

# 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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## CDUHR Launches New Website—[cduhr.ndri.org](http://cduhr.ndri.org)

CDUHR launched its new website in October 2004. It was developed to assist in disseminating research findings and to be a resource on the HIV-drug use epidemic. According to Sherry Deren, Director of CDUHR, “One of CDUHR’s goals has been to serve as a local, national and international research resource regarding the study and application of findings on social-level influences on HIV-related risk behaviors, prevention and transmission. The launching of our new website greatly enhances our ability to meet this goal, by expanding dissemination efforts to multiple audiences, including service providers, policy makers, and other investigators.”

### Website Features

The website was designed to be easy to navigate and is fully searchable. Features include: information on CDUHR projects and their findings, a list of staff publications, recent and upcoming presentations by CDUHR staff and staff bios. The vast list of staff publications can be searched by author, title and year

of publication. Project reports, project factsheets and the CDUHR newsletter are available for download. The home page will be continually updated with announcements and the latest CDUHR news.

A “Links and Resources” page is provided for additional information on HIV and drug use epidemiology and sources for funding for HIV/AIDS research. Links to other websites are also provided, to find published literature and up-to-date information on HIV/AIDS, hepatitis and related issues.

A section on the NY HIV Research Centers Consortium provides information on the Consortium’s latest activities and the annual scientific conference. The Consortium is a collaborative effort of NY-area HIV research centers to promote interdisciplinary, inter-institutional research among member centers. The mission statement and a current list of member centers are also available on the website. CDUHR is one of the co-founding members of the Consortium and participates on its Steering Committee to coordinate and organize activities.

The website will be regularly updated with new materials, new links and resources.

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**CDUHR**  
CENTER FOR DRUG USE AND HIV RESEARCH

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Welcome to  
**The Center for Drug Use and HIV Research**

**What's New**

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**Welcome**

Welcome to CDUHR's new website. Our website contains information on CDUHR Projects, Publications and the New York HIV Research Centers Consortium. In addition, it provides links to the NDRI and Training Institute websites. Our website is currently under development with new materials and features in preparation. In the near future we will be adding search functions, downloadable project reports, presentations and videos, plus a resources page for additional information related to the HIV/drug use epidemic.

→ **Presentations**

**Upcoming**

**Recent**

→ **Links/Resources**

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### Community Vulnerability and Responses to IDU-Related HIV (NIDA)

Principal Investigator: Samuel R. Friedman, Ph.D.  
Project Director: Barbara Tempalski, M.A., M.P.H., ABD; Project Staff: Hannah Cooper, Sc.D., Postdoctoral Fellow; Risa Friedman, M.P.H.

The first stage of this study focused on tracking the HIV/AIDS epidemic among injection drug users (IDUs) in the 96 largest metropolitan areas (MSAs) in the United States. The study provided estimates of the prevalence of IDUs and HIV prevalence among IDUs in the 96 MSAs. In addition, study findings included: wide disparities in the availability of drug treatment and HIV counseling and prevention programs across the MSAs; higher HIV prevalence rates in MSAs that prohibit over-the-counter syringe sales; the relationship between the prevalence of IDUs and HIV among IDUs to the availability of drug treatment and HIV prevention programs and other social, economic and local policy factors. The study also found that the establishment of syringe exchange programs (SEPs) was not associated with need (based on the prevalence of IDUs and HIV among IDUs), but was associated with larger populations of MSM and the presence of ACT UP chapters. The project was awarded a continuation to conduct a longitudinal study (1993-2007) on the 96 MSAs. The continuation project will: 1) Describe patterns of change in prevention programs and HIV epidemiology; 2) Examine how changing socioeconomic conditions, need and policy choices are related to subsequent HIV prevention programming; and 3) Assess how these changes are related to later changes in the number of IDUs, HIV/AIDS prevalence among IDUs and the availability of drug treatment and other programs for IDUs and racial/ethnic disparities. The findings can help understand the factors that shape HIV/AIDS epidemics in metropolitan areas and develop programs and policies to control or avoid future epidemics.

### HIV Risk and Substance Use in Adolescent Couples (NIDA)

Principal Investigator: Noelle R. Leonard, Ph.D.

