset of 58 studies that reported HCV prevalence in relation to gender, there was little difference overall between men and women. In six of the studies that limited recruitment to young or new injectors (30 years or younger, or injecting two years or less), there was no significant differences between men (47%) and women (44%). In the remaining 52 studies that did not restrict recruitment based on age or years injecting, there was also no significant differences between men (64%) and women (65.5%) on HCV prevalence.[4]

Eight studies reported mean age for HCV-positive versus HCV-negative injectors. There were no significant differences in age between HCV-positive IDUs (26 years) versus HCV-negative IDUs (25 years). Twelve studies compared HCV prevalence among young injectors (under 20, and 20-25 years) to older injectors (over 25). In the youngest category of IDUs (those under 20), HCV prevalence ranged from 11% to 98%; for those 20-25, the range was 17% to 97%; *(Continued next page)*

and for those over 25, prevalence ranged from 44% to 98%.[4]

HCV prevalence: Influence of time and place — In the HCV Synthesis database there were 72 studies that reported HCV prevalence in relation to time since onset of drug injection. In analyzing these data, a notable effect of calendar time and study location was observed. In developed countries, from1985-1995, mean prevalence was 46% at one year of injection and 67% at five years; after 1995, mean prevalence was 32% at one year and 53% at five years injection. Post-1995, in developing and transitional countries, mean prevalence was 59% at one year of injection and 78% at five years. Thus, in developed countries, the time to HCV infection has lengthened, while in developing and transitional countries, onset of HCV infection resembles an earlier era of the HCV epidemic in other regions.[5]

HCV prevalence and non-injection drug use — Twenty-eight studies on HCV infection among NIDUs were identified. Prevalence ranged from 2% to 35% with a median of approximately 14%. However, when the studies were restricted to those that were least likely to misclassify NIDUs, prevalence ranged from 2% to 17%. This finding suggests that future studies on HCV and NIDUs should apply rigorous screening methods to screen subjects for drug administration data.[6]

HCV prevalence and incidence among race/ethnic groups — Twenty-nine studies reporting on HCV prevalence for racial/ethnic groups were identified. In studies from the U.S., Hispanics, Blacks and non-Whites had higher HCV prevalence rates compared to White IDUs. In studies from Canada and Australia, higher HCV prevalence was found among Aboriginal groups compared to Whites. The findings indicate that certain minority groups have elevated HCV rates in comparison to other IDUs; further research is needed to explain these differences.[7]

Implications and Recommendations

Previous studies have shown extremely high HCV prevalence in IDUs, particularly in the early years following the onset of injection. The findings from this meta-analysis show more rapid acquisition of HCV in studies conducted prior to 1996, and in developing/transitional countries where public health resources are more limited. In developed countries, HCV prevalence among new injectors (injecting less than two years) has declined from 53% before 1996 to 38% since 1996. While these data may suggest that HCV prevention efforts have been effective, it also shows that the current efforts have not controlled HCV transmission and that the time to HCV infection after initiating drug injection continues to be relatively short. Sustained investments in public health resources are needed to further reduce HCV transmission.

1. A meta-analysis is a statistical procedure for synthesizing the results from multiple independent studies.
2. For a detailed description of methods, see: Stern, R. K., Hagan, H., Lelutiu-Weinberger, C., Des Jarlais, D., Scheinmann, R., Strauss, S., Pouget, E. R., & Flom, P. (2008). The HCV Synthesis Project: Scope, methodology, and preliminary results. *BMC Medical Research Methodology, 8*:62.
3. Searching footnotes, endnotes and bibliographic references in an article, book or report and locating the studies to which they refer.
4. Hagan, H., Des Jarlais, D. C., Stern, R., Lelutiu-Weinberger, C., Scheinmann, R., Strauss, S., & Flom, P. L. (2007). HCV Synthesis Project: Preliminary analyses of HCV prevalence in relation to age and duration of injection. *International Journal of Drug Policy, 18* (5), 341-351.
5. Hagan, H., Pouget, E. R., Des Jarlais, D. C., & Lelutiu-Weinberger, C. (2008). Meta-regression of hepatitis C virus infection in relation to time since onset of illicit drug injection: The influence of time and place. *American Journal of Epidemiology, 168* (10), 1099-1109.
6. Scheinmann, R., Hagan, H., Lelutiu-Weinberger, C., Stern, R., Des Jarlais, D. C., Flom, P. L., & Strauss, S. (2007). Non-injection drug use and hepatitis C virus: A systematic review. *Drug and Alcohol Dependence, 89* (1), 1-12.
7. Lelutiu-Weinberger, C., Pouget, E. R., Des Jarlais, D. C., Cooper, H. L., Scheinmann, R., Stern, R., Strauss, S. M., & Hagan, H. (in press). A meta-analysis of the hepatitis C virus distribution in diverse racial/ethnic drug injector groups. *Social Science and Medicine.*

Holly Hagan Joins IOM Committee on Viral Hepatitis

Holly Hagan, Ph.D., Deputy Director of CDUHR, was invited to serve as a member of the Institute of Medicine's Committee on the Prevention and Control of Viral Hepatitis in the United States. The charge of the committee is to determine ways to reduce new hepatitis B virus (HBV) and hepatitis C virus (HCV) infections, and morbidity and mortality related to chronic viral hepatitis. The committee will highlight issues that warrant additional investigation and address the needs of specific populations at high risk. A report on the committee's recommendations and findings will be delivered in late 2009.

