

ARP Research Findings Timeline

2020



September 2020: [Examination of leDEA* consortium sites](#) reveals persistent gaps in the integration of substance use education, screening, and referral services into pediatric and low-income HIV treatment settings.

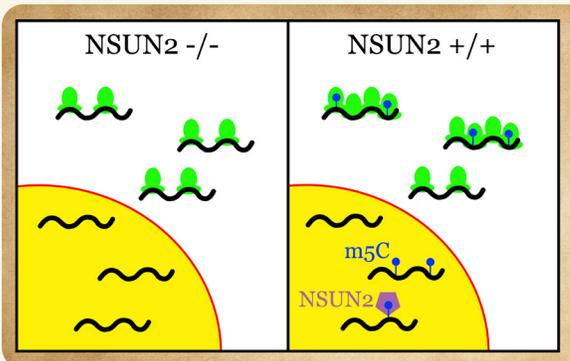
**International epidemiology Databases to Evaluate AIDS*



May 2020: [Single cell transcriptomics study](#) reveals both acute and chronic opioid usage suppress immune system antiviral defenses.

February 2020: [Longitudinal study of people living with HIV](#) shows that both abstaining from and reducing substance use are associated with viral suppression.

2019



December 2019: NIDA-funded study of sexual minority men living with HIV who use methamphetamine demonstrates [sustainable reductions in viral load following integrative behavioral intervention](#).

August 2019: [Epitranscriptomic research](#) reveals unexpected roles for m5C modification and NSUN2 protein in HIV replication.

▲ Illustration shows HIV-1 viral transcripts modified by the addition of 5-methylcytosine (m5C) residues and loss of NSUN2 methyltransferase. Credit: Bryan R. Cullen

2018

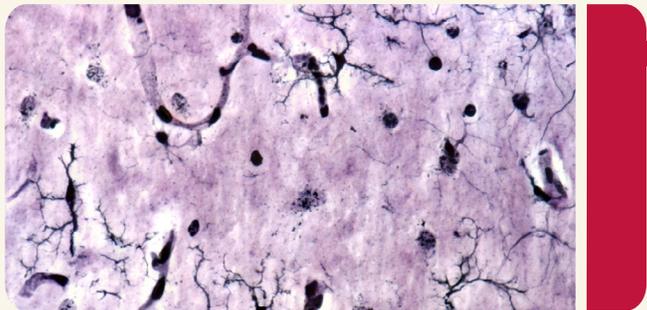


▲ Daily pill organizer. Credit: NIAID

September 2018: [NIDA-funded epidemic modeling study](#) reveals minimal effect of drug law reform in Tijuana, Mexico on HIV incidence among people who inject drugs without concurrent linkage to opioid agonist treatments.

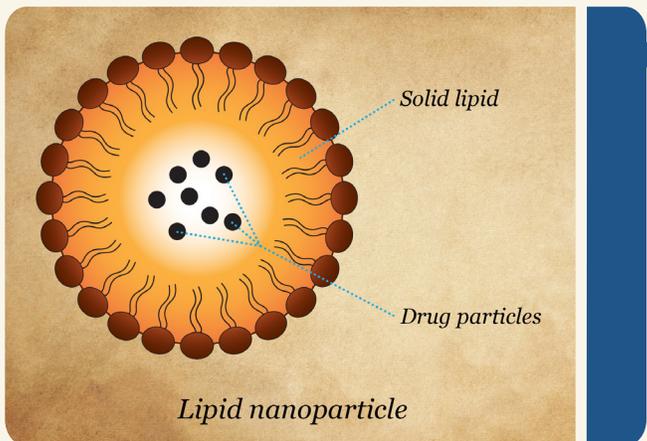
September 2018: [International study among people who inject drugs](#) provides evidence that a specific flexible, scalable intervention increases reported use of antiretroviral therapy for HIV as well as medications for substance use disorder.

2017



February 2017: Scientists at NIDA's Intramural Research Program advance the study of HIV infection in the brain, with a [new in-vitro model of HIV activity in microglia](#).

2016



September 2016: [Research demonstrates utility of dynamic co-infection modeling](#) in disentangling contributions of different risk groups and behaviors to aid in HIV prevention.

August 2016: NIDA-funded scientists publish a [review of the potential of nanomedicine](#) in screening, recognizing, and eradicating HIV-1 infection from the central nervous system.

July 2016: [Research by the NIDA Clinical Trials Network \(CTN\) shows that](#) improvements in viral suppression during patient navigation (care coordination with case management) with or without financial incentives are not sustainable.

2014



February 2014: NIDA [Avant-Garde supported study](#) confirms effectiveness and sustainability of “HIV treatment as prevention” at the population level.

2013

December 2013: [Mathematical models and population-based ecologic studies](#) suggest expansion of antiretroviral treatment can control the spread of HIV.

2011



January 2011: [NIDA CTN research](#) underscores the importance of access to detoxification followed by transition to continued treatment for people who inject drugs.

2010



August 2010: [British Columbia Study](#) shows increasing highly active antiretroviral therapy coverage decreases viral load and new HIV diagnoses at a population level.

▲ Antiretroviral drugs to treat HIV infection. Credit: NIAID

2009



- September 2009: [Research coordinated by NIDA's CTN](#) demonstrates that intensive skills-based HIV prevention intervention reduces unprotected sex among men in substance use treatment.
- April 2009: [NIDA's first Avant-Garde awardee uses estimated community plasma HIV-1 RNA concentrations to predict HIV risk](#) independent of high-risk behavior, and confirms expanded highly active antiretroviral therapy is associated with both reduced community plasma viral load and HIV incidence.

2008

- August 2008: Study results indicate a [history of injection drug use is not associated with decreased survival](#) among HIV-infected patients beginning highly active antiretroviral therapy.

2007



- July 2007: [NIDA CTN research](#) suggests that increased funding of infection-related health services in substance use treatment settings coupled with supportive state policies may reduce mortality of HIV, hepatitis C, and sexually transmitted infections.

2005



- February 2005: [Markov model](#) confirms that routine HIV screening in health care settings is cost-effective and should be expanded.