More than half of all new HIV infections in the United States occur among those under the age of 25. Youth living in urban areas where there are high rates of HIV and drug use are particularly vulnerable. While a number of HIV prevention interventions for



youth have demonstrated success in reducing HIV risk behaviors, the effects have generally been somewhat limited. It has been well-established that sexual behavior and drug use are influenced by peer behavior and norms. Little research has been conducted on how romantic relationships affect these behaviors. This study will explore the role of romantic relationships on HIV risk among heterosexual couples, age 16-20, who are sexually active and use drugs. This project will identify and explore individual and couple factors that influence: 1) sexual behavior that place youth at risk for HIV and other sexually transmitted infections, and 2) drug use, including the ways in which it relates to sexual risk. These findings will be used to create components of a brief HIV prevention intervention for adolescent couples. Components of the intervention will be pilot tested and examined for the acceptability and feasibility of delivering an intervention to couples. The findings of the study can be used to improve intervention efforts for adolescent couples and other youth at risk.

### Increasing HCV Knowledge and Service Use in Drug Treatment Programs (NIDA)

Principal Investigator: Shiela M. Strauss, Ph.D.  
Co-Investigator/Project Director: Janetta Astone, Ph.D.; Project Staff: Corrine Munoz-Plaza, M.P.H.



Janetta Astone, Ph.D., Project Director & Shiela M. Strauss, Ph.D., Principal Investigator

In a recently completed nationwide survey of drug treatment programs regarding the availability of HCV-related services in their organizations (HCV Service Innovations in Drug Treatment Programs - the Stop Hep C project; S. Strauss, PI), it was found that about 55% of the programs provided basic education on HCV to all staff. In programs where training was provided, it was often seen as inadequate. Few staff felt equipped to provide counseling for HCV test results or information on medical treatments to their patients. In addition, in programs where HCV-related services were provided, they were

often underutilized. The current study is a continuation of the Stop Hep C project and addresses the expressed needs of the programs for basic education on HCV. The project is developing a training for staff that includes current HCV information and how best to communicate about HCV and HIV/HCV co-infection issues with patients. Drug treatment programs will be randomly assigned for staff training regarding HCV or a comparison group (which will receive training after the evaluation), to assess the impact of training on staff, patients and the organizations as a whole. The training will be manualized and successful elements will be disseminated to drug treatment programs nationwide.



### **Risk Factors for AIDS Among Intravenous Drug Users (NIDA)**

Principal Investigator: Don C. Des Jarlais, Ph.D.  
Co-Investigator: Samuel R. Friedman, Ph.D.

The Risk Factors project, which began in 1983, is the longest continuous study of injection drug users (IDUs) and HIV in the world. It has been collecting data in New York City, where the largest and earliest IDU-related epidemic has taken place, and has been instrumental in tracking the course of the epidemic from 1978 (using stored blood samples) to the present. Project findings determined that HIV was introduced into the IDU population in the mid-1970s and was spread rapidly through the early 1980s, when HIV prevalence reached 50%. There was a period of stability from the mid-1980s into the early 1990s, when HIV prevention programs were greatly expanded. From the 1990s to the present, HIV prevalence and incidence have declined (to 15% and 1-2/100 PYAR, respectively). While some findings are encouraging, the following is not known:

- 1) whether the declines in prevalence and incidence will continue;
- 2) whether these reductions will also be seen with hepatitis C infections;
- 3) to what extent continuing HIV infections will be due to sexual transmission; and
- 4) whether the substantial differences in prevalence among racial/ethnic groups will persist.

The continuation project will address these issues through: continued tracking of HIV prevalence and incidence among IDUs in New York City; mathematical modeling of HIV transmission among IDUs and non-injection drug users (NIDUs); exploratory

testing of genetic differences of HIV strains among different racial/ethnic groups; conducting large sample HCV prevalence surveys; and undertaking quantitative research synthesis with other NYC-based studies on IDUs and NIDUs. Findings from the project will continue to inform the scientific and public health communities on the long-term course of large HIV epidemics and the importance of prevention efforts.



### **Science-Based Treatment for Opioid-Dependent Adolescents (NIDA)**

Principal Investigator:  
Lisa A. Marsch, Ph.D.

