

# CDUHR news

Center for Drug Use and HIV Research

in the Institute for AIDS Research at National Development and Research Institutes, Inc.

## CDUHR II Focuses on Social-Level Influences on HIV Risk, Prevention and Transmission

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The Center for Drug Use and HIV Research (CDUHR) is pleased to announce that continuation funding for the Center has been awarded by the National Institute on Drug Abuse (NIDA) for an additional five years (2003-2008). CDUHR is the first center for the socio-behavioral study of drug use and HIV in the United States and is lead by Sherry Deren, Ph.D., Center Director and Holly Hagan, Ph.D., Center Deputy Director. The number of projects in the Center has almost doubled from 12 projects in 1998, when the Center was first funded, to 23 projects currently. A brief summary of current projects appears on pages 2 and 3.

The focus of CDUHR II is to examine social-level influences on HIV risk, prevention and transmission. Social-level factors include: networks (such as dyads,



(Top, from left to right) Shiela Strauss, Ph.D., Sam Friedman, Ph.D., Don Des Jarlais, Ph.D., Andrew Osborne, M.S., CHES, (Bottom, from left to right) Sherry Deren, Ph.D., Holly Hagan, Ph.D.

peers and families), community and organizational actions, social structures, public policies and programs, and the sociopolitical or socioeconomic context in which behavior occurs. The two research projects featured in this issue of the newsletter (LOCO and ESAP) provide examples of social-level influences on HIV-related risk behaviors (see Current Research, pages 4-6).

### The goals of CDUHR II are to:

1. Contribute knowledge about social-level influences on HIV-related risk behaviors, prevention and transmission, especially among drug users and other vulnerable populations
2. Advance the science of the field by developing theories, methods and analytic techniques to further the study of social-level influences
3. Enhance the synergy, productivity and quality of the projects in the Center

### The goals of CDUHR II will be accomplished through six Cores:

	Function
<b>1</b> Administration Core	Provide scientific leadership for the Center, facilitate coordination across Cores and promote the use of multidisciplinary approaches to HIV research. Sherry Deren, Ph.D., Director Holly Hagan, Ph.D., Deputy Director
<b>2</b> Research Methods Core	Enhance knowledge of newly emerging research methods, including epidemiologic, network and qualitative methods. Holly Hagan, Ph.D., Director
<b>3</b> Social Theory Core	Provide training in social-level theories. Develop and test new theories. Samuel R. Friedman, Ph.D., Director Rebecca M. Young, Ph.D., Deputy Director
<b>4</b> Statistics and Data Analysis Core	Train investigators in a variety of statistical techniques that are appropriate for group and multi-level analyses. Develop new analytic approaches to apply to social-level factors. Shiela M. Strauss, Ph.D., Director Peter L. Flom, Ph.D., Assistant Core Director
<b>5</b> Strategic Comparisons Core	Undertake and facilitate studies with epidemics as the unit of analysis. Examine the impact of community influences, including structural interventions, on HIV transmission. Don C. Des Jarlais, Ph.D., Director Theresa Perlis, Ph.D., Deputy Director Michele G. Shedlin, Ph.D., Associate Director
<b>6</b> Training and Dissemination Core	Disseminate research findings to health and social service providers and foster opportunities for dialogue between researchers and providers. Andrew Osborne, M.S., CHES, Director Joseph Luniewicz, Deputy Director