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The NDRI Training Institute

The NDRI Training Institute (A. Osborne, Director) provides training for the New York State Department of Health AIDS Institute and conducts courses by special request. Following are courses available from January – June 2009, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted. Please note: the schedule is subject to change. Go to **www.training.ndri.org** for the complete schedule, course requirements and to register for courses.

Date	*Course*
1/21-1/23	Reducing the Risk and Harm of HIV (Three days)
1/27, 5/1	◆Overview of HIV Infection and AIDS (3 hours)
1/27, 5/1	HIV Disclosure (3 hours)
2/6[a]	◆Addressing Prevention with HIV Positive Clients (One day)
2/13, 5/21	◆Building Bridges to Cultural Competency (One day)
2/18-2/19	◆Mental Health Services: Ensuring Appropriate Referrals for HIV Positive Clients (Two days)
2/24	◆Introduction to Case Management (One day)
3/3	◆Enhancing the Partnership Between Client and Case Manager (One day)
3/10-3/11	Serving Families: From Assessment to Service Plan (1½ days)
3/17, 6/2	HIV & STDs (3 hours)
3/17, 6/2	HIV/AIDS Confidentiality Law (3 hours)
3/19[a]	◆Domestic Violence in Lesbian, Gay, Bisexual & Transgender Communities (One day)

Date	*Course*
3/23	Addressing Sexual Risk with Drug Users and Their Partners (One day)
4/7-4/8	Methamphetamines & HIV (Two days)
4/16[a]	◆Basic Information about Domestic Violence (One day)
4/21-4/22	◆It's Time: Integrate Viral Hepatitis Into Your Work (Two days)
4/28	Addressing Prevention in HIV Case Management (One day)
5/5-5/6	Sex, Gender & HIV (Two days)
5/27	HIV Testing in NYS: 2005 Guidance (3 hours)
5/28	HIV Testing: Skills Practice Session (One day)
6/23	Improving Health Outcomes for HIV-Positive Individuals Transitioning from Correctional Settings to the Community (One day)
6/25	◆Promoting Adherence to HIV Treatment (3 hours)
6/25	What's New in HIV/AIDS? (3 hours)

a Samaritan Village, Queens

◆ Training courses are provided under NYS OASAS Education and Training Provider Certificate Number 0305 and are acceptable for CASAC/CPP/CPS education and training requirements.

For a complete listing of courses, the curriculum of Special Request courses, CDUHR-sponsored Training Institute courses, and information on the courses listed above, call the Training Institute at (212) 845-4550.

The Center for Drug Use and HIV Research is funded by the National Institute on Drug Abuse (Grant # P30 DA011041) to provide an infrastructure to support the HIV/AIDS-related research projects at NDRI. It is the first center for the socio-behavioral study of drug use and HIV in the United States and is dedicated to increasing our understanding of the drug use-HIV epidemic.

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CDUHR Projects

Adaptation to High School among Affluent Youth: Stress and Effective Coping Strategies (Engelhard Foundation)
PI: Marya Viorst Gwadz, Ph.D.

Community Vulnerability and Response to IDU-Related HIV (NIDA)
PI: Samuel R. Friedman, Ph.D.

Computer Delivery of Effective, Psychosocial Interventions in Methadone Treatment (NIDA)
PI: Lisa A. Marsch, Ph.D. (CTH)

Dynamics of Retail Methamphetamine Markets in New York City (NIJ)
PI: Travis Wendel, J.D.

Enhancing HIV Partner Notification Through Peer Educators (NIMH)
PI: Marjorie F. Goldstein, Ph.D.

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

Gender Differences in Healthcare and Drug Treatment Utilization among Drug Users (NIDA)
PI: Sung-Yeon Kang, Ph.D.

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

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

HIV Knowledge and Risk among Deaf Adolescents (NIDCD)
PI: Marjorie F. Goldstein, Ph.D.

HIV/STD Infection in an Urban High Risk Population (NIDA)
PI: Larry Nuttbrock, Ph.D. (ITSR)

Increasing HCV Knowledge and Service Use in Drug Treatment Programs (NIDA)
PI: Shiela M. Strauss, Ph.D. (NYU)

An Intervention for Migrant Puerto Rican Drug Users (NIDA)
PI: Sherry Deren, Ph.D.

National HIV Behavioral Surveillance: New York City (PHS/NYCDOHMH)
PI: Holly Hagan, Ph.D.

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.

Risk Factors for AIDS Among IDUs (NIDA)
PI: Don C. Des Jarlais, Ph.D. (BIMC)

Science-Based Treatment for Opioid-Dependent Adolescents (NIDA)
PI: Lisa A. Marsch, Ph.D. (CTH)

Secondary Analysis of Alcohol and Sexual and Injection HIV-Risk Behaviors (NIAAA)
PI: Kamyar Arasteh, Ph.D. (BIMC)

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

Supporting Alcohol Reduction in HIV+ Patients: A Training for HIV Care Providers (NIAAA)
PI: Shiela M. Strauss, Ph.D. (NYU)

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