Adolescents are increasingly using and becoming dependent on heroin and other opioids. In the past decade, self-reported heroin use and the number of emergency room visits related to use have increased dramatically among 12–17 year-old adolescents. Despite the need to identify effective treatments, almost no research has been conducted to characterize or evaluate treatments for adolescent heroin/opioid users. An earlier study (Opioid-Dependent Adolescents: A Pilot Detoxification Study; L. Marsch, PI) evaluated the efficacy of several pharmacotherapies for detoxification combined with behavioral interventions for adolescents. The current study will evaluate ways to further improve upon treatment outcomes from the initial study. The objective of the study are: 1) Using a combined behavioral-buprenorphine treatment, determine optimal dosage and duration of administration of buprenorphine to reduce the intensity of withdrawal symptoms and help improve the opportunity to learn new skills and behaviors to discontinue opiate use and prevent relapse; 2) After initial detoxification, compare whether providing a monetary voucher-based incentive contingent on the consumption of naltrexone reduces rates of relapse, compared to not providing an incentive; 3) Explore the relationship between demographic, baseline drug use and psychological variables and successful treatment outcomes. Study findings will inform the development of effective treatment interventions for the expanding population of opioid-dependent adolescents.



(top) Holly Hagan, Ph.D.,  
Corina Weinberger-Lelutiu  
(bottom) Roberta Scheinmann,  
M.P.H., Aundrea Woodall-Silungwe

## Synthesis: HCV Epidemiology and Prevention in Drug Users (NIDA)

Principal Investigator: Holly Hagan, Ph.D.  
Project Director: Roberta Scheinmann, M.P.H.;  
Project Staff: Corina Weinberger-Lelutiu,  
Aundrea Woodall-Silungwe

Since 1989, when the hepatitis C virus (HCV) was identified, hundreds of studies and surveys have been conducted to examine its occurrence among drug users. Findings have consistently shown that HCV is endemic among injection drug users (IDUs), even in areas where HIV prevalence rates are low. However, there have also been contradictory research findings regarding factors that may influence transmission, the length of period of susceptibility to HCV, the rates of HCV infection among those who smoke or sniff drugs, and the future course of HIV/HCV co-infection among IDUs. A meta-analysis\* is being conducted to reconcile some of these inconsistencies. The study will: 1) Summarize HCV epidemiology and prevention in IDUs and other drug users on data from the U.S. and abroad; 2) Examine HCV incidence and prevalence rates and whether they vary based on study design, sampling method, or length of follow-up with participants; 3) Describe variation of HCV prevalence among HIV-positive IDUs in relation to characteristics of the sample, the setting and time period of the study; and 4) Describe the state of research on HCV in drug users in terms of the number of studies completed or underway, the scope of their work and other factors that might suggest research gaps. The findings will be used to inform policy on effective HCV prevention, medical management of HCV and HIV/HCV co-infection and to set the HCV research agenda.

\* A meta-analysis is a quantitative method of combining the results of multiple studies addressing the same research question.

## CDUHR International Research Core Small Project Awards

The CDUHR International Research Core announced the funding of three projects:

Carlos U. Decena, Ph.D., was awarded funding for *Social Context, Gender and HIV Risk among Hispanic Immigrants*. The project will be conducted in Spring Valley, a New York suburb. Preliminary findings from the New Hispanic



Communities and HIV Risk project (M. Shedlin, PI) suggest that the social context (high rates of substance use and the availability of sex workers) in this community may increase HIV risk among immigrants. The study will: 1) Describe economic and social conditions of immigrants; 2) Examine gender norms; and 3) Explore the interaction of gender norms, social context and HIV risk in this environment. The findings will be used to develop a larger study on gender norms and expectations, geographical context and HIV risk.

Noelle R. Leonard, Ph.D. was funded for *HIV/AIDS Knowledge, Attitudes, and Risk Behaviors among Young Adults Employed in the Information Technology Sector in Chennai, India*. It is estimated that over 5 million people in India are infected with HIV and about half of all new infections occur among youth. With the increase of outsourcing of jobs to India, particularly in the information technology (IT) industry, large number of young adults (19-25 years-old) have migrated to areas such as Chennai for employment. For many it is the first time they are living outside the protective systems of small communities and nuclear and extended families. This pilot study will examine the influence of HIV/AIDS knowledge, attitudes, and peer norms on sex and drug use behaviors among young adult IT workers. The findings will be used to develop a larger study on HIV risk in this population.