PROJECT AND FUNDING SOURCE	PRINCIPAL INVESTIGATOR	POPULATION	LOCATION	GOALS
<b>Collaborative Injection Drug Users III: Drug User Intervention Trial (CDC)</b>	Holly Hagan, Ph.D. (Seattle PI)	Young and new injection drug users	Baltimore, Chicago, Los Angeles, New York City, Seattle	Evaluate a peer volunteer intervention to reduce risk behavior and HIV and HCV incidence
<b>Community Vulnerability and Response to HIV (NIDA)</b>	Samuel R. Friedman, Ph.D.	Drug users and community experts	96 large metropolitan areas	Examine the structural, legal and policy determinants that effect transmission of HIV and programmatic responses
<b>Cross-Border HIV Prevention Project: China and Vietnam (NIDA)</b>	Don C. Des Jarlais, Ph.D. (Co-Investigator) T. Hammett, Ph.D. (PI)	Injection drug users and community leaders	China and Vietnam	Implement HIV prevention program and assess control of HIV transmission
<b>Drug Use and HIV Risk in Nicaragua (NIDA)</b>	Michele G. Shedlin, Ph.D.	Drug users	Managua, Nicaragua	Describe patterns of drug use and develop institutional capacity to conduct behavioral research on HIV/drug use
<b>Etiology and Prevention of HCV in IDUs (NIDA)</b>	Holly Hagan, Ph.D.	HCV-negative injection drug users	Seattle, WA	Study etiologic risk factors for HCV. Evaluate changes in SEPs and partner notification on HCV
<b>Expanded Syringe Access Program: NY Evaluation (NIDA)</b>	Sherry Deren, Ph.D & Don C. Des Jarlais, Ph.D. (Co-Investigators) David Vlahov, Ph.D. (PI)	Injection drug users	New York State	Assess the effectiveness of the New York State Expanded Syringe Access Demonstration Program
<b>HCV Service Innovations in Drug Treatment Programs (NIDA)</b>	Shiela M. Strauss, Ph.D.	Drug treatment programs	U.S.	Measure the extent of HCV services provided by drug treatment programs
<b>HIV Risk Behaviors Among Urban Nomad Drug Injectors (NIDA)</b>	Don C. Des Jarlais, Ph.D.	Young, mobile injection drug users	New York City and other U.S. cities	Identify factors associated with HIV risk and intercity travel. Document drug use, HIV, HBV, HCV status
<b>Interventions for HIV-Positive Mothers with Drinking Problems (NIAAA)</b>	Marya Gwadz, Ph.D.	HIV+ mothers and their adolescent children	Manhattan, NYC	Design, implement and evaluate a 14-session intervention to reduce substance use risk and enhance parenting
<b>Local Context, Social Control Action and HIV Risk: Phase 1 (NIMH)</b>	Samuel R. Friedman, Ph.D.	Long-term local residents	Bushwick, Brooklyn, NYC	Develop measures to assess local area- and family-oriented actions that local residents engage in that may reduce HIV risk behaviors
<b>Measuring HIV/AIDS Knowledge Among the Deaf (NIMH)</b>	Marjorie F. Goldstein, Ph.D.	Deaf individuals	New York City	Translate HIV/AIDS-related knowledge, attitudes and risk behavior questions into American Sign Language and videotape for computerized administration
<b>Measuring Sexual Minority Status Among Women Drug Users (NIDA)</b>	Rebecca M. Young, Ph.D.	Women who have sex with women	New York City	Develop measures of sexual minority status and preliminary validation of measures