Carey Maslow, Dr. P.H., received funding for *Developing a Peer-Lead Intervention Model for IDUs in Bulgaria*. The project will be analyzing data from another study: Etiology and Prevention of Blood-Borne Viruses in IDUs—Bulgaria

supplement (H. Hagan, PI). The supplement is measuring HIV, hepatitis B and hepatitis C prevalence, and behavioral risk factors for these infections, among IDUs in Sofia, Bulgaria. The results will be used to develop an appropriate intervention for IDUs in Sofia and as preliminary data for a larger study to assess its effectiveness in reducing risk behaviors.



## Drug Use and HIV Risk in Nicaragua

Principal Investigator: Michele G. Shedlin, Ph.D.  
Funding Agency: NIDA

### Background and Objectives

While no major studies on drug use have been carried out in Nicaragua, data from health surveys and HIV studies, as well as media reports, increasingly identify drug use as a growing problem. Poverty, international drug traffic, and lack of information, education and drug treatment add to the potential of drug use as a factor in HIV risk. Many of the conditions leading to a large HIV epidemic exist, including displacement of the population due to political instability and natural disasters, the large presence of migrants and other mobile populations, shared borders with countries that have major HIV epidemics and increased sex work in areas with high concentrations of transient workers. Currently, there is no systematic HIV surveillance and low levels of HIV testing. An earlier study showed high-risk sexual behavior, extremely low condom use and drug use as HIV risk factors in Nicaragua.<sup>1</sup> The current study is focusing on HIV and drug use in Managua, Nicaragua. It is being conducted in partnership with Fundacion Nimehautzin, the leading HIV/AIDS organization in the country.

The objectives of the study are to:

- Identify methods to reach drug using populations
- Provide descriptions of patterns of drug use
- Explore the relationship between drug use and HIV transmission
- Develop institutional capacity to conduct behavioral research on drug use and HIV
- Provide data to inform HIV prevention efforts and the development of new interventions

### Participants and Methods

Data were collected through community observations, focus groups and individual interviews with drug users and traffickers. Key informants and gatekeepers were identified to assist in locating areas where drug users could be recruited. Recruitment sites were street locations, bars, community agencies and treatment programs. The study used an ethnographic approach and methods.



A total of 70 participants were administered semi-structured individual interviews—67 identified as drug users, three reported that they were only traffickers and not users. The majority were men (79%), between 18-35 years of age (80%). An additional ten individual interviews were conducted with key knowledgeable sources. Seven focus groups were conducted with groups able to provide additional information regarding drug users and HIV risk, e.g., health professionals working with high-risk behavior groups, female sex workers, taxi drivers, MSM, students and family members of drug users.<sup>2</sup>

### Preliminary Findings

*Availability of drugs*—There was broad consensus that drugs are sold and used throughout the county. In particular, children and youth were seen as the most vulnerable and affected by drug use. According to a taxi driver focus group participant:

...we worry that year after year it has increased, increasing so that now we see kids on the street corners in groups, that is what's happening. As the [drug] traffic increases, a bigger proportion stays in the country. I believe this is the reason for increases in use.<sup>2</sup>

Taxi drivers, identified as a group who connect drug sources and buyers, as well as being delivery sources to homes and motels, described locations where drugs could be obtained in Managua. They indicated that food marts attached to gas stations were ubiquitous sources for drugs. In addition, most bars, nightclubs and casinos were also reported as locations to buy drugs and where drugs are used.<sup>3</sup>

*Drug use initiation and current drug use*—Most users (91%) initiated drug use before they turned 21 years of age, while 60% initiated drug use before they turned 16. Approximately two-thirds of the users reported marijuana as their first drug used, 6% each reported glue and cocaine as their first drug. Collective purchasing of drugs was common, with 63% reporting that they had done so. Of the 67 users, 62 (89%) reported that crack was their drug of choice. Some reported using it alone, while others reported use with marijuana, cocaine (by sniffing or injecting), or alcohol. Eleven reported that they had ever injected drugs, and one person reported current injection use.<sup>3</sup> *(Continued next page.)*

*Research team from Nimehautzin: Pascual Ortells, Mariana Aburto, M.P.H., Rita Arauz, M.A., M.P.H., Executive Director and Co-Investigator, Danilo Norori*



**Sexual risk behavior**—Of the 67 drug users, 62 responded to questions regarding sexual risk behavior. Thirty four (55%) reported that they believed anal sex was common; thirty-six (58%) indicated that they did not use condoms during their last sexual event, and only 10 indicated that they always used condoms. Approximately one-quarter of the drug

users had exchanged sex for drugs or money. Sex workers reported always using condoms with clients when not using drugs, but when using, they estimated that condom use fell to approximately 60%.<sup>3</sup>