PROJECT AND FUNDING SOURCE	PRINCIPAL INVESTIGATOR	POPULATION	LOCATION	GOALS
National Study of Syringe Exchange Programs (NIDA)	Don C. Des Jarlais, Ph.D.	Syringe exchange programs	U.S.	Assess SEPs and identify individual factors associated with continued risk
Networks, Norms and HIV/STI Risk Among Youth (NIDA)	Samuel R. Friedman, Ph.D.	Young adults and injection drug users	Bushwick, Brooklyn, NYC	Determine how network characteristics, norms, behaviors and infections are inter-related among IDUs and others
New Hispanic Immigrants and HIV Risk (NICHD)	Michele G. Shedlin, Ph.D.	Central American, Mexican and Dominican immigrants	Westchester, Putnam, and Suffolk Counties in New York State	Describe and compare HIV drug and sexual risk behavior and access to HIV prevention services
Puerto Rican Drug Users in NY and PR: HIV Risk Behavior Determinants (NIDA)	Sherry Deren, Ph.D.	Injection drug users and crack smokers	East Harlem, NYC and Bayamón, PR	Examine site differences in risk behavior related to migration and health care utilization. Monitor seroconversion rates
Risk Factors for AIDS Among IDUs (NIDA)	Don C. Des Jarlais, Ph.D.	Injection drug users and drug sniffers	Beth Israel Detox Units, NYC	Monitor HIV risk behavior and trends in prevalence. Assess Audio-CASI to optimize self-reported risk behavior
Study to Reduce Intravenous Exposures (NIDA)	Holly Hagan, Ph.D. (Seattle PI)	Hepatitis C antibody-positive injection drug users	Baltimore, Seattle, NYC	Evaluate a peer-volunteer activism intervention and identify those willing and eligible to undergo treatment to eradicate HCV
Treatment Engagement of HIV Positive Heroin Users (SAMHSA, CSAT)	Marjorie F. Goldstein, Ph.D.	HIV-positive heroin users	East Harlem, NYC	Evaluate intensive vs. brief counseling intervention by assessing treatment engagement in medical care and drug treatment
UAB-NDRI-Substance Abuse ICOHRTA in Ukraine (FIC)	Sherry Deren, Ph.D. & Samuel R. Friedman, Ph.D. (Co-Directors) S. Vermund, M.D., Ph.D. (PI)	Not applicable	UAB, Birmingham and NDRI, NYC	Train students from the Ukraine on drug use and HIV issues. Students earn MPH at UAB and do internship at NDRI
United Bronx Parents La Casita Therapeutic Community Evaluation (NYSDOH & NYS OASAS)	Don C. Des Jarlais, Ph.D.	HIV-positive mothers	Bronx, NY	Evaluate drug treatment for HIV+ mothers
WHO Survey Coordinating Center, Drug Injecting Study-Phase 2 (WHO)	Don C. Des Jarlais, Ph.D.	Injection drug users	Multi-site, international	Monitor HIV risk behavior and trends in prevalence for HIV, HBV and HCV
Women Drug Users, Their Male Partners and HIV Risk (NIDA)	Stephanie Tortu, Ph.D.	Women drug users and their main male sex partner	East Harlem, NYC	Examine effect of relationship characteristics, drug use and situation variables on HIV risk behavior in couples

Abbreviations for funding sources

CDC	Centers for Disease Control and Prevention	NIDA	National Institute on Drug Abuse	SAMHSA, CSAT	Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
FIC	Fogarty International Center	NIMH	National Institute of Mental Health	WHO	World Health Organization
NIAAA	National Institute on Alcohol Abuse and Alcoholism	NYSDOH	New York State Department of Health		
NICHD	National Institute of Child Health and Human Development	NYS OASAS	New York State Office of Alcoholism and Substance Abuse Services		

These findings show that social structures and the norms and perceptions of individuals in a community can affect HIV risk behavior. Exploring these mechanisms can help in developing interventions that can be sustained for the long-term and help create an environment of reduced HIV risk or a culture of risk reduction.

## Local Context, Social Control Action and HIV Risk—Phase 1 (LOCO Project)

Principal Investigator: Samuel R. Friedman, Ph.D.  
Funding Agency: NIMH

### Background and Objectives

Studies on HIV prevention interventions have primarily focused on addressing individual-level factors (e.g., skills or assertiveness training, knowledge development, counseling). Although many have demonstrated effectiveness,<sup>1</sup> most do not take into account the social or community contexts in which HIV risk behavior occur. Among injection drug users (IDUs) in New York City, there have been dramatic reductions in HIV prevalence, incidence and HIV-related risk behavior through the 1990s. More recently, however, the declines in risk behavior have begun to stabilize.<sup>2</sup> Therefore, new approaches to interventions, which are self-sustaining and have the potential to effectively reach large numbers of individuals at risk, need to be explored. The long-term goal of this project is to develop a community-level intervention. In this Phase 1 study, measures are being developed to assess local area-oriented and family-oriented actions that local residents engage in that may reduce HIV risk behaviors.

### Participants and Methods

The project is taking place in the Bushwick section of Brooklyn, a predominantly Latino and African-American community with a population of around 100,000. It has been a major area for drug dealing and drug use for many years. In the early 1990s,

HIV prevalence among IDUs was over 40%.<sup>3</sup>

Ethnographic fieldwork, mapping and focus groups were conducted and in-depth interviews were completed with 23 long-term residents of Bushwick ranging in age from 18 to 50. Eighteen of the participants were cocaine or heroin users; of these 15 were IDUs.

### Preliminary Findings

*Social structure influences risky practices in social situations*—Structural influences, such as stigmatization and criminalization of drug use or lack of economic resources, enhance the likelihood of being in risky social situations. This, in turn, increases an individual's likelihood of engaging in risky sexual or drug using practices. For example, IDUs reported injecting in spaces where they felt they were less likely to be harassed or arrested—an abandoned building, a shooting gallery or an empty lot. In these places drug injecting took place in a group, which increased the probability of sharing syringes and other injection equipment.<sup>4</sup>

Lack of economic resources can lead to unprotected sex, sex work, or sex in exchange for drugs. From a focus group participant:

*When she doesn't have enough money for her baby she'll go have sex with a guy she knows and they'll give her some money. She'll buy the baby what she needs.*<sup>4</sup>

*The need to "maintain appearances" can influence risk behaviors*—Residents believed they could tell when another person's drug use was "out-of-control." Failure to care for their children, poor physical appearance (poor hygiene, dirty hair or clothes), physical demeanor (scratching, erratic behavior) or sporadic selling of household items were thought to be signs of "out-of-control" drug use. Although there were some inconsistencies between their beliefs and how they behaved with "out-of-control" users (particularly if they were family members or were already in a long-term relationship), most thought of "out-of-control" users as untrustworthy and more likely to be diseased or infected. These beliefs lead users to "keep it together" in order to avoid ostracism and to allow them to continue to form or maintain relationships in the community.<sup>5</sup>

*I try for them not to find out. For the fear I will lose something I love, something I'm attracted to. I am not going to tell her.*<sup>5</sup>

Furthermore, if someone believes that a potential partner does not use drugs, they think that it is safe to have unprotected sex. If they know that a potential partner is a user but is "keeping it together,"



(Top, from left to right) Sam Friedman, Ph.D., Principal Investigator, Milagros Sandoval, Assistant Project Director (Bottom, from left to right) Carey Maslow, Dr.P.H., Project Director, Melissa Bolyard, Data Analyst, Pedro Mateu-Gelabert, Ph.D., Ethnographer

they still think that it is relatively safe to have unprotected sex.<sup>5</sup>

*I know who's clean... and who's not clean. I had my experiences, you could look at a girl and could tell she is clean. Clean girls, those are the girls I talk to.<sup>5</sup>*

*Conflicts of interests in a community can impact intervention efforts*—Drug dealers, users and other neighbors may have conflicting interests that may affect HIV risk behavior. For example, users' need to obtain money quickly to avoid "dope sickness" may conflict with neighbors' and dealers' desire to keep a block safe (for children, family and neighbors or for smooth drug transactions). This may result in users hiding their drug consumption and using drugs outside the community – thus diminishing the potential for developing an effective community intervention.<sup>6</sup>

For additional information on this study you may contact Sam Friedman, Ph.D., Principal Investigator - E-mail: sam.friedman@ndri.org.

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3. Friedman, S. R., Curtis, R., Neaigus, A., Jose, B., & Des Jarlais, D. C. (1999). Social networks, drug injectors' lives, and HIV. New York: Plenum.
4. Mateu-Gelabert, P., Friedman, S.R., Sandoval, M., Maslow, C., Bolyard, M. (2003). Interactions, risk awareness, and social context. Presented at the International Conference on the Reduction of Drug Related Harm, Thailand.

*I can't do it on my block because I live there. So I pay this guy to introduce me to the people of a shooting gallery in Red Street.<sup>6</sup>*

## Implications and Recommendations

These findings show that social structures and the norms and perceptions of individuals in a community can affect HIV risk behavior. Ongoing research in this community has shown that IDUs are active participants in trying to protect themselves, their families and others from becoming infected with HIV.<sup>7</sup> Together, these results have important implications since IDUs, social structures and communities are often ignored in HIV prevention efforts. Exploring these mechanisms can help in developing interventions that can be sustained for the long-term and help create an environment of reduced HIV risk or a "culture of risk reduction."

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7. Friedman, S.R., Maslow, C., Bolyard, M., Sandoval, M., Mateu-Gelabert, P., & Neaigus, A. (2003). Urging others to be healthy: "Intravention" by injection drug users as a community prevention goal. Manuscript in preparation.

The disparities in awareness and utilization of ESAP among African-Americans, Latinos and Whites suggest the need for continued outreach, particularly among African-Americans and Latinos.