## Implications and Recommendations

This exploratory study is providing strong evidence that drug trafficking in Nicaragua is increasing local drug use. More than half of the drug users in this sample knew someone who had died from a drug overdose, and almost half had a friend who had died from AIDS.<sup>3</sup> A research supplement has been awarded to expand the existing research in Managua and to collect parallel data in another city, Chinandega, Nicaragua, where data collection is nearing completion. Additional research is needed to determine the epidemiology of HIV and drug use in the country, as well as the sociocultural factors which might inform drug use and HIV/AIDS prevention efforts in the country.

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2. Shedlin, M.G., Arauz, R., Ortells, P., Aburto, M., Norori, D. (2004, August). Drug use and HIV risk in Nicaragua. Presented at the International Research Conference,

Opportunities, Challenges and Successes of International Research, University of Miami, Drug Abuse and AIDS Research Center, Miami, Florida.

3. Shedlin, M.G., Arauz, R., Ortells, P., Aburto, M., Norori, D. (2004). An exploratory study of drug use and HIV risk in Nicaragua. Paper submitted for publication



*Paul Warren, CSW, Program Manager, TAP*

## NDRI Training Institute's Technical Assistance Program (TAP)

The Technical Assistance Program (TAP) offers free, one-on-one technical assistance, training and consultation to selected agencies to enhance services for people living with HIV and AIDS. The program is funded through Title I of the Ryan White Comprehensive AIDS Resources Emergency Act (administered through MHRA).

Paul Warren, CSW, Program Manager of TAP, states, "This program is unlike any other technical assistance program; we have the opportunity to develop a relationship with our partner agencies and work with them to identify specific needs. Dialog and reflection are the most meaningful ways to develop and deliver training and support that really make a difference."

TAP training and consultation will focus on, but are not necessarily limited to, the following service areas:

- Client record-keeping
- Cultural sensitivity/competency/proficiency
- HIV/AIDS basics
- HIV/AIDS treatment

- HIV/AIDS confidentiality
- Management training and development
- Staff training and development
- Program development
- Program evaluation
- People living with HIV and AIDS empowerment
- Community Advisory Board development

Agencies are eligible to apply to TAP if they:

- Serve, or are seeking to serve, people living with HIV and AIDS
- Are located in New York City
- Can commit a minimum of three participants for each training session
- Have little or no technical assistance, staff development and training budget

To apply, agencies are required to 1) submit an application, 2) provide a statement of specific needs, and 3) outline specific goals to achieve from participation in the program.

For additional information about the Technical Assistance Program, or to file an application online, go to the Training Institute website at: [training.ndri.org](http://training.ndri.org); at the home page select TAP.

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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 2005, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted.

Date	Course	Date	Course
1/19, 2/15, 3/15	◆ Overview of HIV Infection and AIDS (3 hours)	3/23–3/24, 6/13–6/14	◆ Mental Health Services (Two days)
1/19, 3/22	What's New in HIV/AIDS? (3 hours)	4/5–4/7, 5/24–5/26	◆ Skills Practice and Implementation of Stage-Based Behavioral Counseling (Three Days)
1/24	◆ Domestic Violence in Lesbian, Gay, Transgender and Bisexual Communities (One day)	4/20	◆ Introduction to Case Management (One day)(For COBRA case management)
1/26–1/27	◆ HIV Testing Procedures (Two days)	4/27	◆ Enhancing the Partnership Between Client and Case Manager (One day)
2/1–2/4	◆ Community HIV/AIDS Educator Training (Four days)	5/9–5/10	Serving Families: From Assessment to Service Plan (1½ days)
2/15	◆ HIV Treatment Fraud (3 hours)	5/12	◆ Building Bridges to Cultural Proficiency (One day)
2/17, 3/22, 4/12 <sup>a</sup>	◆ HIV/AIDS Confidentiality Law (3 hours)	5/17 <sup>c</sup>	◆ Addressing Prevention with HIV Positive Clients (One day)
2/17, 4/12 <sup>a</sup>	◆ Promoting Adherence to HIV Treatment (3 hours)	6/7	Addressing Prevention in HIV Case Management (One day)
2/22–2/24	Offering Rapid HIV Testing in CBOs Serving High Risk Communities (Three Days)		
3/15	HIV Disclosure (3 hours)		
3/17 <sup>b</sup>	◆ Basic Information About Domestic Violence (One day)		

a Lincoln Hospital, Bronx  
 b Samaritan Village, Queens  
 c Woodhull Hospital, Brooklyn  
 ◆ Training courses are provided under NYS OASAS Education and Provider Certificate Number 0305 and are acceptable for meeting 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. This information is also available on our website at [training.ndri.org](http://training.ndri.org) where you may register for these courses.