## Expanded Syringe Access Demonstration Program (ESAP)

NYAM Principal Investigator: David Vlahov, Ph.D.  
NYAM Co-Investigator: Crystal Fuller, Ph.D.  
NDRI Co-Principal Investigator: Sherry Deren, Ph.D.  
BIMC Co-Principal Investigator:  
Don C. Des Jarlais, Ph.D.  
Funding Agency: NIDA

### Background and Objectives

Increasing access to sterile syringes has been recommended to help reduce the transmission of HIV, hepatitis C and other blood-borne infections among injection drug users (IDUs).<sup>1</sup> On January 1, 2001, the Expanded Syringe Access Demonstration Program (ESAP) became effective in New York State. ESAP allows licensed pharmacies and health care facilities to register with the New York State

Department of Health (NYSDOH) in order to sell or provide up to 10 syringes per transaction to anyone 18 years or older, without a prescription.<sup>2</sup> An independent evaluation was mandated by the law to evaluate ESAP's impact on: syringe sharing, drug use, pharmacy practice, criminal activity and other possible outcomes. An evaluation report was submitted to the Governor and State Legislature on January 15, 2003.<sup>3</sup>

### Participants and Methods

The evaluation was conducted as a collaborative effort by the New York Academy of Medicine (NYAM) with NDRI, Beth Israel Medical Center (BIMC), and the NYSDOH AIDS Institute. Multiple methods were used in the evaluation including: pharmacy phone surveys, ethnographic interviews, street surveys (Continued next page.)

of discarded syringes, and risk surveys administered to IDUs. Preliminary findings of three content areas – ESAP enrollment and program awareness, pharmacy utilization and injection risk behavior – will be summarized.

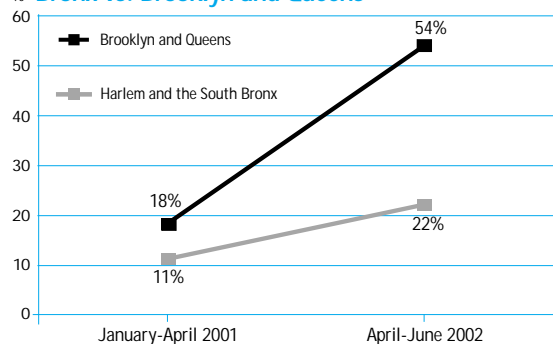
### Preliminary Findings

*ESAP enrollment and awareness among IDUs*—By August 2002, over 2400 pharmacies had registered to participate in ESAP, which comprises over 60% of eligible pharmacies in NYS. Approximately one-third were located in the five boroughs of NYC with the remainder located throughout NYS.<sup>3</sup> Among IDUs, awareness of the program has increased steadily over time. For example, in Harlem and the South Bronx, from January 2001 to June 2002, knowledge about ESAP increased from 25% to 54% of IDUs surveyed. However, there were differences in these communities in knowledge about ESAP by racial/ethnic group; among IDUs surveyed at the end of the study period, 78% of Whites, 45% of Latinos and 26% of African-Americans knew about ESAP.<sup>3</sup>

*Pharmacy utilization for syringe purchases*—There were steady increases in using pharmacies to purchase syringes between January 2001-June 2002. In Harlem and the South Bronx, the increase went from 11% to 22% of IDUs reporting purchasing any syringes from pharmacies in the prior six months, while in Brooklyn and Queens, utilization was much higher – increasing from 18% to 54% during this time period.<sup>3</sup> A possible explanation is that there are five syringe exchange programs (SEPs) in Harlem and the South Bronx, compared to three in Brooklyn and none in Queens.<sup>3,4</sup> Among IDUs in all four areas, Whites were more likely to have purchased a syringe from a pharmacy than Latinos and African-Americans.<sup>3,4,5,6</sup>

*Injection-related risk behavior and drug use trends*— In Harlem and the Bronx, from January 2001-

Pharmacy Utilization for Any Syringe Purchases (in the Prior Six Months): Harlem and the South Bronx vs. Brooklyn and Queens



September 2002, receptive syringe sharing (using someone else's syringe) decreased from approximately 9.9% to 4.6% among IDUs during their last injection episode. Sharing was less likely to occur if the syringe came from an SEP, pharmacy or health care facility than other sources.<sup>7</sup> Analysis of IDU-related drug treatment facility admission data, drug use-related hospital admissions and arrests for drug possession or drug use, before and after the implementation of ESAP, showed no increases in drug use trends.<sup>3</sup>

### Implications and Recommendations

ESAP was scheduled to expire on March 31, 2003. After the evaluation report was submitted, the law was extended to September 1, 2007 with no other changes to its provisions. Pharmacies and health care facilities continue to register and overall awareness of the program has increased. However, almost half of the IDUs in Harlem and the South Bronx did not know about ESAP. The disparities in awareness and utilization of the program among African Americans, Latinos and Whites suggest the need for continued outreach, particularly among African-Americans and Latinos. The evaluation of ESAP is continuing. Future analyses will explore the sources of all syringes used by IDUs, including ESAP's impact on syringe exchange programs, as well as perceived barriers by African-American and Latino IDUs.

1. Des Jarlais, D. C. (2000). Research, politics, and needle exchange. *American Journal of Public Health*, 90 (9), 1392-1394.  
 2. See the NYSDOH web site for a complete list of the provisions: <http://www.health.state.ny.us/nysdoh/hivaids/esap/regover.htm>  
 3. Center for Urban Epidemiologic Studies of the New York Academy of Medicine, Beth Israel Medical Center, and the National Development and Research Institutes. (2003). *New York State Expanded Syringe Access Demonstration Program (ESAP): Evaluation report to Governor and State Legislature.*  
 4. Des Jarlais, D. C., McKnight, C., & Friedmann, P. (2002). Legal syringe purchases by injection drug users, Brooklyn and Queens, New York City, 2000-2001. *Journal of the American Pharmaceutical Association*, 42 (6, Supplement 2), S73-S76.

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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 August–December 2003, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted.

Date	Course
8/4, 9/22	Tailoring HIV Counseling and Testing to the Unique Needs of Adolescents (One day)
8/12, 10/7	Implementing Rapid HIV Testing (4 hours)
8/18-8/19	Mental Health Services (Two days)
9/9-9/10, 11/4-11/5	♦ HIV Testing Procedures (Two days)
9/16	♦ Cultural Diversity Training for Case Managers (One day)
9/17 <sup>a</sup> , 11/3	HIV Confidentiality Law (3 hours)
9/17 <sup>a</sup> , 11/3	HIV Disclosure (3 hours)
9/30	♦ Basic Information About Domestic Violence (One day)
10/8	HIV/AIDS Treatment Update (3 hours)
10/8, 12/1	Promoting Adherence to HIV Treatment (3 hours)
10/14-10/16	Reducing the Risk and Harm of HIV (Three days)

<sup>a</sup> Bronx AIDS Services    <sup>b</sup> Woodhull Hospital, Brooklyn

♦ *Training courses are provided under NYS OASAS Education and Provider Certificate Number 0305 and are acceptable for meeting CASAC/PPP/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) 845-4564. This information is also available on our Web site at <http://www.ndri.org> where you may register for these courses.*

## Don C. Des Jarlais Receives Award

Don C. Des Jarlais, Ph.D., Director of the Strategic Comparison Core in CDUHR, received the International Collaborative Prevention Research Award from the Society for Prevention Research. Dr. Des Jarlais was selected by members of the Society for his contributions to advancing the field of prevention science and received the award in June 2003, in Washington, DC.

Date	Course
10/20, 12/9	♦ Introduction to Case Management (One day) (For COBRA case management)
10/22, 12/8 <sup>b</sup>	♦ Overview of HIV Infection and AIDS (3 hours)
10/22, 12/8 <sup>b</sup>	HIV & STDs (3 hours)
10/27, 12/16	♦ Enhancing the Partnership Between Client and Case Manager (One day)
11/12	♦ Domestic Violence in Lesbian, Gay, Bisexual and Transgender Communities (One day)
11/17-11/20	♦ Community HIV/AIDS Educator Training (Four days)
12/1	What's New in HIV/AIDS? (3 hours)
12/2-12/3	Serving Families: From Assessment to Service Plan (1½ days)
12/22	HIV Treatment Fraud (3 hours)
12/22	♦ Reducing Perinatal Transmission in Prenatal, Maternity and Newborn Settings (3 hours)

CDUHR is funded by the National Institute on Drug Abuse 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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