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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International Research Core

Don C. Des Jarlais, Ph.D. (Director, Chemical Dependency Institute, Beth Israel Medical Center)

Research Methods Core

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Social Theory Core

Samuel R. Friedman, Ph.D.

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## CDUHR Projects

Addressing Health Disparities in HIV/AIDS Clinical Trials (NIAID)

CDUHR Co-I: Marya Viorst Gwadz, Ph.D. & Noelle R. Leonard, Ph.D.

PI: D. Mildvan, M.D.

Applying Web Technology to Buprenorphine Treatment (NIDA)

PI: Lisa A. Marsch, Ph.D.

Collaborative Injection Drug Users III: Drug User Intervention Trial (CDC)

PI: Holly Hagan, Ph.D. (Seattle PI)

Community Vulnerability and Response to IDU-Related HIV (NIDA)

PI: Samuel R. Friedman, Ph.D.

Computer-Assisted HIV Prevention for Young Drug Users (NIDA)

PI: Lisa A. Marsch, Ph.D.

Contextual Influences on Sexual Risk among Latino MSM (NICHHD)

CDUHR Co-I: Michele G. Shedlin, Ph.D.

PI: M.C. Zea, Ph.D.

Couples HIV Intervention Randomized Controlled Trial (NIDA)

PI: James M. McMahon, Ph.D. (IRYAR)

Cross-Border HIV Prevention Project: China and Vietnam (NIDA)

CDUHR Co-I: Don C. Des Jarlais, Ph.D.

PI: T. Hammett, Ph.D.

Drug Use and HIV Risk in Nicaragua (NIDA)

PI: Michele G. Shedlin, Ph.D.

Etiology and Prevention of Blood-Borne Viruses in IDUs (NIDA)

PI: Holly Hagan, Ph.D.

Expanded Syringe Access Program: NY Evaluation (NIDA)

CDUHR Co-I: Sherry Deren, Ph.D.

PI: D. Vlahov, Ph.D.

HIV Risk and Substance Use in Adolescent Couples (NIDA)

PI: Noelle R. Leonard, Ph.D.

Increasing HCV Knowledge and Service Use in Drug Treatment Programs (NIDA)

PI: Shiela M. Strauss, Ph.D. (ITSR)

An Intervention for Migrant Puerto Rican Drug Users (NIDA)

PI: Sherry Deren, Ph.D.

Interventions for HIV-Positive Mothers with Drinking Problems (NIAAA)

PI: Marya Viorst Gwadz, Ph.D.

Measuring HIV/AIDS Knowledge Among the Deaf (NIMH)

PI: Marjorie F. Goldstein, Ph.D.

National Study of Syringe Exchange Programs (NIDA)

PI: Don C. Des Jarlais, Ph.D.

Networks, Norms, and HIV/STI Risk Among Youth (NIDA)

PI: Samuel R. Friedman, Ph.D.

New Hispanic Immigrant Communities and HIV Risk (NICHHD)

PI: Michele G. Shedlin, Ph.D.

Risk Factors for AIDS Among IDUs (NIDA)

PI: Don C. Des Jarlais, Ph.D.

Science-Based Treatment for Opioid-Dependent Adolescents (NIDA)

PI: Lisa A. Marsch, Ph.D.

Study to Reduce Intravenous Exposures (NIDA)

PI: Holly Hagan, Ph.D. (Seattle PI)

Synthesis: HCV Epidemiology and Prevention in Drug Users (NIDA)

PI: Holly Hagan, Ph.D.

UAB-NDRI-Substance Abuse ICOHRTA in Ukraine (NIDA)

CDUHR Co-Directors: Sherry Deren, Ph.D. and Samuel R. Friedman, Ph.D.

PI: S. Vermund, M.D., Ph.D.

WHO Survey Coordinating Center, Drug Injecting Study- Phase 2 (WHO)

PI: Don C. Des Jarlais, Ph.D.